

MINISTER OF MENTAL HEALTH & ADDICTIONS & ASSOCIATE MINISTER OF HEALTH
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IMPACT OF FEDERAL MANDATES ON MENTAL HEALTH

- Throughout the pandemic, our Government has strived to minimize serious illness and death due to COVID-19, while supporting the mental health and wellness of all Canadians.
- In the fall of 2021, federal vaccine mandates were implemented, including for federal public servants. At the time, the epidemiological situation was graver than that faced today. Vaccination rates were lower, while case counts were rapidly accelerating from the Delta variant, and increased hospital and ICU admissions from patients not fully vaccinated were causing strain on the healthcare system.
- In order to provide broader societal protection and to play a leadership role in protecting the health and safety of our workplaces, our communities, and all Canadians, we introduced mandatory vaccination for federal public servants. In doing so, we followed public health experts' guidance and advice, informed by the latest scientific evidence available on the effectiveness, availability, and uptake of vaccines.
- We recognize that the COVID-19 pandemic, and the necessary public health measures taken to stall its spread, has had negative impacts on the mental health and wellbeing of all Canadians. That is why our Government has made significant investments to support those especially impacted.
- Through more supports for mental health and wellbeing, and through public health measures that promote Canada's recovery from COVID, our country will be able to move forward.

IF PRESSED ON VACCINE MANDATES IN GENERAL

- In the fall of 2021, federal vaccine mandates were implemented for federally regulated air, rail, and marine transportation sectors to pursue key objectives, including:
 - o To ensure the safety and security of the transportation system, passengers and transportation employees, and the public, delivering protection from infection and severity of illness in workplaces and for travellers
 - o To increase up-take to provide broader societal protection; and
 - o To play a leadership role in protecting the health and safety of our workplaces, our communities, and all Canadians.
- When vaccine mandates were introduced, two doses of mRNA vaccine provided 80 to 90% effectiveness against the COVID variants that were circulating at that time. Specifically, the vaccines protected against the Delta variant, and they helped protect against severe illness, hospitalization, and death from COVID-19. Based on the circulating variants at the time, vaccination supported the possibility of achieving high and relatively durable immunity.
- In addition, the epidemiological situation was different. At the time, the number of COVID-19 cases caused by the Delta variant was rapidly accelerating. This was reflected in the increase in cases with severe illness and was most notable among those who were unvaccinated. Regional trends showed that hospital and ICU occupancy were increasing, putting more strain on an already strained health care system, and the majority of hospitalized and ICU patients were not fully vaccinated.
- Overall, vaccination rates were lower when federal vaccine-related requirements and restrictions were introduced. At the time, there was also strong scientific evidence from international and domestic sources to conclude that vaccines were very effective at preventing infection.

- The long-range forecast modelling showed strong resurgence such that increased vaccine uptake and strengthened public health measures were required to reduce spread and to slow acceleration.
- Canada's measures have been and will continue to be based on review, analysis and expert opinion, and science. We will continue to take into account the evolving scientific evidence related to the virus and its characteristics, as well as its epidemiology. We will also consider emerging variants of concern, the value and impact of public health interventions, and the impact of vaccination and vaccine effectiveness as we move forward.

IF PRESSED ON MENTAL HEALTH INVESTMENTS FOR THOSE DISPROPORTIONATELY IMPACTED BY COVID-19

- The Public Health Agency of Canada is investing \$100 million over three years to promote mental health and prevent mental illness in populations most affected by the COVID-19 pandemic. These funds will support programs that reach youth, seniors, First Nations, Inuit, Métis, Black and other racialized populations, and front line and essential workers whose mental health has been affected.
- The Public Health Agency of Canada is also investing \$50 million over two years to prevent PTSD and trauma in health care workers, first responders and other service providers who have been disproportionately affected.
- Projects funded through these investments are beginning in Spring 2022 and will include diverse interventions, training and capacity building for service providers, and evaluation to learn about effective approaches to mental health promotion and mental illness prevention in the pandemic context.

BACKGROUND

Funding for Rapid Tests

In support of the federal vaccination mandate, as well as voluntary testing of front-line public servants at organizations including Correctional Service Canada, Health Canada has also provided over 5.8M rapid tests to federal departments, agencies and Crown corporations, as of May 24, 2022.

Proof of vaccination requirements (in general)

Proof of vaccination credentials have been used to support the implementation of vaccination mandates, which aim to protect those that visit public settings and to control the transmission of COVID-19. Scientific evidence shows that COVID-19 vaccines are highly effective at preventing hospitalization and death, and also effective at preventing severe infection. Many provinces and territories have begun eliminating certain vaccination requirements within their jurisdictions. As of May 20, 2022, all provinces and territories that had broad vaccination requirements have since rolled them back. Some provinces and territories have retained vaccination requirements in specific settings (e.g., long term care homes) and others are giving businesses the option to continue asking for proof of vaccination at their discretion. To date, all jurisdictions are continuing to issue the Canadian PVC and SK, MB, QC, NB, NU,

NL, NT, and YT have explicitly indicated they will continue to issue and maintain proof of vaccination credentials for use by residents as needed (e.g. for travel).

Key international partners continue to require proof of vaccination to enter the country and/or access certain facilities, including G7 countries with one exception: the United Kingdom lifted all remaining COVID-19 travel measures on March 18, 2022.

Budget 2022 proposes \$18 million in 2022-23 for the Public Health Agency of Canada to continue to work with provincial and territorial governments and with international partners to ensure that the Canadian proof of vaccination credential remains valid, secure, and accessible to all Canadians.

All provinces and territories that had implemented widespread vaccination requirements within their jurisdictions have since removed them, though requirements remain in place in some high-risk settings. To date, all jurisdictions are continuing to issue the Canadian proof of vaccination credential. Federal vaccination requirements (i.e., for domestic air and rail travel, for Government of Canada employees, and at Canadian borders) remain in place. Most foreign countries also continue to require proof of vaccination for entry by foreign travellers.

MAID AND MENTAL ILLNESS

- Our government is aware of the concerns expressed by some about the safe delivery of MAID in this country.
- We have just tabled the final report of the Expert Panel on MAID and Mental Illness. This report focuses on the concerns that arise in cases where a mental illness is the sole underlying condition of a person requesting MAID.
- Notably, the Panel does not call for more changes to the legislative framework, but instead indicates the current system of safeguards, when interpreted and applied as the Panel recommends, provides sufficient protections for vulnerable individuals.
- Our government, as well as the medical community and others who are concerned about safe and compassionate access to MAID, will carefully review this report. We thank the Expert Panel members for their time and expertise.

IF PRESSED ON MAID AND MENTAL ILLNESS (101 words)

- We will listen to the experts, including those at the front lines of our health care system, respect fundamental freedoms of individuals to make their own life choices, and put the safety and security of our most vulnerable people at the forefront of our actions.
- We cannot comment on individual cases, nor should we as only the individuals and their clinicians involved in these cases truly know the full circumstances.
- We have every confidence in the very dedicated and compassionate MAID assessors in Canada to make decisions that fully comply with the law and the wishes of individuals who request MAID.

BACKGROUND

An Act to amend the Criminal Code (medical assistance in dying) received Royal Assent on March 17, 2021.

The new MAID legislation:

- removes the requirement for a person's natural death to be reasonably foreseeable in order to be eligible for MAID;
- introduces a two-track approach to procedural safeguards based on whether or not a person's natural death is reasonably foreseeable;
 - o existing safeguards are maintained and, in some cases, eased for eligible persons whose natural death is reasonably foreseeable;
 - o new and strengthened safeguards are introduced for eligible persons whose natural death is not reasonably foreseeable.
- temporarily excludes eligibility for individuals suffering solely from mental illness for 24 months, and requires the Ministers of Justice and Health to initiate an expert review tasked with making recommendations within the next year on protocols, guidance and safeguards for MAID for persons suffering from mental illness;
- allows eligible persons whose natural death is reasonably foreseeable, and who have a set date to receive MAID, to waive final consent if they are at risk of losing capacity in the interim;

- requires expanded data collection and analysis through the federal monitoring regime to provide a more complete and inclusive picture of MAID in Canada.

PARLIAMENTARY REVIEW OF MAID LEGISLATION

The new legislation also required that a Parliamentary Review be undertaken to address (but not necessarily be limited to) the topics of mature minors, advance requests, mental illness, the state of palliative care in Canada, and the protection of Canadians with disabilities.

Members of the Special Joint Committee on Medical Assistance in Dying were named in April 2021 in accordance with the distribution among parties in the House and Senate as stipulated in the Act. The Committee held three meetings before dissolution. In early April 2022, the Committee was reconstituted and resumed its review. The Committee is expected to provide an interim update on its work on MAID and mental illness in June 2022, and submit its final report and recommendations in the fall of 2022.

MENTAL ILLNESS: SUNSET CLAUSE AND INDEPENDENT REVIEW

The new legislation included a 24-month sunset clause on the exclusion of MAID requests from individuals where mental illness is the sole underlying condition. The exclusion clause in the legislation sunsets in mid-March 2023, after which time individuals with a mental illness as their sole condition will be able to request and receive MAID, providing they meet all other eligibility criteria including those that define a grievous and irremediable medical condition.

The sunset clause is accompanied by a legislative requirement that an independent review be initiated to consider protocols, guidance and safeguards to apply to MAID requests by persons who have a mental illness as their sole condition. The legislation stipulates that a report containing the conclusions and recommendations of the Expert Panel be provided to Ministers and tabled in Parliament.

The Expert Panel on MAID and Mental Illness was launched in August 2021 to undertake this work. It includes experts from a range of disciplines and perspectives, including clinical psychiatry, MAID assessment and provision, law, ethics, health professional training and regulation, mental health care services, as well as lived experience with mental illness.

The Expert Panel's final report was tabled in Parliament on May 13, 2022. The report makes 19 recommendations for establishing a MAID regime that addresses situations regarding incurability, irreversibility, individual capacity, suicidality and the effect of structural vulnerabilities (structural vulnerabilities being the effects of interactions between a person's sex, gender, socioeconomic status, race/ethnicity, sexuality, or institutional location, with one's position in society). The recommendations address these concerns in a manner that respects individual autonomy while at the same time supporting safety and equity.

The Expert Panel also concluded that many of these concerns are neither unique to requests for MAID from persons with a mental disorder, nor applicable to every requestor who has a mental disorder. In the view of the Expert Panel, their recommendations should apply to any case where similar concerns may arise, regardless of the requester's diagnosis. However, in keeping with their mandate, the Expert Panel did pay particular attention to the concerns in the context of mental disorders.

While some of the Expert Panel's recommendations are directed at federal, provincial and territorial governments, the Panel believes that the current framework for MAID found in Canada's Criminal Code is sufficient and that further legislative amendments are not required.

The Government is reviewing these recommendations as it shapes future direction in this area. The report will be forwarded to Parliament's Special Joint Committee on MAID. The work of the Expert Panel will assist the Committee as it continues its hearings and deliberations in the lead up to its own interim report and recommendations on MAID and mental illness later in June 2022.

MAID STATISTICS AND MONITORING REGIME

Under MAID legislation, the federal Minister of Health is obligated to develop regulations for the collection of data and annual public reporting on MAID in Canada. The first report was released in July 2020. The second annual report was released in July 2021 summarizing data collected for the 2020 calendar year.

The second annual report indicates that, in 2020, there were 7,595 reported cases of MAID, accounting for 2.5% of all deaths (this percentage is in the median relative to other permissive jurisdictions). This represents an increase of 34.2% over 2019 when there were 5,631 reported cases of MAID. All provinces have experienced a steady year over year growth in the number of MAID cases since 2016. When all data sources are considered, the total number of medically assisted deaths reported in Canada from the enactment of federal legislation in 2016 to December 31, 2020 was 21,589.

Though not yet published, Health Canada provided preliminary data for 2021 and anecdotal sources for a meeting of the Special Joint Committee on MAID, which indicate the following:

- The number of MAID cases continues to increase (approaching 10,000 in 2021) - approximately a 30% increase from 2020 (7,595);
- Around 2%, or just over 200 cases, involved persons whose natural deaths were not reasonably foreseeable; and,
- As expected, these individuals were slightly younger than the average MAID recipient was and their predominant medical conditions was much more likely to be neurological in nature such as, Parkinson's and MS, or chronic pain.

CANADA MENTAL HEALTH TRANSFER

- The government is committed to supporting the mental health needs of Canadians. This commitment is reflected in a suite of existing, pandemic-response response and new initiatives.
- With my appointment as the first Minister of Mental Health and Addictions, I am committed to ensuring that mental health is treated as a full and equal part of the universal healthcare system. A key way to achieve this objective will be through the establishment of a Canada Mental Health Transfer (CMHT).
- Budget 2022 reaffirmed the intention of engaging provinces and territories on the development of a CMHT, which would provide a permanent and ongoing source of funding for mental health services.
- This builds on investments made through Budget 2017 that provided \$5 billion over ten years to provinces and territories to improve access to mental health services.
- Our Government is committed to hearing from all Canadians, including those with lived experiences, and engaging with communities as part of defining a path forward.

BACKGROUND

The mental health needs of Canadians and priority populations (e.g., youth, Indigenous populations, racialized and LGBTQ2S+ communities), which were increasing pre-pandemic, have been further exacerbated by the pandemic. Moreover, persistent barriers to care remain and have worsened during this time. Some of these barriers include variability in service availability, fragmented care (i.e., lack of integration between mental health care/primary care/other services), lack of equitable access to care, including virtual care options, lack of culturally sensitive/appropriate services, lack of capacity and stigma.

These barriers have put increased strain on the healthcare system (e.g., increase in number of individuals in mental health crisis going to Emergency Departments for care). The pandemic is not yet over and experts predict that its impact will be felt for many years, if not decades to come. Ongoing and pandemic-response measures while generally effective are not sufficient to address the increased demand and barriers. More support is needed to ensure that the mental health needs of Canadians are addressed while the strain on the health care system is lessened. Given this the government appointed the first Minister of Mental Health and Addictions. She is working to ensure that mental health is treated as a full and equal part of the universal healthcare system and that health equities are understood and addressed.

Ongoing Government Actions and Investments to Improve Access to Mental Health Services

Funding to Provincial and Territorial Governments

The Government of Canada is investing \$5 billion over ten years to improve Canadians' access to mental health services. The investment is being provided directly to provinces and territories via negotiated bilateral agreements to help them expand access to community-based mental health and addiction services for children and youth, integrated services for people with complex needs, and spread proven

models of community mental health care and culturally appropriate interventions linked to primary health services.

National Standards for Mental Health and Substance Use

To fulfill commitments made in the Minister of Health's mandate letter, the Government of Canada will "set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it". Through Budget 2021, the government has allocated \$45 million over two years, starting in 2021-22, to help develop national standards for mental health, in collaboration with provinces and territories, health organizations, and key stakeholders, so that Canadians can access timely care, treatment, and support. This language was interpreted broadly to include standards for substance use due to its close relationship with mental health.

Promoting Mental Health and Preventing Mental Illness

Through the Public Health Agency of Canada's (PHAC) Mental Health Promotion Innovation Fund, the Government of Canada is investing \$39 million from 2019-2028 to address multiple risk and protective factors to promote mental health for children, youth, young adults and populations susceptible to mental health inequities (e.g., low-income families, immigrants and refugees, First Nations, Inuit, Métis, LGBTQ2+, people living with disabilities and people with other socio-economic risk factors).

On March 29, 2020, the Prime Minister announced an investment of \$7.5 million to Kids Help Phone to provide crisis supports for children and youth during the COVID-19 pandemic.

\$9 million is being provided to the United Way (through New Horizons) for practical services for seniors.

The Promoting Health Equity: Mental Health of Black Canadians Fund is investing \$10 million to support community-based projects across Canada.

In addition, the 2020 Fall Economic Statement announced a \$50 million investment to bolster the capacity of distress centres, which are experiencing a surge in demand during the COVID-19 pandemic. PHAC is administering an initial round of grants to 57 distress centres in winter/spring 2021. A portion of funds will support an additional round of grants in fiscal year 2021-22. In addition, \$2 million of this funding will support the development of resources to assist distress centres in meeting the needs of diverse and vulnerable populations.

Suicide Prevention

The Government of Canada is investing \$21 million over five years in the Centre for Addiction and Mental Health (CAMH) to implement and sustain a fully operational pan-Canadian suicide prevention service in partnership with the Canadian Mental Health Association and Crisis Services Canada. By 2023, this service will provide people across Canada with access to 24/7/365 bilingual crisis support from trained responders, using the technology of their choice (voice, text or chat). The Federal Framework for Suicide Prevention was released November 2016. It focused on raising public awareness, reducing stigma, disseminating information and data, and promoting the use of research and evidence-based practices. Progress Reports on the Framework are available on Canada.ca, with the next report planned for release in December 2022. In response to motion M-174, which called on the Government of Canada to establish a national suicide prevention action plan and was unanimously supported by

parliamentarians in 2019, the Public Health Agency of Canada is developing an action plan that aligns with the Framework.

Posttraumatic Stress Disorder

Pursuant to the Federal Framework on Post-Traumatic Stress Disorder Act, Canada's first Federal Framework on Posttraumatic Stress Disorder (PTSD) was tabled in Parliament on January 22, 2020 and made public on February 13, 2020. To inform the development of the Framework, in accordance with the Act, the Minister of Health convened a National Conference on PTSD in April 2019 with the Ministers of National Defence, Veterans Affairs, and Public Safety and Emergency Preparedness, partners and stakeholders, including people with lived-experience. The Government of Canada is now working with partners on the implementation of the Framework. The Act requires the Public Health Agency of Canada to report on the effectiveness of the Framework within five years of its release (by February 2025).

Government Actions and Investments to Improve Access to Mental Health Services and Address the Impacts of COVID-19 on Canadians' Mental Health

Wellness Together Canada

Health Canada invested \$130 million from 2020-22 in Wellness Together Canada, an online mental health and substance use support portal, and received \$140 million in Budget 2022 to support the portal for two more years beginning in 2022-23. Launched in April 2020, Wellness Together Canada provides free and confidential online mental health and substance use supports accessible 24/7 to individuals across Canada in both official languages. Interpretation services are also available during phone sessions in over 200 languages and dialects. Through Wellness Together Canada, individuals in all provinces and territories have immediate access to supports ranging from self-assessment, educational content and self-guided programming, to peer support and confidential sessions with social workers, psychologists and other professionals. Supports are provided online as well as by phone and text for those without internet access. There are dedicated text lines for youth, adults and front line workers that provide immediate access to support. There is also a dedicated phone line for accessing Program Navigators that can assist with finding resources on the portal. Wellness Together Canada augments existing provincial and territorial services, and does not replace them.

Wellness Together Canada is led by a consortium of three organizations:

- Stepped Care Solutions is an interdisciplinary and cross-sector team of clinician-researchers, leaders and pioneers in the areas of Stepped Care 2.0 and e-mental health.
- Kids Help Phone is Canada's only 24/7 national service offering support to young people via phone, text and live chat, and is a global leader in developing and delivering virtual mental health solutions.
- Homewood Health is a Canadian leader in the development and delivery of national, evidence-based mental health, trauma, and addiction treatment and services.

Support for the Mental Health Needs of Those Most Affected by COVID-19

Budget 2021 provides support for populations most affected by COVID-19 in dealing with mental health challenges. The government will provide:

- \$100 million over three years, starting in 2021-22, to support projects that promote mental health and prevent mental illness in populations disproportionately impacted by the COVID-19 pandemic, including health care workers, front-line workers, youth, seniors, First Nations, Inuit and Métis, and Black and other racialized Canadians.
- \$50 million over two years, starting in 2021-22, to support projects to address posttraumatic stress disorder (PTSD) and trauma in frontline workers and others who are most affected by the COVID-19 pandemic.

Mobilizing Data and Evidence

Between 2015-16 and 2019-20, the Canadian Institutes of Health Research (CIHR) invested over \$333 million in mental health and behavioural disorders research. This represents more than 1700 projects led by experts across the country.

CIHR is also leading the COVID-19 and Mental Health Research Initiative (CMH) in collaboration with PHAC and Health Canada. This initiative currently supports 101 research projects, representing a total investment of \$13.5 million from CIHR and partners. This work is guided by an Expert Advisory Panel composed of leading Canadian experts in mental health and substance use. New knowledge generated through these projects will be mobilized to ensure it will inform policy making in a timely manner.

CIHR provided the Canadian Research Initiative in Substance Misuse with a \$1 million directed grant to undertake urgent activities to support people who use drugs, decision-makers and care providers in light of COVID-19. This includes the creation of six national guidance documents and a rapid assessment of the challenges faced by people who use drugs during the COVID-19 crisis to guide future policy decisions.

Statistics Canada developed and administers a web panel survey, the “Canadian Perspectives Survey Series”. Each month, approximately 4,600 people in the 10 provinces have been responding to the new iteration of the survey. In addition, in collaboration with Statistics Canada, PHAC funded two cycles of data for the Survey on COVID-19 and Mental Health to better understand the wider impacts of the pandemic on mental health in Canada. A special collection of research articles based on the first cycle of data was released in the Health Promotion and Chronic Disease Prevention Journal on September 27, 2021. The Canadian Community Health Survey also resumed in September 2020. The Canadian Community Health Survey provides data on a variety of mental health indicators, and has been collected for many years prior to the pandemic. It will allow for ongoing measurement of changes in mental health of the Canadian population as the pandemic continues and as Canada recovers.

HC’s 2020-21 Departmental Results Report

Health Canada advanced the development of national standards for access to mental health services to gain insight on practical approaches to developing and implementing these standards. As part of this work, Health Canada has entered into an agreement with the Standards Council of Canada to lead the

development of standards in the following priority areas, in alignment with the Common Statement of Principles on Shared Health Priorities developed by federal, provincial and territorial governments:

- Children and youth:
 - o Integrated Youth Services: increase access to youth mental health and substance use supports that are integrated with physical health, sexual health and social services

- Primary Health Services Integration:
 - o Primary Care Integration: increase access to quality, integrated mental health and substance use supports in primary care settings
 - o Digital Mental Health and Substance Use Apps: improve access to high-quality, safe and effective apps to help Canadians make better-informed app choices

- People with complex needs:
 - o Substance Use Treatment Centres: improve access to high-quality, evidence-based care and promote an integrated and coordinated treatment system
 - o Substances Use Workforce: increase substance use workforce capacity to provide evidence-based care and stepped-care approaches
 - o Integrated Services for Complex Health Needs: improve integrated treatment approaches for individuals with concurrent mental health and substance use disorders and complex health needs

HEALTH FUNDING AGREEMENTS AND TRANSFERS

- The pandemic has highlighted the need for resilient health care systems in Canada. That is why our government is committed to working collaboratively with provinces and territories to provide pandemic supports and to strengthen Medicare.
- Our Government will continue to work closely with provinces and territories in order to improve health care and health outcomes for Canadians across the country.

IF PRESSED (GENERAL, including amounts)

- From the beginning, the Government of Canada has been there to support provinces and territories in the fight against COVID-19. More than eight of every ten dollars spent to fight COVID-19 and support Canadians comes from the federal government.
- In 2020-21, the Government of Canada provided \$41.9 billion in cash support to provinces and territories through the Canada Health Transfer (CHT), growing to \$43.1 billion in 2021-22 and \$45.2 billion in 2022-23. This stable, predictable funding is in addition to another \$19.1 billion in pandemic support for provincial and territorial health care systems in 2020-21 (e.g. \$4 B to help address health system pressures and \$1 billion to support immunization campaigns).
- In addition to funding directly to provinces and territories, the federal government made \$19 billion in direct health investments in 2020-21 to support the fight against COVID, including public health support and the purchase of vaccines and tests.
- Between 2019 and 2027, the federal government estimates that federal health related COVID-19 spending will total \$72.4 billion. This includes a total of \$23.2 billion in transfer to provinces and territories and \$49.2 billion in direct federal spending (e.g., spending on PPE, vaccines, and rapid tests).
- This does not include our continued collaboration with provinces and territories on shared priorities, supported by targeted federal investments of:
 - o \$11 billion over 10 years for provinces and territories to improve access to home and community care and mental health and addiction services; and
 - o More recently, \$4 billion to help provinces and territories improve infection prevention and control and the standard of care in their long-term care facilities.

IF PRESSED ON BILL C-237 (BQ PMB INTRODUCED BY MR. PLAMONDON (BÉCANCOUR – NICOLET – SAUREL))

- The government of Canada is committed to protecting our publicly funded health care system and supporting provinces and territories in the delivery of care to their residents. The Canada Health Transfer (CHT) remains the key federal funding mechanism for supporting Canada's health care system, providing long-term, predictable funding to provinces and territories.
- The Canada Health Act (CHA) establishes principles that provinces and territories must fulfill in order to receive their full Canada Health Transfer (CHT) cash contribution. The five principles of the CHA are designed to ensure that all Canadians, regardless of which province or territory they reside in or travel to, have universal access to comprehensive, publicly administered care. Beyond the link to these basic principles, the CHT is unconditional and gives provinces and territories the autonomy to decide how best to allocate these funds in order to address the health care needs of their residents and communities.

- However, our system is in need of improvement. Past experience tells us that improvements will not be easily achieved by merely adding more federal money. Canada is among the world's top tier of spenders on health care and yet we are not achieving the kind of results that Canadians need. Canadians expect new funds to be invested in a way that achieves tangible improvements in health care. The federal government understands that targeted investments are needed to accelerate change and improve the responsiveness and sustainability of the health system.

IF PRESSED ON THE CANADA MENTAL HEALTH TRANSFER – PLATFORM COMMITMENT

- The Government of Canada is committed to ensuring Canadians have access to mental health and substance use supports when and where they need them. That is why it is so important to assist jurisdictions to expand the delivery of high-quality and accessible mental health and substance use services.
- The Government of Canada has already made significant investments in this area, including \$5B to support mental health and substance use services through its bilateral agreements with provinces and territories. The Government of Canada is committed to make significant additional investments, with accountability and data to demonstrate results for Canadians. We want to ensure that Canadians get the services and supports they need and that our investments have a positive impact on their mental health.

IF PRESSED ON QUEBEC

- Our Government is committed to ensuring it is there to meet the needs of the people of Quebec, and continues to work with all provinces and territories to strengthen public health care.
- The Canada-Quebec home and community care and mental health and addiction services bilateral agreement will flow approximately \$2.5 billion over 10 years in funds targeted to support home and community care and mental health and addiction services and reflects the principles of asymmetrical federalism as recognized in 2004.
- Our government also committed to new targeted funds for Quebec and other provinces and territories for virtual care, safe long-term care and support through the Safe Restart agreement.
- This is in addition to the Canada Health Transfer, which will flow over \$10.1 billion to Quebec in 2022-23.
- Quebec will also receive \$450 million and \$902.4 million as part of its share of the \$2 and \$4 billion, one-time top-ups to the CHT. It will also receive a further \$225.6 million to support COVID-19 immunizations.

IF PRESSED NEXT STEPS FOR BILATERAL AGREEMENTS

- The Government of Canada signed home and community care and mental health and addiction services bilateral agreements with all provinces and territories to flow \$5 billion in targeted funding for home care and mental health from 2017-18 through 2021-22.
- We are now working with provinces and territories to amend those agreements to flow funding for the \$1 billion Safe Long-term Care Fund.
- A new round of bilateral agreements will be negotiated to flow the remaining \$6 billion in funding starting in 2022-23, and these agreements will also flow Budget 2021 commitment of \$3 billion

over five years to ensure that standards for long-term care are upheld across the country and that seniors are guaranteed the care they deserve, no matter where they live.

BACKGROUND

Council of the Federation (CoF) Request for Increased in (CHT)

In September 2020, the Council of the Federation (CoF) made a formal request for an increase in health transfers to help address the PT projected increase in health care costs associated with COVID-19 and pressures such as an aging population, and new drugs/technology. The increase requested by CoF would have had the CHT rise to \$70 billion, an increase of \$28 billion from \$42 billion in 2020-21, or from its current 23% share of PT health spending to 35%. CoF has also called for the CHT to grow by an annual escalator of at least 5% (March 4, 2021), and reiterated this demand in December 2021.

In July 2021, the Government provided provinces and territories with an additional \$5 billion for health care, including a \$4 billion, one-time top-up to the CHT intended to support PTs to clear the backlog of procedures caused by waves one and two of the pandemic. Bill C-25 also provides PTs with \$1 billion to support Canada's COVID-19 immunization plan. Additionally, the Bill provides \$2.2 billion to address infrastructure priorities. The \$4 billion CHT top-up is in addition to the COVID-19 Response Fund that also provided one-time funding of \$500 million through the CHT in 2019-20 to support PTs' critical health care system needs and COVID-19 mitigation efforts.

The Canada Health Transfer (CHT), the largest major transfer to PTs, provides long-term predictable funding for health care, and is tied to PTs' respect for the principles of the Canada Health Act, which are: universality; comprehensiveness; portability; accessibility; and, public administration. In 2021-2022, PTs will receive \$43.1 billion through the CHT, growing to \$45.2 billion in 2022-23.

BILL C-237 - An Act to amend the Federal-Provincial Fiscal Arrangements Act and the Canada Health Act
This BQ Private Member's Bill was introduced by Mr. Plamondon (Bécancour—Nicolet—Saurel) on 7 February 2022. It was also tabled in the previous parliamentary session (43-2) but did not proceed past First Reading on 27 May 2021. The Bill seeks to amend the Federal-Provincial Fiscal Arrangements Act in order to allow a province with a program whose objectives are comparable to those of a federal program in an area under provincial legislative authority (e.g., health care) to withdraw from the federal program, with full compensation.

The Bill also seeks to amend the Canada Health Act in order to exempt Quebec (and other provinces) from the national criteria and conditions that are required for a province to receive its full allocation of the Canada Health Transfer. The Bill would also exempt Quebec from other federal standards including planned long-term care standards.

Pandemic Funding:

In 2020-21, the federal government provided \$19.1 billion, beyond the Canada Health Transfer, in pandemic support for provincial and territorial health care systems in 2020-21 to support the fight

against COVID, including public health support and the purchase of vaccines and tests and other funding (e.g. \$4 B to help address health system pressures and \$1 billion to support immunization campaigns).

As part of its new mandate, the government has committed to providing additional pandemic support including for immunization and therapeutics, as well as, support for primary care, virtual care, long-term care, palliative care, mental health, and problematic substance use.

Between 2019 and 2027, the federal government estimates that federal health related COVID-19 spending will total \$76.7 billion. This includes a total of \$25.6 billion in transfer to provinces and territories and \$51.1 billion in direct federal spending (e.g., spending on PPE, vaccines, and rapid tests).

Federal Targeted Funding:

On March 22, 2017, Budget 2017 committed to \$11 billion over 10 years to improve access to home care and mental health services.

Shared Health Priorities and Bilateral Agreements:

In August 2017, all PTs (except Quebec) agreed to a Common Statement of Principles on Shared Health Priorities, which sets out priorities for action in home and community care, and mental health and addiction services. On March 10, 2017, the Government of Canada and the Government of Quebec agreed to an asymmetrical arrangement distinct from this Common Statement of Principles and based on the asymmetrical agreements of September 2004.

The Common Statement also includes a commitment for PT governments to work with the Canadian Institute for Health Information on a set of common indicators in these areas, to continue collaborating to advance work in health innovation and prescription drugs, and to engage with Indigenous leaders to improve health outcomes for Indigenous peoples. At the June 2018 Health Ministers' meeting, Health Ministers (except Quebec) endorsed a set of common indicators, developed by CIHI and FPT governments, to measure and report progress to Canadians on shared priorities.

Recognizing the unique circumstances in Nunavut, and to provide Nunavut the flexibility it required to implement initiatives that will improve access to home and community care and mental health and addiction services, it was agreed that the start date of the agreement would be delayed by a year, i.e., beginning 2019-20.

The funding is allocated to PTs on a per capita basis.

Renewal of Agreements:

The first year of funding (2017-18) flowed to PTs based on their acceptance of the federal funding offer, as outlined in the Budget Implementation Act, 2017, No. 1. The Government of Canada then engaged with PTs to negotiate detailed funding agreements for the 2018-19 to 2021-22 period. The Government of Canada will negotiate the renewal of these agreements in 2021-22 for the remaining five years (2022-

23 to 2026-27). Bilateral agreements with all provinces and territories have been signed and are posted online.

Safe Long-term Care:

The 2020 Fall Economic Statement announced a commitment of up to \$1 billion for a Safe Long-term Care Fund, to help provinces and territories protect people in long-term care and support infection prevention and control. Funding will be contingent on a detailed spending plan, and conditional on provinces and territories demonstrating that investments have been made according to those spending plans. Provinces and territories will be able to use this funding to undertake a range of activities, including carrying out infection prevention and control readiness assessments, making improvements to ventilation and hiring additional staff or topping up wages.

Long-term Care Standards:

Budget 2021 proposed to provide \$3B over five years to Health Canada to support provinces and territories in ensuring standards for long-term care are applied and permanent changes are made. The federal government will work collaboratively with provinces and territories, while respecting their jurisdiction over health care, including long-term care. This work would ensure seniors and those in care live in safe and dignified conditions.

The pandemic has shone a light on systemic issues affecting long-term care facilities across the country. The government welcomes the news that the Health Standards Organization and Canadian Standards Association are launching a process to help address those issues in Canada. The Health Standards Organization's and Canadian Standards Association's work with governments, stakeholders, and Canadians to develop national standards will help inform our ongoing discussions with provinces and territories on improving the quality of life of seniors in long-term care.

Virtual Care:

In May 2020, the Prime Minister announced \$240.5M to support virtual care and digital tools for Canadians. This funding will support the rapid roll out of virtual care and needed supports for health systems, as the Government of Canada is working with provinces and territories to assist health services to undertake virtual care and provide health services at a distance. Of this funding, \$150M will flow to PTs through bilateral agreements for enhancements to virtual services focused on secure messaging and file transfer, secure videoconferencing, remote patient monitoring, patient online access to test results, and back-end supports to integrate these tools within existing digital systems.

In addition, Canada Health Infoway will receive up to \$50M to develop pan-Canadian standards on secure messaging and videoconferencing and support PTs as they implement new initiatives pursuant to the bilateral agreements.

Federal Health Related COVID-19 Spending (\$ Millions)

Transfers to Provinces & Territories

- Safe Restart Agreement (SRA) – Health Components
 - o 2019-20:
 - o 2020-21: 13,814
 - o 2021-22:
 - o 2022-23:
 - o 2023-24:
 - o 2024-25:
 - o 2025-26:
 - o 2026-27:
 - o Total: 13,814
- SRA PPE and Medical Equipment (includes \$4.55B in-kind to PTs)
 - o 2019-20:
 - o 2020-21: 7,550
 - o 2021-22:
 - o 2022-23:
 - o 2023-24:
 - o 2024-25:
 - o 2025-26:
 - o 2026-27:
 - o Total: 7,550
- SRA Testing & Tracing, Data Management (includes 1.2B in-kind to PTs)
 - o 2019-20:
 - o 2020-21: 4,280
 - o 2021-22:
 - o 2022-23:
 - o 2023-24:
 - o 2024-25:
 - o 2025-26:
 - o 2026-27:
 - o Total: 4,280
- SRA System Capacity, Vulnerable Populations & Small Jurisdictions
 - o 2019-20:
 - o 2020-21:
 - o 2021-22: 1,984
 - o 2022-23:
 - o 2023-24:
 - o 2024-25:
 - o 2025-26:
 - o 2026-27:

- Total: 1,984
- Covid Response Fund (\$500M CHT Top up for PTs in 2019-20)
 - 2019-20: 500
 - 2020-21:
 - 2021-22:
 - 2022-23:
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 500
- Emergency health funding to territories
 - 2019-20:
 - 2020-21: 73
 - 2021-22:
 - 2022-23:
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 73
- Additional support to territories
 - 2019-20:
 - 2020-21: 65
 - 2021-22:
 - 2022-23:
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 65
- CHT Top up for Surgical Backlogs
 - 2019-20:
 - 2020-21: 4000
 - 2021-22:
 - 2022-23:
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 4000
- Canada's COVID-19 immunization Plan

- 2019-20:
- 2020-21: 1000
- 2021-22:
- 2022-23:
- 2023-24:
- 2024-25:
- 2025-26:
- 2026-27:
- Total: 1000
- Additional Funding to Clear Backlogs
 - 2019-20:
 - 2020-21:
 - 2021-22: 2000
 - 2022-23:
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 2000
- Virtual Care
 - 2019-20:
 - 2020-21: 150
 - 2021-22:
 - 2022-23:
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 150
- Safe Long-Term Care (LTC) Fund
 - 2019-20:
 - 2020-21:
 - 2021-22: 1000
 - 2022-23:
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 1000
- \$3 billion for Long-Term Care over 5 years
 - 2019-20:
 - 2020-21:

- 2021-22: 2
- 2022-23: 609
- 2023-24: 608
- 2024-25: 609
- 2025-26: 607
- 2026-27: 565
- Total: 3000
- Total Transfers
 - 2019-20: 500
 - 2020-21: 19,101
 - 2021-22: 3,002
 - 2022-23: 609
 - 2023-24: 608
 - 2024-25: 609
 - 2025-26: 607
 - 2026-27: 565
 - Total: 25,601

Direct Federal Spending

- Direct Long-Term Care Funding
 - 2019-20:
 - 2020-21: 824
 - 2021-22: 516
 - 2022-23: 1
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 1,341
- Covid Response Fund (direct federal spending)
 - 2019-20:
 - 2020-21: 512
 - 2021-22: 37
 - 2022-23: 37
 - 2023-24: 37
 - 2024-25: 37
 - 2025-26: 37
 - 2026-27:
 - Total: 697
- PPE and Medical Equipment
 - 2019-20: 200
 - 2020-21: 3,331
 - 2021-22: 1,821

- 2022-23: 170
- 2023-24: 113
- 2024-25: 4
- 2025-26: 4
- 2026-27:
- Total: 5,643
- Vaccines and Therapeutics
 - 2019-20:
 - 2020-21: 7,520
 - 2021-22: 6,530
 - 2022-23: 340
 - 2023-24: 236
 - 2024-25: 131
 - 2025-26: 119
 - 2026-27:
 - Total: 14,876
- Other Public Health Support
 - 2019-20: 382
 - 2020-21: 6,830
 - 2021-22: 5,272
 - 2022-23: 145
 - 2023-24: 145
 - 2024-25: 145
 - 2025-26: 145
 - 2026-27:
 - Total: 13,062
- Supporting Mental Health
 - 2019-20:
 - 2020-21:
 - 2021-22: 140
 - 2022-23: 82
 - 2023-24: 35
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 257
- Vaccine Procurement and Pandemic Preparedness Since Budget 2021**
 - 2019-20:
 - 2020-21:
 - 2021-22: 80
 - 2022-23: 2,966
 - 2023-24: 2,754

- 2024-25: 492
 - 2025-26: 490
 - 2026-27: 490
 - Total: 7,272
- Vaccine Mandates – Making Travel Safer **
 - 2019-20:
 - 2020-21:
 - 2021-22: 5
 - 2022-23: 23
 - 2023-24: 9
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 37
- Vaccine Mandates – Core Public Administration and the RCMP **
 - 2019-20:
 - 2020-21:
 - 2021-22: 86
 - 2022-23: 113
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 199
- Support for Proof of Vaccination **
 - 2019-20:
 - 2020-21:
 - 2021-22:
 - 2022-23: 300
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 300
- Rapid tests **
 - 2019-20:
 - 2020-21:
 - 2021-22: 3,500
 - 2022-23:
 - 2023-24:
 - 2024-25:
 - 2025-26:

- 2026-27:
 - Total: 3,500
- Additional COVID-19 Therapeutics Procurement **
 - 2019-20:
 - 2020-21:
 - 2021-22: 1000
 - 2022-23: 1000
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 2000
- Funding to improve ventilation and accessibility **
 - 2019-20:
 - 2020-21:
 - 2021-22: 125
 - 2022-23: 225
 - 2023-24: 95
 - 2024-25: 7
 - 2025-26:
 - 2026-27:
 - Total: 452
- Supporting the Public Health Agency of Canada's Operations **
 - 2019-20:
 - 2020-21:
 - 2021-22:
 - 2022-23: 405
 - 2023-24: 1
 - 2024-25: 1
 - 2025-26: 1
 - 2026-27: 1
 - Total: 409
- Essential Services Contingency Reserve
 - 2019-20:
 - 2020-21:
 - 2021-22: 1000
 - 2022-23:
 - 2023-24:
 - 2024-25:
 - 2025-26:
 - 2026-27:
 - Total: 1000

- Canada Health Infoway
 - o 2019-20:
 - o 2020-21:
 - o 2021-22: 50
 - o 2022-23:
 - o 2023-24:
 - o 2024-25:
 - o 2025-26:
 - o 2026-27:
 - o Total: 50
- Funding for Innovative Testing Partnerships
 - o 2019-20:
 - o 2020-21:
 - o 2021-22: 22,5
 - o 2022-23: 22,5
 - o 2023-24:
 - o 2024-25:
 - o 2025-26:
 - o 2026-27:
 - o Total: 45
- Total Direct Spending
 - o 2019-20: 582
 - o 2020-21: 19,017
 - o 2021-22: 20,485
 - o 2022-23: 5,529
 - o 2023-24: 3,425
 - o 2024-25: 817
 - o 2025-26: 796
 - o 2026-27: 491
 - o Total: 51,140
- Total Federal Health Related COVID-19 Funding
 - o 2019-20: 1,082
 - o 2020-21: 38,118
 - o 2021-22: 23,487
 - o 2022-23: 6,138
 - o 2023-24: 4,033
 - o 2024-25: 1,426
 - o 2025-26: 1,403
 - o 2026-27: 1,056
 - o Total: 76,741

Federal Health Related COVID-19 Spending (\$ Millions)

Transfers to Provinces and Territories

- Safe Restart Agreement (SRA) – Health Components
 - 2020-21: 13,813.7
 - NL:
 - PE:
 - NS:
 - NB:
 - QC:
 - ON:
 - MB:
 - SK:
 - AL:
 - BC:
 - YT:
 - NT:
 - NU:
- SRA PPE and Medical Equipment (\$3B cash)
 - 2020-21: 3,000
 - NL: 41.1
 - PE: 12.5
 - NS: 77.3
 - NB: 61.7
 - QC: 675.7
 - ON: 1,165
 - MB: 109
 - SK: 93.4
 - AL: 349.9
 - BC: 404.5
 - YT: 3.3
 - NT: 3.6
 - NU: 3.1
- SRA PPE and Medical Equipment (\$4.5 in-kind to PTs)*
 - 2020-21: 4,550
 - NL: unknown
 - PE: unknown
 - NS: unknown
 - NB: unknown
 - QC: unknown
 - ON: unknown
 - MB: unknown
 - SK: unknown

- AL: unknown
- BC: unknown
- YT: unknown
- NT: unknown
- NU: unknown
- SRA Testing & Tracing, Data Management (\$3B cash)
 - 2020-21: 3,000
 - NL: 41.1
 - PE: 12.5
 - NS: 77.3
 - NB: 61.7
 - QC: 675.7
 - ON: 1,165
 - MB: 109
 - SK: 93.4
 - AL: 349.9
 - BC: 404.5
 - YT: 3.3
 - NT: 3.6
 - NU: 3.1
- SRA Testing & Tracing, Data Management (\$1.3B in-kind to PTs)*
 - 2020-21: 1,280
 - NL: unknown
 - PE: unknown
 - NS: unknown
 - NB: unknown
 - QC: unknown
 - ON: unknown
 - MB: unknown
 - SK: unknown
 - AL: unknown
 - BC: unknown
 - YT: unknown
 - NT: unknown
 - NU: unknown
- SRA System Capacity, Vulnerable Populations & Small Jurisdictions
 - 2020-21: 1,983.7
 - NL: 26.6
 - PE: 14.5
 - NS: 50
 - NB: 39.3
 - QC: 437

- ON: 753.3
- MB: 70.5
- SK: 60.4
- AL: 226.2
- BC: 261.6
- YT: 14.5
- NT: 14.6
- NU: 14.5
- Emergency health funding to territories
 - 2020-21: 72.6
 - NL: 0
 - PE: 0
 - NS: 0
 - NB: 0
 - QC: 0
 - ON: 0
 - MB: 0
 - SK: 0
 - AL: 0
 - BC: 0
 - YT: 18.4
 - NT: 23.4
 - NU: 30.8
- Additional support to territories
 - 2020-21: 64.7
 - NL: 0
 - PE: 0
 - NS: 0
 - NB: 0
 - QC: 0
 - ON: 0
 - MB: 0
 - SK: 0
 - AL: 0
 - BC: 0
 - YT: 4
 - NT: 30.7
 - NU: 30
- CHT Top-up for Surgical Backlogs
 - 2020-21: 4000
 - NL: 55
 - PE: 16.8

- NS: 103
- NB: 82.2
- QC: 902.4
- ON:1,550.8
- MB: 145.2
- SK: 124.1
- AL: 465.3
- BC: 541.8
- YT: 4.4
- NT: 4.8
- NU: 4.1
- Canada's COVID-19 Immunization Plan
 - 2020-21: 1,000
 - NL: 13.8
 - PE: 4.2
 - NS: 25.8
 - NB: 20.5
 - QC: 225.6
 - ON: 387.7
 - MB: 36.3
 - SK: 31
 - AL: 116.3
 - BC: 135.4
 - YT: 1.1
 - NT: 1.2
 - NU: 1
- Virtual Care
 - 2020-21: 150
 - NL: 4.5
 - PE: 3.5
 - NS: 5.9
 - NB: 5.3
 - QC: 28.1
 - ON:46
 - MB: 7
 - SK: 6.5
 - AL: 15.9
 - BC: 18
 - YT: 3.1
 - NT: 3.1
 - NU: 3.1
- Total transfers

- 2020-21: 19,101
- NL: 182.1
- PE: 64.1
- NS: 339.2
- NB: 271.3
- QC: 2,944.5
- ON: 5,067.8
- MB: 476.9
- SK: 408.8
- AL: 1,523.5
- BC: 1,765.9
- YT: 52.1
- NT: 84.8
- NU: 89.8
- Canada Health Transfer (in millions) (2021-2022)
 - NFL: 585
 - NS: 1,109
 - NB: 881
 - PEI: 182
 - QC: 9,705
 - ON: 16,758
 - MB: 1,560
 - SK: 1,330
 - AB: 5,030
 - BC: 5,843
 - YK: 48
 - NWT: 51
 - NU: 45
 - Total: 43,127
- Substance Use and Addictions Program (in millions) (estimate is for a seven-year period)
 - NFL: 2.4
 - NS: 2.5
 - NB: 5.3
 - PEI: .9
 - QC: 53.2
 - ON: 135.4
 - MB: 8.2
 - SK: 6.4
 - AB: 11.9
 - BC: 62.6
 - YK: .7
 - NWT: 2.4

- NU: -
- Total: 291.9
- Emergency Treatment Fund (in millions)
 - NFL: 1.5
 - NS: 3.2
 - NB: 2.8
 - PEI: .52
 - QC: 22
 - ON: 51
 - MB: 4.1
 - SK: 5
 - AB: 24
 - BC: 34
 - YK: .5
 - NWT: .5
 - NU: .5
 - Total: 150
- Virtual Care Bilateral Agreement (in millions)
 - NFL: 4.5
 - NS: 5.9
 - NB: 5.3
 - PEI: 3.5
 - QC: 28
 - ON: 46
 - MB: 4.2
 - SK: 6.4
 - AB: 16
 - BC: 18
 - YK: 3.1
 - NWT: 3.1
 - NU: 3.1
 - Total: 150
- Bilateral Agreement for Home and Community Care and Addiction Services (in millions)
(estimate is for a ten year period)
 - NFL: 151
 - NS: 285
 - NB: 227
 - PEI: 47
 - QC: 2,479
 - ON: 4,262
 - MB: 399
 - SK: 341

- AB: 1,279
- BC: 1,494
- YK: 12.3
- NWT: 13.1
- NU: 11.3
- Total: 11,000

Totals may not add due to rounding

SUICIDE PREVENTION

- The Government of Canada recognizes the importance for all Canadians to have access to critical mental health resources and suicide prevention services.
- Budget 2019 announced \$25 million over five years, starting in 2019-20, with \$5 million per year ongoing, to develop and sustain a pan-Canadian suicide prevention service, in order to provide people across Canada with access to bilingual, 24/7 crisis support from trained responders using the technology of their choice: voice, text or chat.
- The Canada Suicide Prevention Service (1-833-456-4566) currently makes suicide crisis support available over the phone in English and French to anyone in Canada, 24 hours a day, seven days a week. Support is available in English by texting 45645 from 4pm to midnight, Eastern Time.
- The Government of Canada also supports the implementation of a three-digit number for suicide prevention that is easier to remember and improves access to crisis support. We are working to ensure that this service will have the capacity to route callers appropriately and connect people to the crisis support they need, once it is launched.

IF PRESSED ON COVID-19 MENTAL HEALTH CRISIS SUPPORTS

- The Government is providing over \$14.8 million over 36 months to Kids Help Phone to provide crisis supports for children and youth during the pandemic.
- In addition to investments in suicide crisis services, the 2020 Fall Economic Statement announced a \$50 million investment to bolster the capacity of distress centres across the country, which are experiencing a surge in demand for crisis support during the COVID-19 pandemic.
- This includes two new investments announced in April 2022: \$2.0 million to the Centre for Addiction and Mental Health to support resources for distress centres, and \$1.8 million towards 13 distress centres in Canada.
- PHAC is also providing additional funding for the Canada Suicide Prevention Service to support the increased demand for crisis support at this time.

BACKGROUND

Suicide is a significant public health issue that affects people of all ages and backgrounds across Canada. The Canada Suicide Prevention Service currently provides people across Canada with suicide crisis support from trained responders via phone, in English and French, 24 hours a day, seven days a week.

Between 2017 and 2019, there were approximately 4,500 deaths by suicide per year in Canada, which is equivalent to 12 people dying by suicide every day. In 2019, suicide was the 9th leading cause of death among all Canadians, and the 2nd leading cause of death among individuals aged 15 to 34, behind unintentional injuries. According to preliminary data, there were 3,839 deaths by suicide reported in 2020. The 2020 data is provisional and incomplete, and could potentially increase by 5 to 15% over the next year. This delay is due to the length of time that coroners and medical examiners sometimes require to complete their investigations. At this time, caution should be used to arrive at any conclusions regarding suicide trends during the pandemic (Statistics Canada). There is no single cause that fully

explains or predicts suicide; a combination of factors are associated with suicide, such as mental illness, physical health, personal issues and loss, childhood abuse and neglect, and exposure to trauma.

COVID-19 Mental Health Crisis Supports: Through the 2020 Fall Economic Statement, the Government of Canada announced a \$50 million investment to bolster the capacity of distress centres. PHAC is administering an initial round of grants to 57 distress centres in winter/spring 2021-22 and grants to 13 distress centres in 2022-23 following a second solicitation reaching organizations not included in the first round of funding. In addition, \$2 million of this funding is supporting CAMH as it curates resources to assist distress centres in meeting the needs of priority populations.

Motion 174 – A National Suicide Prevention Action Plan: In April 2018, MP Charlie Angus (NDP, Timmins-James Bay) sponsored motion M-174, calling for the Government to establish a national suicide prevention action plan. On May 8, 2019, parliamentarians voted unanimously in favour of M-174, though it is non-binding. The proposed actions in the plan are aligned with the Framework. PHAC will facilitate coordination and collaboration on elements of the action plan with relevant departments, agencies and key stakeholders through its convening role on the Framework. An update on M-174 was included in the December 2020 Progress Report on the Federal Framework for Suicide Prevention. Efforts to develop the Action Plan will be included in the December 2022 Progress Report as part of legislated reporting of the Federal Framework for Suicide Prevention.

Survey on COVID-19 and Mental Health and Survey on Mental Health and Stressful Events: PHAC is currently conducting surveillance to understand the impact of COVID-19 on suicide and mental health. The Survey on COVID-19 and Mental Health showed that during the pandemic, 2.4% of adults in Canada reported suicidal ideation since the pandemic began in 2020, which is not significantly different from the 2.7% before the pandemic in 2019; but the percentage increased significantly in spring 2021 to 4.2%. Risk factors of reporting suicide ideation during the pandemic included being under 65, Canadian-born, a frontline worker, reporting pandemic-related income/job loss or loneliness/isolation, experiencing a highly stressful/traumatic event during one's lifetime, and having lower household income and educational attainment. Continued surveillance of suicide and risk/protective factors is needed to inform suicide prevention efforts.

3-DIGIT SUICIDE PREVENTION LINE

Key Messages

- In 2021, the Canadian Radio-television and Telecommunications Commission launched a regulatory proceeding to consult on a proposed three-digit hotline so Canadians have a memorable number they can call when they are having an acute suicide crisis. The CRTC is now doing their internal analysis to inform their decisions.
- The Government of Canada continues to be very supportive of these efforts including ensuring funds are available to support the creation of this hotline.
- We need to ensure that this service will have the capacity to answer those calls and route them appropriately, connecting people to the crisis support they need.
- The Government of Canada is committed to ensuring that everyone in Canada will have access to these services, regardless of their location.
- Canadians currently have access to the Canada Suicide Prevention Service, which provides people across Canada with suicide crisis support from trained responders via phone (1-833-456-4566), in English and French, 24 hours a day, seven days a week.
- Budget 2022 announced \$140 million over two years to Health Canada to continue providing virtual mental health and substance use supports via the Wellness Together Canada portal.
- Indigenous Services Canada is also supporting the Hope for Wellness Helpline, which provides immediate and culturally safe crisis support for First Nations and Inuit, 24 hours a day, seven days a week, by phone (1-855-242-3310) or online chat. This service is available in English and French, and upon request in Cree, Ojibway, and Inuktitut.

IF PRESSED ON TIMING FOR THE IMPLEMENTATION OF A THREE-DIGIT NUMBER FOR SUICIDE PREVENTION CRISIS SUPPORT

- The CRTC has completed its regulatory study and is now doing their own analysis to inform their decisions later in 2022.
- In the meantime, our work continues. We are engaging with a range of stakeholders for their perspectives on what a successful roll-out will look like and what it will require.
- The Public Health Agency of Canada (PHAC) has contracted a firm to do an analysis on what service volumes associated with launching a three-digit number could look like. We need this analysis to help identify the resources required.
- PHAC is also meeting with organizations in the crisis line sector to understand key requirements for a successful rollout. This is expected to build on the progress of the pan-Canadian suicide prevention service.
- When I visited the Klinik Crisis Program in Winnipeg, I spoke with the folks answering those calls and they were clear that they need more resources. This is what we are working on as we await the recommendations from the CRTC; to ensure that we have enough resources to 'get it right'.
- Officials are meeting with provincial and territorial suicide and mental health leads, as well as Indigenous organisations, to understand the systems they have already put in place to ensure we do not duplicate their work.

- I also understand that the CRTC is analyzing the telecommunication and technical infrastructure requirements, which are critical aspects to success in launching a three-digit number.
- Following the CRTC's decision, telecommunication service providers will need to take steps for 988 to function. This includes:
 - o Transitioning certain regions to ten-digit local dialing; and
 - o Making modifications to their networks to implement the three-digit number.
- During the CRTC public consultations, telecommunication service providers indicated they will need a total of up to 15 months to complete this work.
- That includes up to 9 months to transition to ten-digit dialing; and up to an additional 6 months to modify networks to accept 988 as a three digit number.
- The reason it's important to transition areas from seven to ten-digit local dialing is because some seven-digit numbers start with 988 (e.g., 988-1111). That means that in those areas, if a caller dials 988, their phone will expect another four digits to connect the call.
- The objective is to ensure that everyone in Canada will be able to use the 988 number, and these important steps will help get us there.

IF PRESSED ON WHY BUDGET 2022 DID NOT ANNOUNCE FUNDING TO SUPPORT A THREE-DIGIT NUMBER

- Budget 2021 highlighted the Government's commitment to support a three-digit number for suicide prevention.
- We are looking forward to the CRTC's decision on this matter, which will help to determine technology requirements.
- While 3-digit crisis line support is in development, we will continue to support the Canada Suicide Prevention Service and surge capacity for distress lines and Kids Help Phone to meet demands for services.
- As we prepare for the decision and recommendations of the CRTC, crisis support is available to people in Canada through:
 - o The Canada Suicide Prevention Service (1-833-456-4566)
 - o 1-866-APPELLE (277-3553) for people in Quebec
 - o Hope for Wellness for Indigenous peoples (1-855-242-3310)
 - o Kids Help Phone (1-800-668-6868)
 - o Provincial and local distress lines
 - o Trans Lifeline (1-877-330-6366)

IF PRESSED ON INTERNATIONAL EXAMPLES OF A THREE-DIGIT NUMBER

- In the United States, preparation for a three-digit number took place over a four-year period. Legislation was introduced in 2018, followed by a public proceeding that ended in 2020, resulting in the upcoming launch of 988 in the United States on July 16, 2022.
- The CRTC is of the preliminary view that 988 should also be the three digit number used for suicide prevention in Canada.

- The choice to assign 988 in the United States and Canada is due to the unavailability of a three-digit number ending in 11 (e.g., 411, 911).
- We are working closely with our counterparts in the United States and learning from their best practices to help guide Canada's approach to implementing a three-digit number.
- As we learn from the experiences of other countries like the United States, our goal is to be ready for a safe and seamless rollout so that calls do not go unanswered.

IF PRESSED ON THE CRTC'S STUDY INTO THE CREATION OF A THREE-DIGIT SUICIDE PREVENTION NUMBER (74 WORDS)

- The Government of Canada is closely following the CRTC regulatory public proceeding on the introduction of a three-digit suicide prevention number, which closed on March 17, 2022.
- The public proceeding includes submissions from telecommunication services providers, Indigenous organizations, suicide prevention stakeholders, and Canadians at large, which are considered in the Commission's decision to assign a three-digit number. We anticipate that the CRTC will issue a decision later in 2022.

BACKGROUND

Three-Digit Number for Suicide Prevention

In the Minister of Mental Health and Addiction's Mandate Letter, the Minister was directed to implement a three-digit suicide prevention number.

This initiative builds upon the Government's current support of a pan-Canadian suicide prevention service. The Public Health Agency of Canada (PHAC) is currently investing \$21 million over 5 years (\$4.2 million per year) for the Centre for Addiction and Mental Health (CAMH), with their partners, to implement and sustain this service. In addition, \$800,000 per year is allocated to PHAC to cover the oversight, administration, reporting and evaluation activities associated with the Contribution Agreement with CAMH. The Canada Suicide Prevention Service provides people across Canada with suicide crisis support from trained responders via phone (1-833-456-4566), in English and French, 24 hours a day, seven days a week. Calls to the service are answered by trained responders from a network of 11 community-based distress centres across Canada and a back-up hub of responders.

On December 11, 2020, parliamentarians voted unanimously in favour of a motion sponsored by MP Todd Doherty (Conservative, British Columbia) calling on the federal government to act immediately to set up a national 988 number to consolidate all existing suicide crisis numbers.

The Canadian Radio-television and Telecommunications Commission (CRTC) is responsible for establishing any three digit abbreviated codes. The CRTC launched a regulatory proceeding on June 3, 2021 to consult on a proposed three-digit hotline. Following a procedural request from stakeholders representing persons with disabilities, the CRTC published key portions of the notice of consultation in sign language and reopened the consultation in November 2021 to allow for new interventions in

accessible formats, such as video. The public consultation closed on March 17, 2022. These interventions and replies form part of the public record that the Commission will examine to make its determinations.

At the core of this proceeding is ensuring that a three-digit number is implemented quickly and correctly, despite the complexity of modifications to telecommunications networks required, to ensure that every call to this three-digit number is efficiently and appropriately routed. The CRTC intends to issue a decision on this matter in 2022.

In parallel, PHAC is looking at various service delivery aspects, including by gathering estimates on expected call volumes and demand, and building on international learnings. For example, the US is estimating a fourfold to tenfold increase in call volume for their service, which is expected to fully launch in summer 2022, after over 4 years of preparation. PHAC is also assessing the capacity of potential service providers to respond to expected increases in call volumes. PHAC will be engaging with provincial and territorial governments, Indigenous organizations, international governments, and other stakeholders to inform next steps in relation to service delivery, such as the scope of the service and coordination with other services.

As highlighted in Budget 2021, the government is committed to ensuring funds are available to support the creation of this three-digit number.

OPIOID OVERDOSE CRISIS

- Our Government recognizes that the overdose crisis is one of the most serious and unprecedented public health threats in Canada's history.
- Substance use is a public health issue, not an issue for the criminal justice system.
- The pandemic has highlighted the gaps that exist in our health system and social safety net.
- We remain committed to a whole-of-society approach to address the opioid overdose crisis to ensure that Canadians receive the life-saving substance use and health supports they need.

IF PRESSED ON BUDGET 2022 COMMITMENTS TO ADDRESS THE OPIOID OVERDOSE CRISIS

- The Government of Canada has announced new federal investments through Budget 2022 to address the overdose crisis. These investments will support harm reduction, treatment and prevention at the community level.
- Funding from Budget 2022 will provide \$100M to expand Health Canada's Substance Use and Addictions Program for community-based interventions.
- The Government has committed over \$800 million to address the opioid overdose crisis. We remain committed to working with all levels of government, direct service providers, and people with lived and living experience to save lives.

IF PRESSED ON THE NEW NUMBERS DISCLOSED IN THE OPIOID REPORT

- Our Government remains deeply concerned over the tragic loss of so many lives to the overdose crisis. The lack of available treatment, safer supply, and other services remain challenging.
- That is why our Government remains committed to addressing the overdose crisis through a comprehensive approach, including naloxone access and training, supervised consumption sites and safer supply programs. Without these, the number of deaths would be exponentially worse.
- Our Government remains committed to working with all our partners to end this complex public health crisis.

IF PRESSED ON TREATMENT

- Our Government recognizes that improved access to treatment services for substance use is critical.
- We have approved the use of new medications for treatment, removed barriers to prescribing and dispensing, and supported the development of clinical guidelines for injectable opioid agonist treatment.
- We provided \$150 million to provinces and territories to improve access to evidence-based treatment services.
- In March, our Government announced that, in partnership with the Standards Council of Canada, we are developing national standards for mental health and substance use.

IF PRESSED ON HARM REDUCTION

- Evidence shows that harm reduction measures work. Our Government will continue to support life-saving initiatives.

- The Government has funded innovative projects, such as providing medication as an alternative to the toxic illegal drug supply.
- Supervised consumption sites save lives. Since 2017, federally authorized supervised consumption sites have reversed nearly 35,000 overdoses without a single death at a site.
- We have provided the authority for provinces and territories to establish temporary urgent public health need sites, otherwise known as overdose prevention sites, to address rising overdoses.

IF PRESSED ON AWARENESS AND PREVENTION

- Our Government recognizes the importance of investing in prevention and awareness.
- We have invested in prevention campaigns that include engaging youth and young adults on risks and harms of substance use and the impact of stigma on people who use drugs.
- We supported school-based approaches that enhance student well-being in order to prevent substance use related harms for this important population.
- We are also funding projects that promote changes in the health system to help enhance the pathways to care for people who use drugs.

IF PRESSED ON SAFER SUPPLY

- Our Government understands the pandemic has led to an increasingly dangerous and unpredictable illegal drug supply.
- We have taken action by funding, through the Substance Use and Addictions Program, projects that provide people who use drugs with safer, pharmaceutical-grade alternatives to the toxic illegal drug supply and offer services that support people who use drugs.
- Since 2019, the Government has committed over \$63 million in funding for 17 safer supply projects in British Columbia, Ontario, Quebec and New Brunswick, and one national community of practice.

IF PRESSED ON SUPERVISED CONSUMPTION SITES

- Evidence shows that supervised consumption sites reduce harms and save lives.
- Since 2017, supervised consumption sites in Canada have received more than 3.3 million visits, reversed almost 35,000 overdoses without a single death at a site, and made over 148,000 referrals to health and social services.
- These sites also provide access to other health and social services, including opportunities to access treatment.
- We will continue to work with provinces, territories, and stakeholders so that Canadians continue to have access to these lifesaving services.

IF PRESSED ON THE 6-YEAR ANNIVERSARY OF BC DECLARING A PUBLIC HEALTH EMERGENCY

- Depuis le 14 avril 2022, cela fait six ans que la Colombie-Britannique a déclaré une urgence de santé publique en raison d'une augmentation significative des surdoses et des décès liés à la drogue.
- À l'occasion de cet anniversaire, nous reconnaissons que cette question complexe continue de s'aggraver.

- Malgré cela, la Loi sur les mesures d'urgence fédérale n'est pas un mécanisme approprié pour faire face à la crise actuelle des surdoses d'opioïdes, qui exige un effort à plus long terme, soutenu et multi-juridictionnel pour faire face aux facteurs sanitaires, sociaux et économiques complexes et interdépendants qui sont à l'origine des décès et des méfaits liés aux opioïdes.

IF PRESSED ON MOMS STOP THE HARM (MSTH) LITIGATION REGARDING ALBERTA'S RECOVERY ORIENTED OVERDOSE PREVENTION SERVICES GUIDE (NEW MEASURES FOR SUPERVISED CONSUMPTION SITES)

- The Government of Canada is committed to a comprehensive public health approach to the overdose crisis that includes evidence-based harm reduction activities, such as supervised consumption sites and services.
- The evidence is clear - supervised consumption sites reduce harms and save lives. I intend to continue to engage and work with provinces and territories, as well as municipalities, to enable access to evidence based services.
- We will continue to follow the litigation closely and consider its impact on federal policy and legislation.

IF PRESSED ON SUAP FUNDING FOR MOMS STOP THE HARM (MSTH)

- MSTH recevra 344 935 \$ sur 24 mois pour établir un réseau de bénévoles et de pairs animateurs payés qui ont une expérience concrète de la dépendance. Ce réseau informera les familles au sujet de services et de ressources fondés sur des données probantes et il les sensibilisera à la réduction des méfaits en leur expliquant comment protéger leurs proches.
- Il offrira également un soutien émotionnel aux familles ayant perdu des proches à la suite de surdoses.

IF PRESSED ON THE EXPERT TASK FORCE ON SUBSTANCE USE

- We are committed to a comprehensive public health approach to substance use that is focused on reducing harms, saving lives, and getting people the supports they need.
- We are studying the Expert Task Force on Substance Use recommendations on how we can better treat substance use as a health issue. These recommendations are publicly available on the Health Canada website.

IF PRESSED ON PAIN

- In May 2021, the Canadian Pain Task Force published their final report with recommendations to ensure people with pain are recognized and supported, and that pain is understood, prevented, and effectively treated.
- We have invested over \$175M in research through the Canadian Institutes of Health Research and close to \$19M in funding for 12 initiatives through the Substance Use and Addictions Program (SUAP) focused on improving opioid prescribing practices and pain management.
- We will continue to work with our partners to explore implementing the recommendations.

IF PRESSED ON DIACETYLMORPHINE HYDROCHLORIDE (DAM)

- On February 16, 2022, Health Canada authorized Diacetylmorphine Hydrochloride (DAM) as a supervised injectable opioid agonist treatment.
- Diacetylmorphine has already been approved in a number of European countries. Evidence shows that it can help stabilize and improve the health of some people who are living with an addiction, including increasing their retention in treatment programs.
- As with all authorized drugs, Health Canada will monitor its safety and effectiveness and will take prompt action should concerns arise.

IF PRESSED ON SUAP FUNDING

- Budget 2022 committed \$100 million over three years, to the Substance Use and Addictions Program (SUAP) to support harm reduction, treatment, and prevention at the community level.
- Through Budget 2021, \$116M over two years was provided to SUAP to support a range of innovative approaches. To disperse these funds the department launched a national call for proposals seeking new efforts to reduce, prevent, and address the harms from substance use. Applicants were notified of funding decisions and the Department is currently negotiating funding agreements.

IF PRESSED ON HEALTH CANADA REGULATORY ACTIONS

- Pharmaceutical companies have a role to play in addressing the opioid overdose crisis.
- In June 2018, following a call to action by the Government of Canada, numerous pharmaceutical companies committed to suspending all promotional and advertising activities related to prescription opioids.
- The Food and Drugs Act was amended to strengthen the penalties for misleading advertising. The maximum penalty is now up to \$5 million per offence.
- Health Canada has further restricted the marketing and advertising of opioids by imposing additional Terms and Conditions for prescription opioid-containing products.

BACKGROUND

On April 14, 2016, BC first declared a public health emergency due to the rise in opioid-related deaths. Since then, two other PTs have also declared emergencies: Alberta declared a public health crisis in May 2017 and the Yukon declared a substance use health emergency in January 2022.

Most recent national data indicates that 26,690 apparent opioid toxicity deaths occurred between January 2016 and September 2021. Toxicity of supply continues to be a major driver of the crisis with as many as 86% of accidental apparent opioid toxicity deaths in 2021 (January to September) involving fentanyl. While Canadians of all walks of life are affected, there are striking patterns, with death most common among males and individuals aged 20 to 59 years old.

The COVID-19 pandemic is compounding the ongoing overdose crisis, and people who use drugs are experiencing higher risks related to an increasingly toxic illegal drug supply and reduced access to treatment and harm reduction services. Several jurisdictions have observed unprecedented numbers and rates in relation to the wider impacts of the COVID-19 pandemic.

Although these increases have been observed across the country, Western Canada continues to be highly impacted. In 2021, the British Columbia Coroners Service reported 2,232 illegal drug toxicity deaths, a 26% increase from 2020 and a 127% increase over the number of deaths in 2019. Additionally, the crisis in BC has continued into 2022 with 548 suspected illicit drug toxicity deaths between January and March 2022, equating to approximately 6 deaths a day in the province. This represents a slight increase over the same time period in 2021 (535 deaths).

Data released by Alberta in March 2022 indicated that in 2021 the province reported 1,758 deaths from all substances, the highest number per year since the province began tracking such deaths in 2016. Of these deaths, 1,602 were related to opioids. The highest opioid-related death count was in Edmonton (618) followed by Calgary (498).

Tragically, overdose deaths among First Nations people have also surged. First Nations people in BC died of an overdose at 4.8 times the rate of other BC residents from January to June of 2021. In Alberta, First Nations people died of an accidental opioid overdose at seven times the rate of other residents between January and June of 2020. In Saskatchewan, almost three times as many First Nations females died from accidental deaths involving opioids than Caucasian females did in 2021.

COLLECTION OF NATIONAL OPIOID- AND STIMULANT-RELATED DATA

The Public Health Agency of Canada publishes quarterly data on opioid- and stimulant-related harms on behalf of the Special Advisory Committee (SAC) on the Epidemic of Opioid Overdoses. Data on opioid- and stimulant-related deaths is provided by Chief Coroners and Chief Medical Examiners. The time required to complete an investigation into the cause of death for someone suspected of an overdose can range from approximately three to 24 months.

FEDERAL ACTIONS TO ADDRESS THE OVERDOSE CRISIS

Since 2017, the federal government has taken significant actions and made commitments of over \$800M to address the overdose crisis and substance use-related harms. Additional actions to date include: improved access to treatment and harm reduction, reduced regulatory barriers to treatment; strengthened law enforcement, developed of educational products and tools for the public and health care providers, and research and surveillance to build the evidence base.

This includes Budget 2019 investments of \$106.7M over five years with \$1M ongoing and \$66M announced in the Fall Economic Statement to help support community-based organizations responding to substance use issues address the additional challenges caused by the COVID-19 pandemic. In March 2021, the government announced \$20 million in funding for the distribution of naloxone kits and opioid overdose response training to support communities that have been particularly affected by the opioid overdose crisis and are experiencing challenges in improving health outcomes of their residents. Budget 2021 also committed an additional \$116 million to fund projects through the Substance Use and Addictions Program (SUAP). A portion of the funds is already being used on the ground. For example, additional funding has been announced for four safer supply pilot projects in Ontario and British Columbia. Budget 2022 proposes to provide \$100 million over three years, starting in 2022-23 to Health

Canada for the Substance Use and Addictions Program to support harm reduction, treatment, and prevention at the community level.

In addition to these investments, the Government of Canada has also taken action to make it easier for people being treated for substance use disorder to access medications and for direct service providers to establish overdose prevention sites in temporary shelters.

The Minister of Health established an Expert Task Force on Substance Use in March 2021 that provided expert advice on Canada's federal drug policy, including examining potential alternatives to criminal penalties for personal drug possession. The Task Force provided its final advice on alternatives to criminal penalties in May 2021, and on federal drug policy in June 2021. Both reports of the Task Force have been made publicly available and can be found online at <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports.html>.

USE OF THE FEDERAL EMERGENCIES ACT TO ADDRESS THE OPIOID OVERDOSE CRISIS

The Emergencies Act can grant temporary additional and necessary powers to the federal government when provincial, territorial and federal tools are no longer sufficient to deal effectively with the serious issues being faced.

There are four types of emergencies that can be declared under the Emergencies Act:

A public welfare emergency;

A public order emergency;

An international emergency; and

A war emergency.

The Emergencies Act includes a suite of stringent, built-in protections that ensure democratic oversight and accountability with respect to the way in which the Government exercises its powers under the Act. Given the rigorous criteria that must be met to invoke the Emergencies Act, the Act is intended to serve as a tool of last resort to ensure the safety and security of Canadians in cases of temporary, critical national emergencies that cannot be addressed with existing laws.

CHALLENGE TO THE PROVINCE OF ALBERTA'S RECOVERY ORIENTED OVERDOSE PREVENTION SERVICES GUIDE

On August 13, 2021, Moms Stop the Harm Society (MSTH) and Lethbridge Overdose Prevention Society (LOPS) commenced a legal action in the Court of Queen's Bench of Alberta against Her Majesty the Queen in Right of Alberta seeking an Order declaring the provincial Recovery Oriented Overdose Prevention Services Guide to be constitutionally invalid and inoperable, and of no force and effect on the basis that it is outside of provincial jurisdiction, and violates Charter rights. Alberta's Recovery Oriented Overdose Prevention Services Guide imposes new measures on supervised consumption services in Alberta, including the creation of a licencing regime for these services and includes an obligation that supervised consumption service providers ask for a client's personal health number at initial intake.

DIACETYLMORPHINE HYDROCHLORIDE DRUG AUTHORIZATION

On February 16, 2022, Health Canada authorized Diacetylmorphine Hydrochloride (DAM) as a supervised injectable opioid agonist treatment (sIOAT) for adult patients with severe opioid use disorder (OUD) who use injectable opioids and have been unsuccessful with previous attempts at opioid agonist therapy, including methadone maintenance therapy.

DAM is available only by prescription. Health care professionals who meet the definition of ‘practitioner’ under the Controlled Drugs and Substances Act can prescribe controlled substances. Prescribing ability is further controlled by provincial/territorial scope of practice and any regulatory college requirements for the prescribing of DAM.

As with any other form of care, a practitioner’s decision to prescribe medications for safer supply depends on:

- their professional judgement
- the unique needs of each patient
- the rules and regulations in their province or territory

Diacetylmorphine has been approved as a treatment option for severe OUD in a number of countries, including Switzerland, the United Kingdom, Denmark, Germany and the Netherlands. Prior to this authorization, internationally-produced DAM was only available on an emergency basis through the List of Drugs for an Urgent Public Health Need.

At this time, only one company has applied for the authorization of DAM in Canada. Should additional companies wish to apply for authorization, Health Canada would review their submissions. The company receiving the authorization, Pharmascience Inc., expects to initially provide DAM supply only for the province of British Columbia.

The new authorized indication for DAM is as an evidence-based treatment option for severe OUD; this Health Canada authorization adds a new tool for practitioners to care and prevent harms for people with severe opioid disorder, including overdose.

On February 9, 2018, Purdue Pharma in the United States (U.S.) committed to stop marketing opioids to physicians. This commitment was well-received and a strong example of how the pharmaceutical industry can support a “re-centering of the pendulum” of prescribing opioids.

In June 2018, the Minister of Health issued a letter to Canadian manufacturers and distributors of opioids, seeking their commitment to respond to the opioid crisis by immediately ceasing any and all marketing and advertising of opioids to health care professionals.

Following the call to action by the Minister of Health, Ginette Petitpas Taylor, Purdue Pharma responded to the Minister of Health and indicated that as of June 20, 2018 it had “suspended all promotional and advertising activities relating to our prescription opioids, pending the outcome of your consultation and the implementation of new regulations.”

LITIGATION AND RELATED CHANGES TO THE FOOD AND DRUGS ACT

US: In 2007, Purdue (US) reached a settlement of \$634.5M and acknowledged misleading marketing practices.

Canada: In March 2018, a Saskatchewan judge rejected the proposed \$20M Purdue Pharma Canada class-action settlement, including \$2M to provinces. The settlement had previously been approved by courts in Ontario, Quebec and Nova Scotia.

BC filed a class action lawsuit in August 2018 against approximately 50 Opioid manufacturers and distributors for allegedly making false or misleading representations on the effects and consequences of prescription opioids.

The Government of Canada continues to support and work collaboratively with the provincial and territorial governments in British Columbia's proposed legal action against opioid manufacturers and distributors.

The Government of Canada has not closed the door on taking legal action in Canada against opioid manufacturers for past inappropriate marketing practices.

The Government of Canada is exploring all appropriate options to hold industry accountable for its role in the opioid crisis.

While we have not closed the door on pursuing legal action for past wrongdoing, the reality is that the strong penalties on the books today were not in place when the inappropriate marketing of opioids was alleged to have occurred. The maximum penalty for past offences under the Food and Drugs Act was \$5,000 per offence. This means that the Government of Canada could spend millions of dollars and years building a case for criminal charges, with the prospect of only a small fine as a penalty.

Since that time, however, the Food and Drugs Act has been amended to dramatically strengthen the penalties available. Should a similar situation arise today, the maximum penalty is now up to \$5 million per offence. In addition, if the offence involves "knowingly or recklessly causing a serious risk of injury to human health," the fine is left entirely to the discretion of the court, with no cap on the financial penalty.

These penalties could not be applied to situations that arose before the changes in the law. Hence, our focus is on enforcement of the laws as they exist today and preventing improper marketing practices in the future.

Health Canada has further restricted the marketing and advertising of opioids by imposing additional Terms and Conditions for prescription opioid-containing products. The additional Terms and Conditions restricts all advertising materials of Class B opioids provided to health care professionals to only statements that have been authorized by Health Canada in the Product Monograph.

Health Canada has also launched a web-based platform titled Stop Illegal Marketing of Drugs and Devices to raise awareness about illegal marketing of drugs and medical devices, educate health care professionals on the rules governing health product advertising in Canada, as well as provide a quick and easy tool to report suspected misleading marketing practices to Health Canada. A page of this platform is dedicated to the advertising of controlled substances, including opioids.

As part of our commitment to openness and transparency, we're making more information available to the public, including records of our meetings and correspondence with stakeholders.

SECTION 56(1) REQUESTS TO ALLOW FOR PERSONAL POSSESSION

- Substance use is shaped by complex factors. It is clear that solutions to the overdose crisis must consider broader health and social issues.
- At the request of the province of B.C., a three-year exemption has been granted so that adults in the province will not be subject to criminal charges for personal possession of small amounts of certain illegal drugs.
- This time-limited exemption, which will come into effect on January 31, 2023, is one part of BC's and the federal government's broader responses to the overdose crisis.

IF PRESSED ON THE RATIONALE FOR THE DECISION

- The toll of the overdose crisis and the toxic drug supply continue to devastate communities. Too many lives have been lost and countless others have been forever altered.
- British Columbia requested an exemption related to the personal possession of small amounts of certain illegal drugs as one part of the province's comprehensive approach to address the overdose crisis.
- Throughout the exemption period, the federal government will work with the province to analyze the data and evidence, and assess impact to ensure this exemption continues to be the right decision for the people of B.C.

IF PRESSED ON THRESHOLDS

- In assessing this exemption request, the dual objectives of the CDSA - to protect public health and maintain public safety – must be considered.
- This is a novel approach in Canada and data and evidence on the impact of effective threshold amounts is limited, especially in the context of the increasingly toxic drug supply in Canada and internationally.
- In making the decision to grant an exemption in B.C. with a 2.5 grams cumulative threshold of the listed drugs, several sources of data were carefully considered, including purchasing and use patterns, public health data, and law enforcement data including drug seizures.
- As the first exemption of its kind in Canada, its implementation will be rigorously monitored and evaluated to measure progress toward objectives and intended outcomes, and to identify unintended consequences and other potential risks.

IF PRESSED ON THE CONCERNS ABOUT THE THRESHOLD AND FENTANYL

- This exemption is one tool within a comprehensive response that must also include evidence-based prevention efforts, a focus on disrupting drug trafficking, and improved access to treatment and harm reduction services including pharmaceutical-grade alternatives (safer supply) for those at risk of overdose.
- Rigorous monitoring and evaluation of this exemption will be critical, particularly in the face of an increasingly toxic drug supply. The composition and purity of the drug supply varies, including the presence of strong opioids such as fentanyl. Further, the amount of a drug a person may possess does not necessarily equate to the amount they will use at one time.

- Should concerns arise, there are various tools available to address them, up to and including revocation of the exemption.
- Anyone who uses illegal drugs should continue to engage in harm reduction measures to reduce the risk of overdose and death.

IF PRESSED ON EVIDENCE AND EVALUATION

- This is a novel approach for B.C. This time-limited exemption will be supported by rigorous monitoring and third party evaluation to gather evidence and data on the impact and outcomes of the exemption and help to inform Canada's comprehensive approach to addressing substance use harms.
- Throughout the exemption period, the federal government will work with the province to analyze the data and evidence, and assess impact to ensure this exemption continues to be the right decision for the people of B.C.

IF PRESSED ON NEW REQUESTS FOR EXEMPTIONS FROM OTHER JURISDICTIONS

- Health Canada will carefully and thoroughly review any request for an exemption to allow for the personal possession of controlled substances on a case-by-case basis, including evidence of potential benefits and risks to the health and safety of Canadians.
- The Department will continue to work with provincial and municipal officials on options that address regional needs and help people who use substances get the support they need.

IF PRESSED ON PRIVATE MEMBER'S BILL C-216

- We recognise that more needs to be done to address the worsening overdose crisis.
- Through the Canadian Drugs and Substances Strategy, we are supporting a comprehensive public health-focused approach. This includes commitments of over \$800M to address the overdose crisis and substance use-related harms since 2017.
- We are also supporting measures to divert people who use drugs away from the criminal justice system and towards health and social services, as in Bill C-5, An Act to amend the Criminal Code and the Controlled Drugs and Substances Act.

BACKGROUND

The Controlled Drugs and Substances Act (CDSA) generally prohibits activities (e.g. possession, production, sale) with controlled substances and precursors (including chemicals used to make illegal drugs), unless those activities have been specifically authorized through regulations or an exemption under the Act. Current criminal penalties for simple possession of some controlled substances can include imprisonment up to seven years and/or fines.

Section 56 of the CDSA allows the Minister of Health to exempt any person or class of persons or any controlled substance or precursor or class thereof from the application of all or any of the provisions of the Act or the regulations if, in the opinion of the Minister, the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest.

As the overdose crisis continues to worsen, there have been increasing calls from stakeholders, including health professionals, law enforcement and people with lived and living experience, for the removal of criminal penalties for the possession of small amounts of drugs for personal use in order to treat substance use as a health issue, reduce stigma around substance use and help connect people who use drugs with health and social services.

Calls from jurisdictions across Canada to allow for personal possession of controlled substances are increasing. To date HC is aware of over fifty-five municipalities who have publicly expressed interest in decriminalization of personal possession. Several municipalities are studying or have advocated for the federal government to decriminalize the possession of drugs for personal use, including Regina, Saskatoon, Montreal and Ontario's Big City Mayors (mayors from the province's 29 largest cities).

On May 28, 2021, the City of Vancouver submitted its application with respect to its request for a section 56 exemption under the CDSA to allow for the personal possession of certain amounts of controlled substances. On November 1, 2021, British Columbia submitted an application with respect to its request for a section 56 exemption under the CDSA to allow for the personal possession of certain controlled substances commonly associated with overdose deaths in the province. On January 4, 2022, Toronto Public Health submitted its request for a section 56 exemption under the CDSA to decriminalize personal possession of small amounts of controlled substances within the city's boundaries. During a December 6 Board of Health (BoH) meeting, the Toronto BoH also reiterated its call to request the Federal Minister of Health to use their authority under the CDSA to develop a national framework to permit the possession of certain amounts of controlled substances for personal use; and support the immediate scale up of prevention, harm reduction and treatment services. The requests from British Columbia, Vancouver, and Toronto Public Health are currently under review. Several other municipalities have reached out to Health Canada for additional information on the exemption process for such requests including Calgary (December 18, 2021) and Edmonton (January 25, 2022). In response, Health Canada has provided the type of information that could be helpful in informing the Department's review.

The requests received propose different ways to define personal possession. BC proposed one cumulative threshold for opioids, cocaine, methamphetamine, and MDMA. Vancouver is proposing specific thresholds for commonly used substances, including those associated with the overdose crisis as well as others such as psychedelics and diverted marketed products. Toronto Public Health has not yet submitted details on how it would define possession.

As part of the federal government's urgent response to the overdose crisis, on May 31, 2022, at the request of British Columbia's Minister of Mental Health and Addictions, Canada's federal Minister of Mental Health and Addictions and Associate Minister of Health granted a 3-year exemption under the Controlled Drugs and Substances Act (CDSA) for adults in the province of British Columbia (BC) to possess small amounts of certain illegal drugs for personal use.

This means is that from January 31, 2023 to January 31, 2026, adults 18 years and older, in the province of BC, will not be subject to criminal charges for the personal possession of up to 2.5 grams of opioids, cocaine, methamphetamine, or MDMA, or any combination thereof. Instead, these individuals will, at minimum, be provided with information on local health and social services. They can also be provided with assistance to connect with those services, if requested. This exemption is very specific as it covers possession for personal use only and does not allow possession with the intent to traffic, produce or export. To maintain public safety, the exemption does not apply in certain locations and situations (e.g. the premises of daycares and schools, airports, to minors operating a motor vehicle or watercraft, etc.).

In addition to requests from jurisdictions to decriminalize simple possession, the Canadian Association of People who Use Drugs (CAPUD) and four individual plaintiffs filed a Notice of Civil Claim on August 31, 2021 in the British Columbia Supreme Court that aims to decriminalize possession of all drugs, as well as drug trafficking activities that are connected to subsistence, supporting personal drug use, or providing a safe supply of drugs to other people who use drugs (“necessity trafficking”). The Government of Canada filed a Response to Civil Claim on November 30, 2021, which sets out the facts and basic legal arguments of the Government of Canada’s defence. The plaintiffs filed a reply to the Government of Canada’s response on December 23, 2021. The litigation generated some media attention in September, and continued interest is anticipated.

Under the Canadian Drugs and Substances Strategy, the Government of Canada has taken a number of steps to help create pathways away from the criminal justice system toward appropriate health services and social supports for people who use drugs. This includes:

- In May 2017, the Good Samaritan Drug Overdose Act became law. It provides some legal protection related to personal possession for individuals who seek emergency help during an overdose.
- On August 18, 2020, the Public Prosecution Service of Canada issued public guidance to prosecutors stating that alternatives to prosecution should be considered for personal possession offences, except when there are serious aggravating circumstances.

On December 15, 2021, Gord Johns, Member of Parliament for Courtenay-Alberni, BC (NDP), introduced Private Member’s Bill C-216, an Act to amend the Controlled Drugs and Substances Act and to enact the Expungement of Certain Drug-related Convictions Act and the National Strategy on Substance Use Act, in the House of Commons. The Bill is divided into three parts:

- Part 1 would repeal sections 4 and 4.1 of the CDSA, thereby removing the prohibition on possession of controlled substances (i.e. subsection 4(1) of the CDSA) and other provisions;
- Part 2 would establish a procedure for expunging convictions related to possession of controlled substances through the Parole Board of Canada; and
- Part 3 would require the Minister of Health to develop a national strategy to address substance-related harms.

The first hour of debate at second reading took place on March 2, 2022.

In February 2021, the Minister of Justice and Attorney General introduced Bill C-22 in Parliament, An Act to amend the Criminal Code and the Controlled Drugs and Substances Act. Amongst other measures, the Bill would have police and prosecutors consider alternative measures – including diverting individuals to addiction programs, giving a warning or taking no further actions – instead of laying charges or prosecuting individuals for simple drug possession. Bill C-22 died on the order paper with the calling of the 2021 federal election. These proposed measures were reintroduced in the House of Commons on December 7, 2021, through Bill C-5.

LEGISLATIVE REVIEW OF THE CANNABIS ACT

- The Cannabis Act established a new control framework for cannabis designed to better protect public health and public safety, and minimize harms associated with cannabis use.
- The Act requires a legislative review to start three years after coming into force, and a report to be tabled in both Houses of Parliament within 18 months after the review begins.
- Our Government is committed to putting into place a credible, evidence-driven process for the legislative review, which will assess the progress made towards achieving the Act's objectives.

IF PRESSED ON INCLUDING THE MEDICAL ACCESS REGIME IN THE REVIEW

- Health Canada is committed to actively monitoring and evaluating patients' reasonable access to cannabis for medical purposes.
- Health Canada acknowledges the significant stakeholder interest in the access to cannabis for medical purposes framework and recognizes the opportunity that the legislative review presents to hear the views and perspectives of these stakeholders.

BACKGROUND

The Cannabis Act came into force on October 17, 2018, creating a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada. The Act aims to keep cannabis out of the hands of youth and keep profits out of the pockets of criminals and organized crime.

Section 151.1 of the Cannabis Act requires that the Minister initiate a review of the Act and its administration three years following the coming into force of the Act (i.e., after October 17, 2021), and that a report of the review's findings be tabled before both Houses of Parliament within 18 months of the start of the review.

The Cannabis Act further stipulates that the review must include an assessment of the impact of the Cannabis Act on public health and, in particular, on: the health and consumption habits of young persons in respect of cannabis use; Indigenous persons and communities; and, the cultivation of cannabis plants in a dwelling-house.

Over the past three years, the Minister of Health, with the support of the Minister of Public Safety and Emergency Preparedness and the Minister of Justice, and together with provinces and territories, as well as Indigenous leaders, have worked diligently to implement the cannabis legislative framework.

The Government of Canada has made progress toward the implementation of the cannabis framework by putting in place measures aimed at protecting children and youth from accessing cannabis; establishing a strictly regulated, legal supply chain for cannabis, and by making significant investments in public education, awareness, research, monitoring and surveillance efforts.

The review provides an initial and early opportunity to assess progress towards achieving the objectives of the Act, and to help ensure that the legislation is meeting the needs and expectations of Canadians through a credible, evidence-driven review process.

Health Canada has been actively monitoring the perspectives of stakeholders, including industry, public health experts, and the law enforcement community and is taking into account the views and expectations of stakeholders as we prepare for the review. Particular emphasis has been placed on early engagement with Indigenous communities and to helping ensure that the review process reflects their interests and expectations.

EXEMPTION REQUEST DRUG USER LIBERATION FRONT (DULF)

- On April 21, 2022, Health Canada issued a letter indicating its intent to refuse the exemption request from the Drug User Liberation Front (DULF) and the Vancouver Area Network of Drug Users (VANDU) to purchase illegal drugs from illegal vendors on the dark web and offer them for sale at cost to members of their cocaine, heroin, and methamphetamine compassion clubs.
- The health and safety of Canadians is a priority for the Government of Canada. Each request for an exemption under the Controlled Drugs and Substances Act is reviewed on a case-by-case basis, taking into account all relevant considerations, including the public health and public safety objectives of the Act and evidence of potential benefits and risks or harms to Canadians.
- Supplying drugs from the dark web is not a viable option for advancing the objectives of the CDSA, namely the protection of public health and the maintenance of public safety.
- The Government of Canada remains committed to supporting efforts to expand access to a safer supply, including exploring alternative models that will reduce and remove existing barriers to access.

IF PRESSED ON THE ADDITIONAL INFORMATION SUPPLIED BY DULF FOLLOWING RECEIPT OF THE LETTER

- Health Canada officials are carefully reviewing the additional information that has been provided by DULF following receipt of the letter of intent to refuse their application regarding the supply of illegal drugs through illegal vendors on the dark web.
- It is not Health Canada's practice to discuss applications that are currently under review.

IF PRESSED ON SAFER SUPPLY

- Our Government understands the pandemic has led to an increasingly dangerous and unpredictable illegal drug supply.
- Through the Substance Use and Addictions Program we have taken action to save lives by funding projects that provide people who use drugs with safer, pharmaceutical-grade alternatives to the toxic illegal drug supply as well as offer services that support people who use drugs.
- Since 2019, the Government has committed over \$63 million in funding for 17 safer supply projects in British Columbia, Ontario, Quebec and New Brunswick, and one national community of practice.

BACKGROUND

More than 9,191 British Columbians have died from illicit drug poisoning since April 2016, when the Province declared a public health emergency, until March 2022. The number of deaths in 2021 (2,224) was the highest ever recorded in a calendar year, with an average of 6.1 deaths per day. This represents a 26% increase from 2020 (1,767 deaths) and a 127% increase from 2019 (982). Safer supply programs form an important part of the federal government's comprehensive response to this crisis, but these programs are limited in number and a variety of factors (e.g. eligibility requirements, limited substance options, etc.), have created barriers to access for many people who use drugs (PWUD).

On August 31st, 2021, Health Canada received a request from the Drug User Liberation Front (DULF) in coordination with the Vancouver Area Network of Drug Users (VANDU), for a subsection 56(1) exemption under the Controlled Drugs and Substances Act (CDSA) to operate a Safe Supply Fulfillment Centre and Cocaine, Heroin and Methamphetamine (CHM) Compassion Clubs in Vancouver, British Columbia. DULF and VANDU suggest that the proposed model would address factors that currently act as barriers for people who use drugs in accessing a safer supply in Canada.

The CDSA is the federal drug control statute with a dual purpose to protect public health and maintain public safety. Under the CDSA, activities with controlled substances are generally prohibited (e.g., possession, production, importing, exporting, and trafficking) unless authorized through regulations or exemptions. For situations where a legitimate activity with controlled substances does not fall under existing regulations, section 56 of the CDSA provides flexibility to allow such activities to take place. Subsection 56(1) of the CDSA provides the Minister of Health with the authority to exempt persons or substances from the application of any provision of the CDSA or its regulations, if, in the opinion of the Minister, the exemption is necessary for a medical or scientific purpose, or is otherwise in the public interest.

The request from DULF/VANDU proposes purchasing illegally produced controlled substances from illegal vendors on dark web markets, testing the substances for the presence of contaminants, labelling them, and then selling, at cost, to compassion club members. Requirements for club membership are proposed to be a minimum age of 18 years and a demonstration of current use of illegal substances. Peer support would be available at time of purchase and through follow-up. Given the novelty of the proposed model, the requesters would work with local researchers to conduct a mixed-methods evaluation. The requesters also express openness to an alternative model, involving purchasing pharmaceutical-grade substances from a licensed dealer, which would then be sold, at cost, to compassion club members. That said, the request does not include any details of how this alternative model would work and thus has not been considered in the assessment.

The dark web describes a portion of the internet that is intentionally difficult to access and provides anonymity for those who use it. Illegal marketplaces operating over the dark web sell a variety of controlled substances. Domestic and international organized crime groups are heavily involved in the import, production, and sale of these controlled substances.

The Vancouver City Council has endorsed the DULF and VANDU exemption request if a pharmaceutical-grade supply is used. If approved, Vancouver Coastal Health has agreed to work with DULF and VANDU on implementation. While the current proposal mentions the idea of obtaining a pharmaceutical-grade supply, the request itself focuses exclusively on the model involving the dark web.

On September 23, 2021, DULF submitted an application for funding through the Substance Use and Addiction Program (SUAP) to support its proposed compassion club model. A decision has been made by Health Canada to deny funding for this project. Decision letters were sent to applicants the week of March 21, 2022.

Over the past two years, DULF has been using crowdsourced donations to purchase controlled substances from the dark web. These substances have been tested, then labelled and distributed free of charge to PWUD at a series of events in Vancouver. Although the Vancouver Police Department (VPD) has not taken enforcement actions in relation to these distribution events, they have indicated that this has been discretionary and they could undertake enforcement if they believe it is in the public interest. They have identified the for-profit sale of drugs or the distribution of substances containing potentially lethal doses of fentanyl as circumstances that would warrant enforcement.

PSYCHEDELICS

- We are deeply concerned about the burden of mental illness on Canadians, their families, and their communities.
- While psychedelics like MDMA and psilocybin [sai·luh·sai·bn] have shown promise in clinical trials for the treatment of some illnesses, further research is still needed.
- Clinical trials are the most appropriate and effective way to advance research with unauthorized drugs, like psilocybin and MDMA, because they have safeguards in place to protect the health and safety of patients.
- I'm very happy to report that the number of authorized clinical trials with these substances has increased significantly over the past year - a trend our government is hoping will continue.

IF PRESSED ON PSILOCYBIN EXEMPTION REQUESTS FOR HEALTHCARE PROFESSIONALS

- Health Canada is aware that psilocybin is being studied by researchers in Canada and internationally.
- At this time, there are no approved therapeutic products containing psilocybin or MDMA in Canada or elsewhere.
- Health Canada has undertaken further consultations and concluded that clinical trials are the most appropriate mechanism for health care professionals who wish to improve their knowledge of psychedelic-assisted psychotherapy.
- Clinical trials ensure that the interests of patients are protected and that a product is administered in accordance with national and international ethical, medical, and scientific standards.

IF PRESSED ON RECENT CBC ARTICLE AND THE RELATED COMPLAINT OF MISCONDUCT AT MAPS CLINICAL TRIAL

- Protecting the health and safety of patients, including those in clinical trials, is of the utmost importance to Health Canada.
- Health Canada is aware of the serious allegations related to the Multidisciplinary Association for Psychedelic Studies (MAPS) clinical trial recently reported in the media, and received a related complaint on March 4, 2022, from a group of scholars and journalists in the field of psychedelics.
- The complaint reported potential issues of research integrity, ethics and safety in five MDMA trials conducted by MAPS. The complainants requested greater safeguards to ensure the safety of study participants, especially to address the risk of suicide. The complainants noted that allegations related to investigator misconduct had been reported to law enforcement and to the College of Physicians and Surgeons of British Columbia.

IF PRESSED ON THE ACTIONS BY HEALTH CANADA RELATED TO THE MAPS COMPLAINT

- Health Canada has determined that of the trials referenced in the complaint, one was not conducted in Canada, two of the trials conducted in Canada are completed, and of the two other approved trials, one does not have any sites in Canada, and the other has two active sites that are open to enrollment.
- One of the completed trials was inspected in 2019 and was found compliant.

- The Department has completed its review of the complaint information and all previously authorised Clinical Trial Applications involving the use of MDMA. The review has not indicated a need for additional compliance and enforcement action.
- The Department will be prioritizing onsite inspections for any active trial sites involving MDMA.

IF PRESSED ON PATIENT PROTECTION IN CLINICAL TRIALS

- Health Canada recognizes the importance of Canadians having access to safe clinical trials.
- Health Canada's role includes a rigorous, science-based review of all clinical trial applications in Canada, and subsequent inspection activities to help ensure compliance with Good Clinical Practices.
- Research Ethics Boards ensure the protection of participants, while Colleges of Physicians and Surgeons ensure quality care is provided by their members.
- When clinical trials include psychedelics, additional safeguards are implemented to protect patients.
- Together, these measures offer layers of protection to minimize and address risks throughout a clinical trial.

IF PRESSED ON SECTION 56(1) EXEMPTIONS FOR PSILOCYBIN

- The Government of Canada recognizes that many Canadians with terminal and chronic illness are suffering.
- The safety and well-being of Canadians is the paramount concern. At this time, there are no approved therapeutic products containing psilocybin in Canada or elsewhere.
- This means there is no product containing psilocybin that has been assessed for its safety, efficacy and quality.
- Clinical trials remain the best method to advance our knowledge about products with a possible medical benefit, such as psilocybin. Clinical trials protect patients by providing a framework so that a potential treatment is administered in accordance with national and international ethical, medical and scientific standards.
- For emergency treatment purposes or by exception, and on compassionate grounds, there are pathways to access these substances.
- Health Canada's Special Access Program (SAP) permits health care practitioners to request access to drugs that have shown promise in clinical trials, or been approved in other countries, but that have not yet been approved for sale in Canada.
- By exception, and on compassionate grounds, patients can seek an exemption under subsection 56(1) of the Controlled Drugs and Substances Act to possess and use psilocybin.
- Health Canada continues to prioritize exemption requests from terminally ill patients to treat end-of-life psychological distress.

IF PRESSED ON HOW EXEMPTIONS ARE REVIEWED

- Each request for an exemption is carefully reviewed on a case-by-case basis, taking into account all relevant considerations, including evidence of potential benefits and risks or harms to Canadians.

- In the case of psilocybin, Health Canada’s review includes consideration of the individual’s medical condition, whether conventional therapies and other regulatory pathways have been considered, and the scientific evidence available to support the request.
- The Department continues to process requests for exemptions, while prioritizing requests from patients who are terminally ill.

IF PRESSED ON THE SPECIAL ACCESS PROGRAM AND ACCESS TO A “SECURE SUPPLY” OF PSILOCYBIN

- Health Canada has not evaluated the efficacy and safety of psilocybin, nor has it approved its sale for therapeutic use under the Food and Drug Regulations.
- As of January 5, 2022, health care practitioners can request access, on behalf of patients with serious or life-threatening conditions, to restricted drugs such as psilocybin, through the Special Access Program. All requests are assessed on a case-by-case basis taking into consideration the patient’s condition, availability of other treatment options, and available evidence of the safety and efficacy of the drug.

BACKGROUND

USE OF PSYCHEDELICS FOR THERAPEUTIC PURPOSES IN CANADA

Canadians are increasingly seeking novel approaches for the treatment of mental health issues. As such, interest in the potential therapeutic use of psychedelics for the treatment of mental health disorders is on the rise.

Psilocybin is one of the active ingredients in magic mushrooms, while MDMA is a synthetic compound made in laboratories. There are many different kinds of psychedelics including LSD (acid), DMT (ayahuasca), mescaline (peyote), etc. Many psychedelics are being studied as an adjunct therapy alongside conventional psychotherapeutic techniques in clinical settings. This is also known as psychedelic-assisted psychotherapy.

Most psychedelics (also known as hallucinogens) are controlled as “restricted drugs” under the Controlled Drugs and Substances Act (CDSA). Restricted drugs generally have no approved therapeutic uses and can only be used for research or scientific purposes, including in authorized clinical trials. No products containing psilocybin have been approved in the US, Canada, or internationally.

The United States Food and Drug Administration (FDA) has designated psilocybin as a “breakthrough-therapy” for the treatment of treatment-resistant depression/Major Depressive Disorder. Similarly, MDMA has received “breakthrough-therapy” designation for the treatment of PTSD by the FDA. A “breakthrough-therapy” designation is a process designed to fast track the drug review and approval process for drugs that are intended to treat a serious condition where preliminary clinical evidence indicates that the drug may be a substantial improvement over existing therapeutic options for a particular medical condition.

ACCESS TO PSILOCYBIN

Psychedelics are subject to legal controls under the Food and Drugs Act and the CDSA. This means that access to psilocybin and other psychedelic restricted drugs must be authorized by Health Canada. At this time, there are three possible options for individuals to access restricted drugs, namely through participation in an approved clinical trial, through the Special Access Program, and through a subsection 56(1) exemption under the CDSA.

Clinical trials

Health Canada has taken a number of steps to encourage further clinical research on psychedelics. Health Canada has hosted two Clinical Trials 101 information sessions (in July 2021 and March 2022) to provide an overview of the clinical trial application process to researchers interested in conducting clinical trials with psychedelics. Health Canada also published a Notice to Stakeholders outlining the general requirements to conducting clinical research with psilocybin and has met with numerous researchers to clarify data requirements.

Health Canada has also approved several clinical trials with psilocybin and MDMA since 2018. These include clinical trials to assess the efficacy of psilocybin in patients with depression or treatment-resistant depression, the safety of low-doses of psilocybin, and the safety of psilocybin for health care providers enrolled in a psychedelic training program. In Spring 2022, the Canadian Institutes of Health Research will be launching a funding opportunity that will provide up to \$3 million to support clinical trials looking at the safety and early efficacy of using psilocybin in combination with psychotherapy for the treatment of substance use and mental health disorders.

Safety Requirements for Clinical Trials

Organizations at the federal and provincial/territorial levels have different roles with respect to the regulation and oversight of clinical trials. Together, they offer layers of protection to Canadians, using various measures to minimize and address risks before, during and after a clinical trial.

Under the Food and Drugs Act (Act) and related regulations, Health Canada conducts rigorous, science-based reviews of all clinical trial applications in Canada, in accordance with the objectives of the Act, to protect the health and safety of clinical trial participants. In general, for all clinical trials, sponsors must demonstrate that appropriate measures are in place to mitigate risks to participants; that potential risks are communicated to and accepted by participants; and that approval by a Research Ethics Board has been obtained. In clinical trials involving MDMA, known for potentially inducing emotional vulnerability, additional safeguards have been implemented. These safeguards have included, for example in the case of the Multidisciplinary Association for Psychedelic Studies (MAPS) clinical trials, that MDMA trials must be video recorded to minimize the risk of abuse and to verify that the therapy was properly conducted.

Although complaints have been rare, when the Department becomes aware of a complaint or possible misconduct related to a clinical trial that could put the physical and mental health of the subjects at risk or affect the integrity of the clinical data, steps are taken to verify whether the requirements of the Act and related regulations are being met.

Should non-compliance be identified, the Department has a number of compliance and enforcement options available to correct non-compliance or mitigate the risk to Canadians, including requiring corrective actions, trial suspension or cancellation.

Multidisciplinary Association for Psychedelic Studies (MAPS) Clinical Trial

MAPS is a non-profit research and educational organization conducting international clinical trials on MDMA-assisted therapy as a treatment for Post Traumatic Stress Disorder (PTSD) and other conditions. MAPS has sponsored a multitude of clinical studies over more than a decade; over that period, MAPS has received five complaints.

Complaint Received by Health Canada in 2019:

The MAPS clinical trial that was the object of sexual misconduct allegations was authorized in March 2009. A complaint from a participant in this clinical trial was submitted to Health Canada in 2019, after the clinical trial was closed (October 2016).

Following receipt of the complaint, in 2019 Health Canada conducted a compliance verification as well as a full inspection of a related MAPS clinical trial. During the inspection, the Department confirmed that the unlicensed therapist, who was the subject of the original complaint, was no longer working at the site. The Department observed that adequate steps related to Good Clinical Practices requirements had been taken by the sponsor and the site, with regards to the complaint, including:

- notification of the Research Ethics Boards,
- modification to the consent form to include emotional vulnerability as a risk,
- development and implementation of MAPS MDMA Therapy Training on Code of Ethics,
- continuation of the standard model of 2 facilitators per study visit, with video recording of all in-person psychotherapy and all telemedicine visits, and,
- continuation of the requirement for night attendants at the site to be licensed mental health practitioners.

On January 7, 2020, the complainant was informed of Health Canada's findings and was advised that the College of Physicians and Surgeons of British Columbia should be consulted regarding any concerns related to the conduct of the therapists and physicians involved in the study.

Complaint received by Health Canada in 2022:

In March 2022, Health Canada received a complaint from a group of scholars and journalists who claimed to be experts in the field of psychedelics. Allegations included inadequate eligibility and withdrawal criteria, inadequate disclosure of risks in the informed consent form, and inadequate duration of follow-up related to MDMA trials conducted by MAPS. The complainants requested greater safeguards to ensure the safety of study participants, especially to address the risk of suicide. The Department has reviewed the adequacy of the protocol design and informed consent documents of previously authorised trials, in light of these allegations. Additional information has been requested from sponsors, regarding adverse events, efficacy data, complaints from participants and actions taken by the sponsor. While no concerns have been identified, to date, Health Canada will not hesitate to take

appropriate compliance and enforcement action should non-compliance with the Food and Drugs Act and its associated regulations be identified.

Status and Next Steps

On April 27, the Department participated in its quarterly trilateral meeting with the U.S. FDA and the UK MHRA and discussed the MAPS complaint received by HC and the FDA. Health Canada will meet with the U.S. FDA again on May 16, to discuss Health Canada's participation in the FDA's planned inspection of MAPS in June (note that this is not for public disclosure).

On May 4, Health Canada met with the BC College of Physicians and Surgeons to discuss the information received as part of the MAPS clinical trial complaint and the publication of its inspection findings.

In June 2022, ROEB will be conducting two MDMA clinical trial inspections to verify that the trials are being conducted in accordance with Good Clinical Practices requirements, per Division 5 of the Food and Drug Regulations. One trial is sponsored by the Remedy Institute and the other by MAPS (not for public disclosure at this time).

Health Canada has assessed this situation. The Department has concluded that its own regulations are appropriate to manage clinical trials with psychedelics and that protocols and informed consent forms address potential risks. We will also ensure that all sponsors wishing to conduct clinical trials with MDMA have adequate risk management measures in place to minimize the risks of emotional vulnerability. Health Canada will continue to work with its national and international partners on this file, and would be supportive of measures taken by Research Ethics Boards and provincial and territorial Colleges of Physicians and Surgeons, to develop and implement more safeguards to help avoid repetition of this situation in the future, in particular around professional standards.

Special Access Program

On January 5, 2022, regulatory amendments were made to the Food and Drug Regulations and Narcotic Control Regulations allowing practitioners, on behalf of patients with serious or life-threatening conditions, to request access to restricted drugs through the Special Access Program when other therapies have failed, are unsuitable, or are unavailable in Canada. All requests will continue to be assessed on a case-by-case basis taking into consideration the patient's condition and the level of evidence regarding the safety and efficacy of the drug. These regulatory changes were shared with all interested parties, including organizations that represent patients seeking to possess and use psilocybin for therapeutic purposes. As of May 2022, Health Canada has authorized 9 requests for psychedelics through SAP for a total of 14 patients. None of these authorisations were for MDMA.

Individual subsection 56(1) exemptions

As for exemptions, Health Canada continues to receive a high volume of requests pertaining to psilocybin, and, more recently, MDMA. Health Canada continues to prioritize exemption requests from terminally ill patients seeking access to psilocybin for the treatment of end-of-life distress.

Many factors are considered when reviewing and making a decision on a request for a subsection 56(1) exemption to use psilocybin in relation to a medical condition. These factors may include but are not limited to (as per Health Canada web page):

- The availability of clinical trials or other regulatory pathways, such as the Special Access Program, to request access to the substance
- The medical condition for which the psilocybin is requested to be used
- The existing scientific evidence to support the use of psilocybin for the treatment of the condition
- Whether other conventional therapies have been considered
- Whether the use of the substances is supported by a health care practitioner
- Public health and public safety objectives of the CDSA
- Other federal, provincial, and/or municipal laws or regulations that may apply to the proposed activity
- Risks, including risk of diversion

Number of Patient-Requested Exemptions Approved

Health Canada has granted exemptions under subsection 56(1) of the Controlled Drugs and Substances Act to patients with serious or life threatening illnesses, when conventional treatments have failed, to allow them to possess psilocybin while undergoing psychotherapy, as well as to a small number of health care professionals for professional training purposes. Total subsection 56(1) exemptions issued for possession and use of psilocybin included below.

Psilocybin subsection 56(1) exemptions issued - total as of February 28, 2022:

Patients

Issued: 81 exemptions

Health care professionals

Issued: 19 exemptions

SUBSTANCE USE STIGMA

- Our government is committed to reducing the stigma associated with substance use so that Canadians feel safe asking for help and, when they do, get quality care.
- Addiction is a treatable medical condition which is why we should be diverting people towards health and social services.
- We are taking action to reduce stigma through public education and funding for community initiatives, while prioritizing engagement of people with lived and living experience.

IF PRESSED ON PUBLIC EDUCATION TO REDUCE STIGMA

- Since 2016, the Government of Canada has invested approximately \$22.8M in public education to raise awareness on the risks of opioids, overdose prevention, harm reduction and stigma.
- The Government has invested in prevention campaigns for youth which include raising awareness of the impacts of stigma on people who use drugs, and how to reduce it.
- We have also funded important public education initiatives led by non-government organizations who are able to reach higher-risk populations, such as men working in the trades.

IF PRESSED ON THE LINK BETWEEN STIGMA AND THE BC EXEMPTION

- Stigma related to substance use can lead people to hide their substance use, use in riskier ways, and prevent them from accessing services and supports.
- Granting an exemption for personal possession of small amounts of certain illegal drugs in British Columbia is an important step in treating substance use as a health issue, not as a criminal one.

BACKGROUND

Substance use stigma has serious consequences on the lives of people who use substances, their families and communities. Evidence shows that widespread stigma discourages people from seeking health and social services, reduces the quality of services received, and leads people to hide their substance use or use alone. Stereotypes and stigma also lowers public support for, and funding of, programs that aim to help people who use substances.

The use of stigmatizing and dehumanizing language, negative depictions of substance use in the media and the misconception that addiction is a choice perpetuate stigma. Addiction is a diagnosable and treatable medical condition, not a choice.

Stakeholders have reported that stigma and fear of criminalization cause some people to hide their substance use, use alone, or use in other ways that increase risk of harms. Stakeholders have also reported that stigma and fear act as barriers to many in accessing important health and social services, including treatment and that reducing stigma can help save lives. Canada is committed to treating substance use as a health issue. The Federal Minister of Mental Health and Addictions and Associate Minister of Health's granting of a time-limited exemption under the Controlled Drugs and Substances

Act (CDSA) so that adults in British Columbia will not be subject to criminal charges for personal possession of small amounts of certain illegal drugs, is a step towards this commitment.

The federal government has done considerable work to reduce substance use stigma, including prioritizing the engagement of people with lived and living experience to inform our policies and programs and investing in public education campaigns to reduce stigma and encourage help-seeking. We support stigma reduction efforts in communities across Canada through funding and we continue to work with other government departments, provinces and territories, and internationally to promote and support stigma reduction efforts. Finally, we champion the use of non-stigmatizing language in all of our communications and support others to do the same because we understand that language is a powerful tool for reducing stigma.

We are committed to ensuring that stigma reduction is a key consideration in all of our work to reduce substance use harms and promote the health of all Canadians.

NATIONAL STANDARDS FOR MENTAL HEALTH AND SUBSTANCE USE SERVICES

- Budget 2021 provided \$45 million to develop national standards for mental health and substance use services, in collaboration with provinces and territories, health organizations, and key stakeholders.
- National standards help to formalize what Canadians can expect in terms of the quality of services while providing an evidence-based framework for service delivery that Canadians can rely on, no matter where they live or access services.
- Standards development will be informed by consultation and engagement processes, so that the diverse perspectives of Canadians are incorporated, such as Indigenous and racialized populations, gender-diverse people, and people with lived and living experience.

IF PRESSED ON WHY IT IS IMPORTANT FOR THE GOVERNMENT OF CANADA TO SUPPORT THE DEVELOPMENT OF NATIONAL STANDARDS

- Significant progress has been made to develop and advance wise practices in mental health and substance use treatment, supported by significant federal, provincial and territorial investments.
- This provides opportunities to build on and integrate wise practices in provinces and territories to develop national standards, through consensus-based processes that address shared mental health and substance use priorities.
- Standards will provide a framework for mental health and substance use service delivery across Canada, no matter where a person lives.

IF PRESSED ON HOW THESE NATIONAL STANDARDS WILL IMPACT THE MENTAL HEALTH AND SUBSTANCE USE SERVICES RECEIVED BY CANADIANS

- Mental health and substance use services can vary across the country and some people experience barriers in accessing services. Where services are available, they may also not meet the needs of diverse populations.
- Standards are tool for helping to ensure that mental health and substance use services, including those who provide such services, meet a consistent level of care and are sensitive to a wide range of needs.
- Standards will be informed by available evidence, guidance and wise practices, as well as the perspectives of experts and other key stakeholders, including persons with lived and living experience.
- This work will help to ensure that when Canadians access services, they are of high quality, evidence-based and equitable.

IF PRESSED ON THE PARTNERSHIP WITH STANDARDS COUNCIL OF CANADA (SCC)

- On March 14, 2022, the Government of Canada announced plans for Health Canada to work with SCC and stakeholders to develop national standards for mental health and substance use services.
- As Canada's leading standardization body, SCC has extensive experience in leading national standardization initiatives of this scale.
- SCC will coordinate the development of an integrated suite of national standards for mental health and substance use services, leveraging significant work completed to date in this field.

IF PRESSED ON THE STANDARDS DEVELOPMENT PROCESS

- Standards Council of Canada (SCC) will coordinate the development of standards that are evidence-based and developed through consensus-based processes that engage experts, health organizations, people with lived and living experience, and other key stakeholders.
- Standards will seek to achieve the highest level of consensus and rigor possible, while adhering to Standards Council of Canada's strict guidelines for standards development.

IF PRESSED ON THE PRIORITY AREAS FOR STANDARDS

- Standards Council of Canada (SCC) will focus standards development on priority areas that align with the Common Statement of Principles on Shared Health Priorities (CSOP) developed by federal, provincial and territorial governments in 2017.
- The standards will help address a range of mental health and substance use service needs and are a tool for promoting consistency of service delivery across Canada.
- The Government of Canada and SCC will explore opportunities for standards development in additional priority areas with input from stakeholders.

IF PRESSED ON HOW STANDARDS WILL PROMOTE EQUITY

- We know that in order for standards to support all Canadians, they must be developed through an equity lens that considers the needs of diverse populations.
- The Government of Canada has emphasized the importance of engagement with diverse stakeholders and promotion of health equity principles, which will be incorporated into the development process.
- It is the Government of Canada's intention to use the standards development process to advance equity in the delivery of high-quality care for diverse populations that face barriers to care.

IF PRESSED ON HOW STANDARDS COUNCIL OF CANADA (SCC) WILL ENGAGE STAKEHOLDERS

- SCC will engage a diverse range of key stakeholders to inform their work, including provinces and territories, Indigenous partners, health organizations, and people with lived and living experience.
- SCC is establishing a National Mental Health and Substance Use Standardization Collaborative model to facilitate stakeholder engagement as well as consensus-based processes, which includes a steering committee and various working groups.

IF PRESSED ON THE STEERING COMMITTEE THAT WILL GUIDE THE STANDARDS COUNCIL OF CANADA (SCC) BODY OF WORK

- The Steering Committee includes a diverse range of key mental health and substance use stakeholders that will provide advice and direction to the work of the Collaborative.
- Membership includes representatives from the federal government, Indigenous partners, pan-Canadian health organizations, experts, professional associations, health organizations, standards development organizations, non-governmental organizations, and people with lived and living experience.

IF PRESSED ON HOW PROVINCES AND TERRITORIES WILL BE ENGAGED IN STANDARDS DEVELOPMENT

- Provinces and territories are key stakeholders that will be consulted throughout this process.
- A Government Advisory Table has been established to provide a dedicated forum for provinces and territories that choose to contribute to the standards development process.
- Representatives from the provinces and territories will also be invited to join the various working groups within the Collaborative.

IF PRESSED ON HOW STAKEHOLDERS AND THE PUBLIC CAN PARTICIPATE IN THE PROCESS

- Canadians will have access to regular updates on this work through a dedicated webpage for the initiative hosted by Standards Council of Canada (SCC).
- SCC will also launch a series of public consultations on the priority areas for standards to help inform the development process.
- Stakeholders can also contact SCC for more information by accessing their dedicated webpage.

IF PRESSED ON HOW STANDARDS WILL BE IMPLEMENTED

- Standards will be available for voluntary implementation by provinces and territories, health organizations and other service providers.
- Standards Council of Canada will develop guidance and related resources to support the uptake and implementation of standards.

BACKGROUND

To fulfill commitments made in the Minister of Health’s mandate letter, the Government of Canada will “set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it”. Through Budget 2021, the government provided \$45 million over two years, starting in 2021-22, to develop national standards for mental health, in collaboration with provinces and territories, health organizations, and key stakeholders, so that Canadians can access timely care, treatment, and support. This language was interpreted broadly to include standards for substance use due to its close relationship with mental health.

National standards will be evidence-based and developed through consensus-based processes that engage a range of experts, health organizations, people with lived and living experience, and other key stakeholders. The Government of Canada has emphasized the importance of engagement with diverse stakeholders and promotion of health equity principles, which will be incorporated into the development process. National standards will be available for voluntary implementation in provinces, territories and health organizations, and will help to support an evidence-based framework for service delivery that Canadians can rely on.

Standards Background

“Standardization” refers to the development and application (conformity assessment) of standards publications that establish accepted practices, technical requirements and terminologies for product, process and service, for management systems and for certification of persons.

Standards are documents, established by consensus and approved by a recognized body that provide, for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given context. They are based on the consolidated results of science, technology and lived and living experience, and aimed at the promotion of optimum community benefits.

While there are a breadth of clinical and professional guidelines, frameworks, and other resources currently available with a national scope, these documents have a specific focus and intended purpose separate from national standards for health services or have otherwise not been developed through a formal standardization process.

Partnership with Standards Council of Canada (SCC)

Health Canada signed a Memorandum of Agreement with SCC on November 25, 2021 to develop national standards for mental health and substance use services. This partnership was announced by the Minister of Mental Health and Addictions on March 14, 2022.

Established in 1970 through the Standards Council of Canada Act, SCC is a non-agent Federal Crown Corporation. Oversight for the SCC is provided by its Governing Council, who are appointed by the federal government and who report to Parliament through the Minister of Innovation, Science, and Economic Development. As set out in the Act, SCC's mandate is to promote efficient and effective voluntary standardization in Canada, where standardization is not expressly provided for by law and, in particular, to:

- a. promote the participation of Canadians in voluntary standards activities,
- b. promote public-private sector cooperation in relation to voluntary standardization in Canada,
- c. coordinate and oversee the efforts of the persons and organizations involved in the National Standards System,
- d. foster quality, performance and technological innovation in Canadian goods and services through standards-related activities, and,
- e. develop standards-related strategies and long-term objectives in order to advance the national economy, support sustainable development, benefit the health, safety and welfare of workers and the public, assist and protect consumers, facilitate domestic and international trade and further international cooperation in relation to standardization.

SCC coordinates and provides leadership to the National Standards System, which refers to the network of organizations and individuals who contribute to standardization in Canada. This includes SCC-accredited organizations that develop standards (Standards Development Organizations or SDOs) as well as SCC-accredited conformity assessment bodies that verify compliance to standards. SCC also facilitates connections between the National Standards System and the international standardization system.

As Canada's National Standards Body, SCC leads and provides a strategic approach to national standardization, ensuring that national objectives and needs are served by the National Standards System. SCC collaborates with SDOs to lead and facilitate the development of standards, and serves as a convener and leader for the standards system, as well as the rules-setting body for standards development in Canada.

Priority Areas for Standards Development

SCC will lead the development of an integrated suite of national standards products in six priority areas that align with the Common Statement of Principles on Shared Health Priorities (CSOP):

- Children and youth:
 1. Integrated Youth Services: increase access to youth mental health and substance use supports that are integrated with physical health, sexual health and social services
- Primary Health Services Integration:
 2. Primary Care Integration: increase access to quality, integrated mental health and substance use supports in primary care settings
 3. Digital Mental Health and Substance Use Apps: improve access to high-quality, safe and effective apps to help Canadians make better-informed app choices
- People with complex needs:
 4. Substance Use Treatment Centres: improve access to high-quality, evidence-based care and promote an integrated and coordinated treatment system
 5. Substance Use Workforce: increase substance use workforce capacity to provide evidence-based care and stepped-care approaches
 6. Integrated Services for Complex Health Needs: improve integrated treatment approaches for individuals with concurrent mental health and substance use disorders and complex health needs

SCC will develop standard products with the highest level of consensus and rigor possible within the short period available for development. The potential types of products include:

- National Standard of Canada (NSC): Full consensus document produced following an SCC-accredited process by an SCC-accredited Standards Development Organization (SDO).
- Standards-based deliverables that can form the basis for upgrading to formal standards (i.e., NSCs):
 - Technical Specification (TS): Fast-track document intended for rapid, emerging activities. Can support pilot conformity assessment work.
 - Publicly Available Specification (PAS): Initial standardization for a broad topic area, written by a single leading author.
 - Workshop Agreement (WA): Brings together thought leaders to agree on best practices.

Once published, all products can be implemented, applied, tested, and later revised or upgraded (if applicable) to other standardized document types, such as NSCs.

SCC Governance Model for the Development of National Standards for Mental Health and Substance Use Services

SCC will use a National Standardization Collaborative model to lead standards development through a consensus-based process. This model includes in-depth stakeholder involvement, national standardization strategy advancement processes, and subject matter expertise for each topic area, to identify needs and gaps that will inform the scope and content of standards. The Collaborative's governance involves a tiered committee structure that includes a Steering Committee and working groups with specific areas of focus.

The Collaborative will be composed of key stakeholders and implementation partners, including representatives from: SCC, federal government, Indigenous organizations, Pan-Canadian Health Organizations, experts, professional associations, service providers/organizations, Standards Development Organizations, other non-governmental organizations, and persons with lived and living experience. The selection of specific participants will be guided by GBA+ considerations, to ensure an inclusive, equity-driven approach.

The Collaborative will also include a Government Advisory Table to provide a dedicated forum for PT representatives to share their perspectives as the work progresses. The Co-chairs of this Table will be invited to join the Steering Committee of the Collaborative. PT representatives can also join the working groups of the Collaborative. PTs can also remain informed of initiative progress through a dedicated webpage hosted by SCC that is now live and will be updated regularly.

Relationship of Standards to the Canada Mental Health Transfer (CMHT)

Service standards are tools for promoting the delivery of high-quality and appropriate mental health and substance use care in specific service areas. The focus of standards development is on how care is delivered, where standards implementation lies within the jurisdiction of PTs that deliver care. The suite of standards is not inclusive of all mental health and substance use services and will continue to evolve over time with the emergence of new priority areas ready for standards development.

Complementary role of the CMHT:

The new CMHT would serve as a permanent source of funding to PTs to expand their capacity to deliver high-quality, accessible and free mental health services, for both prevention and treatment. The government of Canada is committed to engaging with PTs on the development of a CMHT. A negotiating mandate will be sought and could include identifying a temporary and permanent mechanism for flowing this funding, the annual amounts, and associated conditionality (see below).

As a source of funds, the CMHT would play an important complementary role in supporting PTs to implement standards by bolstering their capacity to deliver high-quality care.

Standards and CMHT conditionality:

The parameters and conditionality of the CMHT will focus on principles (e.g., universality, accessibility), priorities and/or general conditions that apply to all mental health services. They will not be based on, nor will they include, standards of care. Attempting to be more prescriptive, such as by compelling the implementation of standards, could pose the legal risk to the federal government of being ultra vires (i.e., beyond the scope or in excess of legal power or authority). In addition, as standards focus on specific service areas, they are too narrow to frame the scope or conditions of the CMHT.

Standards will be made available for voluntary implementation in PTs, health organizations and other service providers responsible for the delivery of mental health and substance use care.

Progress in Other Areas of Standards Development

Existing standards work funded by the federal government is already contributing to the advancement of this mandate commitment.

- Health Canada is funding Health Standards Organization's (HSO) Improving Integrated Care for Youth (IICY) Initiative, to develop an effective integrated care network to address gaps in access to child & youth mental health services and continuity of care. This work includes standards development in the following areas: Youth Mental Health and Addictions Services; Suicide Prevention; and Health and Social Networks.
- Mental Health Commission of Canada (MHCC) jointly developed with Canadian Standards Association (CSA) and Bureau de normalisation du Québec (BNQ), the Psychological Health and Safety in the Workplace NSC, which was published in 2018. The MHCC continues to promote and support implementation of the standard through education, guidance and training.
 - o This standard was adapted by the Paramedic Association of Canada to develop the Psychological Health and Safety in the Paramedic Service Organization NSC, published in 2018.
- MHCC jointly developed with CSA, the Mental Health and Well-Being for Post-Secondary Students NSC, which was published in 2020. MHCC continues to promote and support implementation of the standard through education, guidance and training.

Q&A – NATIONAL STANDARDS FOR MENTAL HEALTH AND SUBSTANCE USE SERVICES

KEY FACTS

- To fulfill commitments made in the Minister of Health’s mandate letter, the Government of Canada will “set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it”.
- National standards for mental health will be developed in collaboration with provinces and territories, health organizations, and key stakeholders, so that Canadians can access timely care, treatment, and support.
- This language was interpreted broadly to include standards for substance use due to its close relationship with mental health.
- National standards will be evidence-based and developed through consensus-based processes that engage a range of experts, health organizations, people with lived and living experience, and other key stakeholders.
- The Government of Canada has emphasized the importance of engagement with diverse stakeholders and promotion of health equity principles, which will be incorporated into the development process.
- National standards will be available for voluntary implementation in provinces, territories and health organizations, and will help to support an evidence-based framework for service delivery that Canadians can rely on.

TIMELINE

- On March 14, 2022, the Government of Canada announced plans for Health Canada to work with SCC and stakeholders to develop national standards for mental health and substance use services.
- As Canada’s leading standardization body, SCC has extensive experience in leading national standardization initiatives of this scale.
- SCC will coordinate the development of an integrated suite of national standards for mental health and substance use services, leveraging significant work completed to date in this field.

FUNDING

- Through Budget 2021, the government provided \$45 million over two years, starting in 2021-22, to develop national standards for mental health.

QUESTIONS AND ANSWERS

WHY IS IT IMPORTANT TO SUPPORT THE DEVELOPMENT OF NATIONAL STANDARDS?

- Significant progress has been made to develop and advance wise practices in mental health and substance use treatment, supported by significant federal, provincial and territorial investments.
- This provides opportunities to build on and integrate these practices in provinces and territories to develop national standards, through consensus-based processes that address shared mental health and substance use priorities.

- Standards will provide a framework for mental health and substance use service delivery across Canada, no matter where a person lives.

HOW WILL NATIONAL STANDARDS AFFECT THE MENTAL HEALTH AND SUBSTANCE USE SERVICES RECEIVED BY CANADIANS?

- Mental health and substance use services can vary across the country and some people experience barriers in accessing services. Where services are available, they may also not meet the needs of diverse populations.
- Standards are a tool for helping to ensure that mental health and substance use services, including those who provide such services, meet a consistent level of care and are sensitive to a wide range of needs.
- Standards will be informed by available evidence, guidance and wise practices, as well as the perspectives of experts and other key stakeholders, including persons with lived and living experience.
- This work will help to ensure that when Canadians access services, they are of high quality, evidence-based and equitable.

HOW WILL THE STANDARDS BE DEVELOPED?

- Standards Council of Canada (SCC) will coordinate the development of standards that are evidence-based and developed through consensus-based processes that engage experts, health organizations, people with lived and living experience, and other key stakeholders.
- Standards will seek to achieve the highest level of consensus and rigor possible, while adhering to Standards Council of Canada's strict guidelines for standards development.

WHAT ARE THE PRIORITY AREAS FOR STANDARDS?

- Standards Council of Canada (SCC) will focus standards development on priority areas that align with the Common Statement of Principles on Shared Health Priorities (CSOP) developed by federal, provincial and territorial governments in 2017.
- The standards will help address a range of mental health and substance use service needs and are a tool for promoting consistency of service delivery across Canada.
- The Government of Canada and SCC will explore opportunities for standards development in additional priority areas with input from stakeholders.

HOW WILL THE STANDARDS PROMOTE EQUITY?

- We know that in order for standards to support all Canadians, they must be developed through an equity lens that considers the needs of diverse populations.
- The Government of Canada has emphasized the importance of engagement with diverse stakeholders and promotion of health equity principles, which will be incorporated into the development process.
- It is the Government of Canada's intention to use the standards development process to advance equity in the delivery of high-quality care for diverse populations that face barriers to care.

HOW WILL THE STANDARDS COUNCIL OF CANADA (SCC) ENGAGE STAKEHOLDERS?

- SCC will engage a diverse range of key stakeholders to inform their work, including provinces and territories, Indigenous partners, health organizations, and people with lived and living experience.
- SCC is establishing a National Mental Health and Substance Use Standardization Collaborative model to facilitate stakeholder engagement as well as consensus-based processes, which includes a steering committee and various working groups.

WHAT IS THE STEERING COMMITTEE THAT WILL GUIDE THE STANDARDS COUNCIL OF CANADA (SCC)?

- The Steering Committee includes a diverse range of key mental health and substance use stakeholders that will provide advice and direction to the work of the Collaborative.
- Membership includes representatives from the federal government, Indigenous partners, pan-Canadian health organizations, experts, professional associations, health organizations, standards development organizations, non-governmental organizations, and people with lived and living experience.

HOW WILL PROVINCES AND TERRITORIES BE ENGAGED IN STANDARDS DEVELOPMENT?

- Provinces and territories are key stakeholders that will be consulted throughout this process.
- A Government Advisory Table has been established to provide a dedicated forum for provinces and territories that choose to contribute to the standards development process.
- Representatives from the provinces and territories will also be invited to join the various working groups within the Collaborative.

HOW CAN STAKEHOLDERS AND THE PUBLIC PARTICIPATE IN THE PROCESS?

- Canadians will have access to regular updates on this work through a dedicated webpage for the initiative hosted by Standards Council of Canada (SCC).
- SCC will also launch a series of public consultations on the priority areas for standards to help inform the development process.
- Stakeholders can also contact SCC for more information by accessing their dedicated webpage.

HOW WILL THE STANDARDS BE IMPLEMENTED?

- Standards will be available for voluntary implementation by provinces and territories, health organizations and other service providers.
- Standards Council of Canada will develop guidance and related resources to support the uptake and implementation of standards.

MENTAL HEALTH AND WELL-BEING OF BLACK CANADIANS

- Our Government recognizes the significant and unique challenges faced by Black Canadians, including anti-Black racism and its significant impacts on mental health.
- In 2018, the Public Health Agency of Canada (PHAC) launched the Promoting Health Equity: Mental Health of Black Canadians Fund. With a budget of \$10 million, the fund supports 23 community-based projects across Canada to generate culturally focused knowledge and evidence.
- Budget 2021 committed further investments in mental health promotion and mental illness prevention for those most affected by COVID-19. With these investments, PHAC launched a targeted Call for Proposals in August 2021 to previous applicants who did not receive funding from the over-subscribed Mental Health of Black Canadians Fund.
- The results of this process will support new community-based projects that will continue to take into account the unique and diverse needs of Black Canadians throughout the pandemic and as part of Canada's recovery.
- Budget 2022 proposed an investment of \$3.7 million over four years, starting in 2022-23, for the Black-led engagement, design, and implementation of a Mental Health Fund for Black federal public servants within the Treasury Board of Canada Secretariat.

IF PRESSED ON SPECIFIC COMMITMENTS

- Recently, our Government was pleased to highlight two projects as part of our commitment to supporting Black Canadian communities in Canada which are each receiving \$400,000 in funding from PHAC:
 - o The Harriet Tubman Institute at York University will use the funding to analyze racism in academia, study the mental health of Black university students, develop relevant tools to support university students from Black communities and further our understanding of culturally responsive approaches to mental health issues.
 - o The TAIBU Community Health Centre will use the funding to develop a national knowledge network. This network will aim to generate and mobilize Afrocentric knowledge, with the intent to build capacity and address gaps in current knowledge about effective, culturally focused approaches and programs to improve mental health for Black Canadians.
- We will continue to support funding to increase knowledge of the mental health needs of Black Canadians and to create spaces for culturally responsive knowledge sharing and capacity building within Black communities.
- This work is shaped through collaborative efforts with the Mental Health of Black Canadians Working Group, an interdisciplinary team of Black Canadian experts in the social determinants of mental health. PHAC provides secretariat support to this Working Group.
- PHAC's Social Determinants of Health Division acts as the secretariat for the MHBC Working Group, assisting in convening meetings, coordinating information-sharing and communications between members and using learnings from the Working Group to further inform program on-going implementation and future solicitations.

IF PRESSED ON THE NEED FOR RACE-BASED COVID-19 DATA

- Our Government recognizes the need for race-based data to understand and address the disproportionate impact of COVID-19 on Black Canadians and other racialized communities.
- PHAC is engaging with its partners to continue to undertake specialized surveys and enhanced surveillance activities focused on the disproportionate impacts of COVID-19 and the pandemic response on key populations of interest, including racialized populations.
- Throughout this work, we will continue to prioritize consultation and engagement with Black Canadians and other racialized communities to inform appropriate data collection, analysis and dissemination approaches that respect privacy and avoid stigmatization and other potential harms of race-based data collection.

IF PRESSED ON THE CURRENT EVENTS RELATED TO ANTI-BLACK RACISM

- Our Government recognizes the significant and unique challenges faced by Black Canadians and other racialized populations during the COVID-19 pandemic.
- Anti-Black racism is not just a public health issue. Racism in all of its forms has deep and long-lasting impacts on health and well-being.
- PHAC's Mental Health of Black Canadians Fund aims to support projects that work to improve social conditions that can negatively impact mental health, including experiences of discrimination.

BACKGROUND

Experiences of racial discrimination throughout a lifetime can lead to chronic stress and trauma. Increased anxiety and social exclusion as a result of the health, economic and social effects of COVID-19 can compound poor mental health outcomes, especially for racialized populations. Findings from a recent survey on the impacts of the pandemic on mental health indicate that 27.9% of Black Canadians (vs. 22.9% of White Canadians) reported fair or poor mental health in the early months of the pandemic. Additionally, 32% of Black Canadians (vs. 24.2% of White Canadians) reported symptoms consistent with moderate/severe generalized anxiety disorder. Further, 37.5% of Black Canadians (vs. 22.1% of White Canadians) reported a moderate or severe impact of COVID-19 on their ability to meet financial obligations or essential needs.

Looking at the underlying socio-economic conditions, data from 2016 indicate that 21% of Black Canadians reported living in housing below standards, compared to 8% of White Canadians. Moreover, 33% of Black children aged 0-14 and 27% of Black youth aged 15-24 lived in low-income households, compared to 13% and 12% of White children and youth, respectively.

Promoting Health Equity: Mental Health of Black Canadians Fund

Budget 2018 earmarked \$42 million to strengthen multiculturalism and address the challenges faced by Black Canadians, including \$10 million over five years for the Public Health Agency of Canada (PHAC), and \$9 million over three years for Canadian Heritage. These funds are targeted to enhancing local

community supports for youth at risk, and to developing research in support of more culturally-focused mental health programs in the Black Canadian community.

In September 2018, PHAC launched the Promoting Health Equity: Mental Health of Black Canadians Fund to deliver on the Budget 2018 funding for eight short-term capacity-building projects and fourteen longer-term implementation projects all led by Black Canadian experts or organizations. These projects are expected to be completed by the end of next fiscal year.

We also understand how important it is to share the fundings and best practices from these projects. As a result, we are also supporting a knowledge mobilization network to contribute to the knowledge and evidence base, and to share learnings from these innovative projects more broadly. An example of this work is a project just getting underway and led by TAIBU (pronounced “Tie-boo”), a community health centre in the Greater Toronto Area that provides programs in a culturally affirming environment. TAIBU will develop a central space for knowledge sharing that will build capacity within Black communities. The project will work to improve the awareness of an Afrocentric perspective; and create positive change in policies and practices that impact the mental health and well-being of Black Canadians.

PHAC has also established the Mental Health of Black Canadians Working Group, comprised of 11 multi-disciplinary experts in research, practice and policy from diverse Black communities across Canada. The Working Group played an integral role in the selection of projects for funding and will continue to provide essential guidance on capacity-building and strengthening evidence going forward. PHAC provides secretariat support to this Working Group.

Other Federal Commitments Supporting Black Canadians

Budget 2019 committed \$45 million to Canada’s Anti-Racism Strategy and an Anti-Racism Secretariat. The Strategy’s key purpose is to find ways to counter racism in its various forms, with a strong focus on community-based projects. Budget 2019 also provided \$25 million over five years to Employment and Social Development Canada for projects and capital assistance to celebrate, share knowledge and build capacity in Canada’s vibrant Black Canadian communities. This investment will help stakeholders create the first national institute for Black Canadians. The Canadian Institute for Persons of African Descent will work to advance initiatives that impact Black Canadians at a systemic level.

In September 2020, the Government of Canada announced nearly \$221 million in funding in partnership with Canadian financial institutions, including up to nearly \$93 million from the Government of Canada over the next four years to launch Canada’s first-ever Black Entrepreneurship Program. This program will help Black business owners and entrepreneurs across the country recover from COVID-19 and grow their businesses.

In December 2020, the Government of Canada announced a new investment of \$40 million to create 200 home ownership opportunities across the country for Black Canadians. This is in addition to the \$32.4 million partnership between the Government of Canada and Habitat for Humanity Canada to create up to 414 new homes across Canada.

In January 2021, the Clerk of the Privy Council issued a Call to Action on Anti-Racism, Equity and Inclusion in the Federal Public Service. This Call to Action calls on Public Service leaders to advance employment opportunities for Indigenous, Black and other racialized employees, particularly with respect to executive positions and to better foster a safe and positive workplace, free of racism, discrimination and other barriers.

The Canadian Institutes of Health Research are supporting researchers across the country to develop and implement measures to rapidly detect, manage, and reduce the transmission of COVID-19. This includes projects that examine social determinants of health – such as social isolation, stigma, and racism – and that provide evidence-based interventions to inform social and public health responses.

Race-Based Data and COVID-related Health Inequities

Anti-Black racism underlies a broad range of socioeconomic inequities facing Black Canadians that contribute to differences in health outcomes. In the context of COVID-19, for example, Black Canadians and other racialized people are overrepresented in jobs deemed essential, and are more likely to rely on public transit to get to these jobs. Experiences of racial discrimination throughout a lifetime can also directly increase risk for chronic disease, which in turn increases the risk of serious complications from COVID-19. There is a need for race-based data to understand and address the disproportionate impact of COVID-19 on Black Canadians and other racialized communities.

In Canada, race-based health data has not generally been collected due to privacy and confidentiality concerns. Collection of race-based data is largely a provincial/territorial (P/T) matter, implemented by local health units. Some P/Ts, including Manitoba and Ontario, are moving forward on efforts to collect race-based data. Federally, the Survey on COVID-19 and Mental Health includes a question about ethnicity/race. Several analyses are planned that will include this variable to further understand the impact of the pandemic.

PHAC and partners are undertaking a number of activities to improve Canada's knowledge of the impact of COVID-19 on racialized communities, including:

- Reviews of the published literature on race and COVID-19;
- Coordinating with federal and P/T governments to include race/ethnicity as a key variable within the national data set for COVID-19;
- Engaging with various partners to undertake specialized surveys and enhanced surveillance activities focused on the disproportionate impacts of COVID-19 and the pandemic response on key populations of interest, including racialized populations; and
- Coordinating with the Canadian Institutes of Health Research on efforts to facilitate research activities related to burden and impact of COVID-19 among racialized and marginalized communities, to further enhance and expand the knowledge base.

Throughout this work, we will continue to prioritize consultation and engagement with Black Canadians and other racialized communities to inform appropriate data collection, analysis and dissemination

approaches that respect privacy and avoid stigmatization and other potential harms of race-based data collection.

PHAC, Health Canada and Statistics Canada are exploring opportunities to increase understanding of the intersection of health, demographic and socio-economic factors in the context of the pandemic. In September 2020, PHAC released a new resource entitled “Social determinants and inequities in health for Black Canadians: A Snapshot”. The Snapshot reports national data on inequalities in health outcomes and determinants of health for Black Canadians, and highlights how anti-Black racism and systemic discrimination are key drivers of health and social inequities faced by diverse Black Canadian communities.

WELLNESS TOGETHER CANADA

- Through Wellness Together Canada, individuals across the country can access 24/7, virtual supports ranging from self-assessment, self-guided programming, and peer support, to confidential online sessions with social workers, psychologists and other professionals.
- Wellness Together Canada is led by a consortium of three organizations:
 - o Stepped Care Solutions - an interdisciplinary and cross-sector team of clinician-researchers, leaders and pioneers in the areas of Stepped Care 2.0 and e-mental health.
 - o Kids Help Phone - Canada's only 24/7 national service offering support to young people via phone, text and live chat, and is a global leader in developing and delivering virtual mental health solutions.
 - o Homewood Health - a Canadian leader in the development and delivery of national, evidence-based mental health, trauma, and addiction treatment and services.
- A total of \$130M was invested in the WTC portal between April 2020 and April 2022.
- Budget 2022 proposes to provide \$140 million over two years, starting in 2022-23 so it can continue to provide Canadians, including health workers with tools and services to support their mental health and well-being

UTILIZATION

- As of June 6, 2022, over 2.46 million individuals across all provinces and territories have accessed the portal in over 7.08 million distinct online sessions.
- The new PocketWell mobile app has been downloaded a total of 25,975 times.
- The average cost of the WTC portal per user would be around \$54 on a per patient/individual basis (i.e. \$130M divided by 2.4M individuals).
- Approximately 39% of site visitors are men, which compared to other services is higher than usual male engagement.
- Approximately 45% of individuals that have created an account are under the age of 30, an age group that tends to be underserved by traditional mental health services.
- For phone sessions, 88% of individuals felt better after speaking with a counsellor.
- For text sessions, 84% of texters were highly satisfied with the service and 49% indicated that they would have done nothing else if they had not texted.
- Based on a client feedback survey, 41% indicated they have no other options for support, if not for the portal.

VARIETY OF SUPPORTS

- Interpretation services are also available during phone sessions in over 200 languages and dialects.
- Supports are provided online as well as by phone and text for those without internet access. There are dedicated text lines for youth, adults, and front line workers that provide immediate access to support.
- There is also a dedicated phone line for accessing Program Navigators that can assist with finding resources on the portal.

MENTAL HEALTH AND SUBSTANCE USE HUMAN RESOURCES

- The Government of Canada recognizes the incredible contribution that mental health service providers have made and continue to make to support the mental health and wellness of Canadians.
- The Government of Canada continues to make significant investments to help provincial and territorial health systems address mental health issues and system capacity. This includes investments through Budget 2017 that provided \$5 billion over 10 years to improve Canadians' access to mental health services. The establishment of a Canada Mental Health Transfer will build on these agreements to provide a permanent and ongoing source of funds for mental health services.
- Through Budget 2021, the Government of Canada provided \$45 million over two years to develop national standards for mental health and substance use services, which will provide tools to support mental health providers in delivering high-quality care.
- We are also working closely with provinces and territories to help address shortages among key health care providers, which includes mental health providers.

IF PRESSED ON NATIONAL STANDARDS FOR THE MENTAL HEALTH AND SUBSTANCE USE WORKFORCE

- The Government of Canada recognizes the heavy toll that COVID-19 continues to have on Canadians' mental health and experiences of substance-related harms, owing in part to increased isolation, stress, anxiety, depression and loneliness.
- Budget 2021 provided \$45 million in funding over two years, starting in 2021-22, to help develop national standards in order to address Canadians' needs related to mental health and substance use; this includes the development of substance use workforce standards.
- National standards will help formalize what Canadians can expect in terms of the timeliness and quality of services, and address stigma related to mental health and substance use. They will provide an evidence-based framework for service delivery that Canadians can rely on, no matter where they live or where they access services.

IF PRESSED ON THE BROADER HEALTH HUMAN RESOURCES CRISIS

- COVID-19 has put Canada's health systems under enormous strain, leading to staffing shortages and backlogs in services, including for mental health and addictions care.
- That is why, in Budget 2022, the federal government proposed significant measures to strengthen Canada's health systems. This includes an additional \$2 billion to provinces and territories through the Canada Health Transfer to help provinces and territories address surgeries and procedures, over and above \$4 billion invested in 2020-21.
- Budget 2022 also announced \$115 million over five years, with \$30 million ongoing, to expand the Foreign Credential Recognition Program and help up to 11,000 internationally trained health care professionals per year get their credentials recognized and find work in their field. It will also support projects—including standardized national exams, easier access to information, faster timelines, and less red tape—that will reduce barriers to foreign credential recognition for health care professionals.
- As well, the Government of Canada announced \$26.2 million to enhance student loan forgiveness for providers who practice in rural and remote communities and expand the program beyond physicians and nurses.

- These investments are supporting provinces and territories to reduce shortages in health human resources ensure to that Canadians have more timely access to the services they need, including mental health and addiction services.
- To further strengthen health care, the federal government is committed to advancing the priorities of Canadians, with a focus on better access to primary and mental health care, as well as dental, home, and community care; and the effective use of high quality data and digital systems.

BACKGROUND

A range of different providers offer mental health and addiction services to Canadians, from psychiatrists, psychologists, social workers, and other occupations such as counselors and substance abuse workers. More information is provided below on the labour market conditions for some of these occupations.

Many Canadians require access to mental health care needs and encounter barriers to do so. In fact, mental health care needs have been steadily rising throughout the COVID-19 pandemic. According to an Angus Reid study, 54% of Canadians say their mental health has worsened over the past two years. For women between the ages of 18 to 54, more than 60% say their mental health has worsened. Polls conducted by Mental Health Research Canada has found that more Canadians continue to report high levels of anxiety and depression (23% and 16%) now than when the pandemic began (5% and 4%), and a KPMG study found that 42% of Canadians believe the pandemic will have a lasting impact on their mental health. Further, many health care providers (86.5%) are reporting increased stress related to the pandemic from the pandemic.

The increased demand for mental health will likely have an impact on the supply of mental health providers. However, the delivery of care by mental health providers is often complicated by the context in which mental health care is delivered. Most Canadians will need to pursue mental health services privately (e.g. employer coverage), and not through publicly insured means. Access to care can be uneven, and often not sufficient to realize successful outcomes. As such equity issues are prevalent, with many vulnerable and marginalized populations unable to access and / or afford mental health care.

In an April 2022 submission to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, the Canadian Psychological Association (CPA) flags the potential challenges affecting the mental health workforce, especially psychologists, moving forward from the pandemic. The CPA recommends integrating psychological services into primary care as a means to make it more accessible to all Canadians. To do so, the CPA recommends that collaborative primary care teams include a psychological health human resource to provide patient-focused services. Such an approach will also alleviate the burden on primary care physicians and nurse practitioners who may not have the adequate training to provide appropriate mental health care.

The CPA also recommends: 1) accelerating the recruitment, retention, and training of psychologists, 2) address interprovincial /territorial regulation of health care providers to enable virtual provision of mental health services; and, 3) more comprehensive data collection on mental health human resources in both public and private sectors. Such recommendations are aligned with the perspectives of other health human resource (HHR) stakeholders, and were reflected at the recent HHR Symposium held by Health Canada in May 2022.

The federal government also supports pan-Canadian health organizations like the Canadian Centre for Substance use and Addiction and the Mental Health Commission of Canada which play an important role in developing and supporting the health workforce. For example, to improve the quality of service delivery, access and supports for people who use substances, CCSA has developed and updated a set of behavioural and technical competencies for regulated and unregulated professionals working in the substance use field.

CCSA and MHCC are also working together to explore the development of pan-Canadian operational guidelines for integrated mental health and substance use service delivery, with the goal of providing concrete and actionable guidance for the implementation of an integrated approach for mental health and substance use.

Federal mental health investments

Wellness Together Canada (WTC)

The WTC portal provides free, credible information and supports available 24/7 to individuals across Canada in both official languages to help address their mild to moderate mental health and substance use issues. It allows Canadians to connect to peer support workers, social workers, psychologists and other professionals for confidential chat sessions to support their mental health needs.

Funding to Provincial and Territorial Governments

The Government of Canada is investing \$5 billion over ten years to improve Canadians' access to mental health services. The investment is being provided directly to provinces and territories via negotiated bilateral agreements to help them expand access to community-based mental health and addiction services for children and youth, integrated services for people with complex needs, and spread proven models of community mental health care and culturally appropriate interventions linked to primary health services.

National Standards for Mental Health and Substance Use

To fulfill commitments made in the Minister of Health's mandate letter, the Government of Canada will "set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it". Through Budget 2021, the government allocated \$45 million over two years, starting in 2021-22, to help develop national standards for mental health, in collaboration with provinces and territories, health organizations, and key stakeholders, so that

Canadians can access timely care, treatment, and support. This language was interpreted broadly to include standards for substance use due to its close relationship with mental health.

Canada Mental Health Transfer

The government is committed to supporting the mental health needs of Canadians. This commitment is reflected in a suite of existing, pandemic-response response and new initiatives.

With her appointment as the first Minister of Mental Health and Addictions, Minister Bennett is committed to ensuring that mental health is treated as a full and equal part of the universal healthcare system. A key way to achieve this objective will be through the establishment of a Canada Mental Health Transfer (CMHT).

Budget 2022 reaffirmed the intention of engaging provinces and territories on the development of a CMHT, which would provide a permanent and ongoing source of funding for mental health services.

Health Canada's Substance Use and Addictions Program (SUAP) (G&C funding for workforce stream)

Budget 2021 invested \$116 million, for Health Canada's Substance Use and Addictions Program (SUAP) to continue to build up successful community-based programs that can help prevent, treat, and/or reduce the harms associated with opioids, stimulants, alcohol, prescription drugs, and other substances that have a high risk of problematic use. This included a stream for strengthening the substance use workforce, which included training or continuing education.

Federal action to respond to the Health Human Resource Crisis

Health Canada, along with other federal departments, has taken an active role in working with provincial and territorial (PT) governments and key health system stakeholders, such as health care educators, to identify both immediate and longer-term solutions to address significant health human resources challenges. The response is also focusing on sustainably increasing the supply of health care workers and help create healthier workplaces to support retention and the mental health of health care workers.

Internationally educated health workers and Canada Student Loan Forgiveness

To help bring more workers in the health system, Budget 2022 proposes to provide support for internationally trained health care professionals to fill these gaps and for doctors working in underserved rural or remote communities to ensure that Canadians receive the health care they deserve where they live. This includes:

- \$115 million over five years, with \$30 million ongoing, to expand the Foreign Credential Recognition Program and help up to 11,000 internationally trained health care professionals per year get their credentials recognized and find work in their field. It will also support projects—including standardized national exams, easier access to information, faster timelines, and less red tape— that will reduce barriers to foreign credential recognition for health care professionals.
- \$26.2 million over four years, starting in 2023-24, and \$7 million ongoing, to increase the maximum amount of forgivable Canada Student Loans by 50 per cent. This will mean up to \$30,000 in loan forgiveness for nurses and up to \$60,000 in loan forgiveness for doctors working in underserved rural or remote communities. In addition, the current list of eligible professionals under the program will be expanded.

Changes to the Criminal Code

All Canadians, and especially health care workers, deserve a safe working environment, free from violence and threats. To this end, the Government took action to protect health care workers, through amendments to the Criminal Code (under the former Bill C-3), in order to ensure health care workers are safe and free from threats, violence and harassment.

Wellness Together Canada - Targeted supports for health care workers

The Wellness Together Canada portal has specialized supports for frontline workers, which they can access by texting the word FRONTLINE to the number 741741 for immediate access to support.

Wellness Together Canada has resources available for health care workers, such as:

- o MindWell for Healthcare Workers program, a custom mental health training peer support program designed by healthcare workers for healthcare workers in Canada to help them address stress, burnout, and mental health (launched in April 2021).
- o Results have shown that in just 4 weeks, participants who engaged in the training increased their levels of mindfulness and resilience while PTSD, exhaustion, and anxiety decreased over time. MindWell for Healthcare Workers has shown promising results for being an effective online training program that can readily and cost effectively reach and support thousands of healthcare workers.
- o A self-directed program through TogetherAll specific to PTSD.

Labour Market Information

Below are projections on key occupational groups implicated in providing mental health care, according to the Canadian Occupational Projection System (COPS).

- Psychologists: This occupational group is expected to face labour shortage conditions over the period of 2019-2028 at the national level. From 2019-2028, the number of job openings for Psychologists are expected to total 15,700, while the number of job seekers (arising from graduates, immigration and mobility) is expected to total 13,700. The pandemic has amplified the need for psychologists for Canadians, including for children and youth who face long delays for consultations.
- Specialist physicians: This occupational group, which includes psychiatrists, is expected to face labour shortage conditions over the period of 2019-2028 at the national level. Over the period 2019-2028, the number of job openings for Specialist physicians are expected to total 32,500, while the number of job seekers is expected to total 20,000.
- Social workers: shortages in social workers are not anticipated in the short to medium term. However, growth is expected to slow down later in the projection period of 2019-2028 because demand for social workers also depends on the level of public spending, and may be limited by the budget constraints faced by some governments. With regard to labour supply, school leavers are expected to account for almost 90% of job seekers. This occupational grouping is very popular among school leavers, which is a reflection of the high enrolment rate in social work programs in colleges and universities. However, an appreciable number of workers are expected to seek opportunities in other occupations, notably in management occupations in the social and community services sector.

CIHR SUPPORT FOR RESEARCH ON MENTAL HEALTH AND ADDICTIONS

- Our government continues to recognize the importance of funding innovative and timely research that will improve health outcomes for people experiencing challenges related to mental health and substance use.
- That is why, over the last five years, through the Canadian Institutes of Health Research, we have invested over \$413 million in mental health and behavioural disorders research and over \$146 million in research on addictions.
- This includes investments of \$13.5 million in the COVID-19 and Mental Health Initiative, supporting research to provide timely evidence to decision makers on mental health and substance use responses in the context of COVID-19.
- Additionally, in Budget 2021, we committed \$45 million over two years to develop evidence-informed national mental health service standards.

BACKGROUND

Mental Health

Between 2016-17 and 2020-21, CIHR invested over \$413 million in mental health and behavioural disorders research. This represents more than 1700 projects led by experts across the country.

For example, CIHR, in partnership with the Graham Boeckh Foundation, is supporting ACCESS Open Minds, a national project that is transforming the way youth aged 11-25 access mental health care by developing and testing evidence-informed approaches. There are currently 17 sites operating in 7 provinces and one territory. These sites have transformed youth mental health services in diverse ways based on local context. For example, in Ulukhaktok, a remote community in the Northwest Territories where professional service providers are not always available, the site is evaluating a model where lay health workers are trained to provide support to youth in distress.

Between 2016-17 and 2020-21, CIHR invested over \$23 million dollars in research related to suicide prevention. This research will lead to the discovery of new, effective solutions for better prevention.

In addition, CIHR committed for \$6.25M over 5 years to the Mental Health in the Early Years funding opportunity in March 2022, with a focus area on mental health initiatives for Indigenous peoples, as well as transforming mental health with integrated care.

Furthermore, the Integrated Youth Services Network of Networks Initiative (\$1M over 1 year), was launched in April 2022 to create a Canada-wide network of provincial and territorial learning health systems for Integrated Youth Services for mental health and substance use.

The impacts of COVID-19 on mental health, substance use, and addiction are also being measured, offering new evidence-based treatments and services to all Canadians. Recent findings identified that substance use is increasing during COVID-19, and that treatment disruptions can cause relapse,

withdrawal and the restart of risky injection behaviours. While caregivers themselves and older Canadians require additional supports.

COVID-19 and Mental Health Initiative (CMH)

The mental health of Canadians has worsened during the pandemic. In April 2020, CIHR launched the CMH initiative to provide timely evidence to decision makers on mental health and substance use responses in the context of COVID-19. CIHR launched four funding opportunities under this initiative, supporting a total of 101 projects for a total investment of \$13.7M from CIHR and partners, including:

- Rapid synthesis and knowledge-to-action funding opportunity for current evidence on mental health service needs, delivery and guidelines, practice and related issues, in the COVID-19 context.
- \$1M directed grant to the Canadian Research Initiative in Substance Misuse (CRISM) to undertake urgent activities to support people who use drugs, decision-makers and care providers in light of COVID-19.
- COVID-19 Mental Health & Substance Use Service Needs and Delivery funding opportunity to advance research on understanding rapid system transformations, developing innovative adaptations of services and/or delivery and matching access to service with needs.
- \$191K to four CMH grantees to accelerate rapid research related to emerging SARS-CoV-2 variants and generate timely evidence relevant to biological, clinical, health system, and public health strategies.

Budget 2021

Highlights with respect to mental health research and services from Budget 2021 include:

- \$45 million/2 years, starting in 2021-22, to Health Canada, PHAC, and CIHR to help develop national mental health service standards, in collaboration with provinces and territories, health organizations, and key stakeholders.

Substance Use

CIHR supports researchers across Canada that aim to address various issues related to substance use and has invested more than \$146 in the area between 2016-17 and 2020-201.

In 2014, CIHR established a national research network in problematic substance use called the Canadian Research Initiative in Substance Misuse (CRISM). CRISM was originally composed of four large regional nodes (British Columbia, Prairies, Ontario, Québec/Atlantic) that connected researchers, service providers, decision makers and people with lived experience from across Canada. CRISM is recognized as a critical network that responds to the policy and evidence needs of decision-makers. CRISM activities include:

- The OPTIMA Study (2016-ongoing) – a national multi-site clinical trial involving over 270 participants recruited from all four CRISM Nodes to compare and evaluate two models of care for the treatment of opioid use disorder. (~\$4.4 million over 4 years).

- National Treatment Guideline – CRISM has developed a National Guideline for the clinical management of opioid use disorder, which was published in the Canadian Medical Association Journal on March 5, 2018.
- Implementation Research Program – On September 14, 2017, CIHR announced a new investment of \$7.5 million over six years for CRISM to conduct a national research program for effective implementation of evidence-based interventions into clinical and community.

On April 16, 2021, CIHR launched CRISM Phase II: Regional Nodes funding opportunity. This funding opportunity represents a total investment of \$17M over 6 years, beginning in 2022-2023, and looks to build and expand on the successes of the Initiative’s first phase by increasing the number of Regional Nodes to enhance geographic coverage (i.e. creating a new stand-alone node for the Atlantic region) while maintaining the “Network of Networks” and expanding capacity (including the creation of an Indigenous Platform and a Coordinating Centre).

In addition to priority-driven investments to CRISM, CIHR also invested \$1.5 million to support evaluation of interventions implemented across Canada in response to the opioid crisis through the Evaluation of Interventions to Address the Opioid Crisis Funding Opportunity.

In March 2020, CIHR supported 7 projects on methamphetamine and related psychostimulant use, totaling \$700,000. This funding supports research in diverse areas including effectiveness of existing treatment options, harm reduction strategies, sociocultural impacts of methamphetamine use and epidemiology of methamphetamine use and associated disorders.

In March 2022, CIHR announced \$2M in funding to support 20 one-year catalyst grants on alcohol. These projects will strengthen the evidence base and expand alcohol research in key areas, foster alcohol-related research capacity, and inform the development of future larger scale research projects.

Best Brain Exchange (BBE)

In November 2020, CIHR hosted the ‘Innovations in Virtual Care for Mental Health and Substance Use’ BBE in collaboration with the British Columbia Ministry of Health, British Columbia Ministry of Mental Health and Addictions, and Michael Smith Foundation for Health Research. This BBE brought together provincial policy and decision makers, researchers and implementation experts, non-governmental organizations and other key stakeholders to gain an understanding of how virtual care can meet the unique and evolving mental health and substance use service needs of British Columbia’s diverse population during and after the COVID-19 pandemic.

CONSIDERATIONS

Budget 2022 committed to ensuring that everyone can receive the care they need by investing in identifying and expanding effective mental health interventions, including building on Budget 2021 investments, and to engage with provinces and territories to develop a new Canada Mental Health Transfer.

TOOLS TO SUPPORT MENTAL HEALTH AND SUBSTANCE USE.

OUTILS DE SOUTIEN EN MATIÈRE DE SANTÉ MENTALE ET DE CONSOMMATION DE SUBSTANCES

- In response to the pandemic, our government acted rapidly to launch an online platform giving access to tools and support based on data, free and confidential, at all times.
- In Budget 2021, the government committed more than 280 millions to a set of measures aiming to help respond to the mental health needs of marginalised and disproportionately affected Canadians and to invest in improving health systems.
- Our government is determined to work towards making mental health care a full part of our universal health care system. This is reflected in the recommitment of project B2022 of provinces and territories engagement in elaborating a Canadian transfer in mental health, which would constitute a permanent source of funding for mental health services.

IF PRESSED ON POCKETWELL

- Supporting the mental health and well-being of Canadians is a priority for our Government. In January 2022, Wellness Together Canada launched a companion app called PocketWell, which will help increase awareness and accessibility of available mental health and substance use resources.
- Through PocketWell, individuals can link to the portal to access resources ranging from self-assessment to customized support based on their assessment. Via the app, individuals can connect seamlessly to WTC for free and confidential virtual sessions with social workers, psychologists and other professionals.

IF PRESSED ON THE DEVELOPMENT OF NATIONAL STANDARDS FOR MENTAL HEALTH

- Our government is committed to working with stakeholders, provinces and territories to set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it.
- The Government of Canada is working with the Standards Council of Canada – a Federal Crown Corporation with demonstrated expertise in developing national standards – to develop a suite of national standards for delivering mental health and substance use services, leveraging significant work done to date in this field.

IF PRESSED ON THE NEED TO PROVIDE SUPPORTS TO CHILDREN, YOUTH AND FAMILIES

- The pandemic is particularly challenging for families.
- Through Wellness Together Canada, children and youth (ages 5 to 29) are able to access mental health and substance use resources, including Kids Help Phone which provides online, phone and text based support to young people.
- The Federal Government is currently funding Kids Help Phone a total of approximately \$15 million over 36 months (2020-23).
- We are also investing \$5 billion over ten years to provinces and territories to help them expand access, which includes community-based mental health and addiction services for children and youth.

IF PRESSED ON SUBSTANCE/OPIOID USE IN YOUTH

- Substance use prevention in youth is an important priority for the Government of Canada.
- We know that the pandemic has exacerbated mental health and substance use concerns for young people.
- That is why the Government of Canada continues to invest in helping youth understand the risks associated with alcohol, cannabis, tobacco and vaping use. We have also invested in the Know More Tour to engage teens and young adults on the facts surrounding the overdose crisis and health risks associated with opioid use.

IF PRESSED ON THE NEED TO PROVIDE SUPPORTS FOR FRONTLINE WORKERS

- Health care and front line personnel are an important population for Wellness Together Canada. That is why the portal features a dedicated text line and targeted mental health and substance use supports.
- Frontline workers can access free counselling, peer support groups, and a range of anonymous, self-guided programming. This includes co-designed mindfulness sessions for health care workers to reduce stress and support coping with work/life demands.
- The portal also features Program Navigators that can assist frontline workers in accessing portal resources appropriate for their needs.

IF PRESSED ON THE NEED TO PROVIDE SUPPORTS TO DIVERSE POPULATIONS

- Wellness Together Canada continually enhances the portal to ensure inclusivity.
- Phone counselling sessions are supported by instantaneous interpretation in 200 languages and dialects, including 24 Indigenous languages.
- The portal features contact information for Hope for Wellness (for Indigenous peoples), and supports populations with barriers to care, including those in isolation or remote areas, facing stigma or financial difficulties, and official language minority communities.
- The Promoting Health Equity: Mental Health of Black Canadians Fund is investing \$10 million to support community-based projects across Canada.

IF PRESSED ON BARRIERS TO ACCESS CARE IN RURAL AND REMOTE COMMUNITIES

- Our government recognizes that rural and remote communities in Canada face unique challenges in providing access to quality mental health services.
- Wellness Together Canada (WTC) has been providing rural and remote communities with free mental health and substance use resources available 24/7, in both official languages. In addition, for Canadians who do not have reliable internet access, many of the WTC supports can be accessed by phone and text, and via PocketWell, a companion app to the Portal.
- The Government will explore pathways to increase the accessibility of mental health services in rural areas, including virtual options.

IF PRESSED ON SUICIDE

- In 2019, suicide was the second leading cause of death among youth and young adults aged 15 to 34. The Government of Canada recognizes the importance for all Canadians to have access to critical mental health resources and suicide prevention services.
- We support the implementation of a three-digit number for suicide prevention that is easier to remember and therefore improves access to crisis support for people across Canada.
- The Government is also investing \$21 million over five years in the Centre for Addiction and Mental Health (CAMH) to implement and sustain a pan-Canadian suicide prevention service with its partners. The Canada Suicide Prevention Service currently provides 24/7 suicide crisis support over the phone to everyone in Canada.

IF PRESSED ON PREVIOUS INVESTMENTS

- Our Government has made significant investments in mental health, including:
 - o \$50 million for distress centres;
 - o \$500 million, as part of the Safe Restart Agreement, for mental health and substance use needs;
 - o \$7.5 million to Kids Help Phone;
 - o \$4.9 million annually for the Mental Health Promotion Innovation Fund;
 - o \$21 million for a pan-Canadian suicide prevention service; and,
 - o \$5 billion over ten years, through Budget 2017, to provinces and territories to increase access to mental health and addictions services.

IF PRESSED ON 2021 MANDATE COMMITMENTS

- Mental Health remains a key priority for the Government. This Government appointed the first ever Minister of Mental Health and Addictions and has made unprecedented investments, including a commitment to implement a Canada Mental Health Transfer.
- The Government has engaged in a cross-country series of consultations and roundtables to hear from Canadians and remains committed to ensuring that mental health is treated as a full and equal part of the universal healthcare system. To this end, we will continue to engage with partners and stakeholders and Canadians of all backgrounds, including individuals with lived and living experience.

IF PRESSED ON THE UTILIZATION OF WELLNESS TOGETHER CANADA

- As of May 23, 2022, over 2.4 million individuals have accessed the portal in over 6.9 million web sessions.
- Approximately 39% are men.
- Approximately 45% are under the age of 30.
- For phone sessions, 88% felt better after speaking with a counsellor. For text sessions, 84% of texters were highly satisfied.
- 41% indicated they have no other options for support.
- Health Canada will continue to monitor the portal by supporting data collection, reporting, and evaluation to ensure the portal's value and impact to Canadians.

IF PRESSED ON THE COLLECTION OF PERSONAL INFORMATION WITHIN WELLNESS TOGETHER CANADA

- The portal strictly adheres to all applicable privacy and health information standards to maintain the security and confidentiality of personal information. Vendors are bound by the privacy protective terms that are inserted in all contracts that involve personal information.
- The Government of Canada does not collect or store any personal information through the WTC portal or the PocketWell app.
- Personal information is kept private and confidential and is not sold or disclosed to other parties.
- Users can choose whether or not to register with WTC to use certain features of the Website or certain Services. Users can also delete their account and associated data at any time.

IF PRESSED ON HOW WELLNESS TOGETHER CANADA CAN SUPPORT INDIVIDUALS WITHOUT INTERNET ACCESS

- For individuals without internet access, confidential chat sessions with social workers, psychologists and other professionals can be accessed by phone and text.

IF PRESSED ON HOW WELLNESS TOGETHER CANADA CAN SUPPORT INDIVIDUALS EXPERIENCING GRIEF

- Wellness Together Canada provides a range of mental health supports, which includes access to 24/7 counselling by phone and text. All service providers are able to support individuals with the grief they face.
- The portal also features new dedicated grief content, including informational resources and a telephonic 1-on-1 Grief Loss and Coaching Program, provided by Homewood Health.

IF PRESSED ON UNMET MENTAL HEALTH NEEDS IN THE DRR

- Increased mental health literacy and reduction in stigma have improved knowledge, attitudes, and help-seeking behavior, contributing to an increased demand for services. This demand has been compounded during the pandemic with increased levels of anxiety and depression along with a reduction in available supports.
- Despite progress that may have been achieved, these changes have made it challenging to reduce unmet mental health needs of Canadians.
- As Minister, I will also work to ensure that mental health care is treated as a full, equal part of our universal health care system.

IF PRESSED ON THE INTERSECTION OF MENTAL HEALTH AND SUBSTANCE USE RESEARCH (CSCB)

- The Government of Canada recognizes the intersection between mental health and substance use. Approximately 20% of Canadians with a mental illness have a co-occurring substance use problem, and approximately 50% of those engaged in treatment for substance use are also living with mental illness.
- The Canadian Centre for Substance use and Addiction (CCSA) and the Mental Health Commission of Canada (MHCC) have released a series of public surveys that examine the impact of the COVID-19 pandemic on mental health and substance use, including on the relationship of substance use and suicidal ideation.

- The surveys concluded the presence of more mental health symptoms and increased substance use since March 2020, and that those with a history of mental health or substance use concerns were disproportionately impacted by stresses related to the COVID-19 pandemic. Amongst the findings were that more females reported concerns with mental health than males, more males reported problematic use of substances than females, and more youth reported mental health and substance use concerns than older generations. The poll also discovered those living alone were more likely to report problems with depression, suicidal ideation, and problematic substance use.
- In addition, CCSA led a study of healthcare professionals and people who use substances to better understand their experiences with virtual care in order to inform practice and system change as we move to implement more technology-based options.
- The work of the CCSA and MHCC is important to inform public health policy including actions at the federal and provincial level, and the development of resources related to mental health and substance use. Mandate Letter commitments, including (but not limited to) advancing a comprehensive strategy to address problematic substance use, implementing a three-digit suicide prevention line, and introducing a new fund for student mental health, will help provide targeted supports to those facing increasingly challenging circumstances brought about as a result of the pandemic.

IF PRESSED ON CANNABIS RESEARCH (CSCB)

- Budget 2018 provided dedicated funding of \$10 million over 5 years to the Canadian Centre for Substance Use and Addiction to advance knowledge on the health, social and safety impacts of cannabis.
- In collaboration with the Canadian Institutes of Health Research (CIHR) and MHCC, CCSA is providing funding and jointly coordinating research across Canada on priority topics. Findings from their cannabis research will inform the legislative review of the Cannabis Act.
- CCSA has released various knowledge products and resources in relation to home cultivation trends and associated risk behaviors in Canada; unintentional pediatric cannabis exposures and youth interactions with the justice system after legalization of recreational cannabis; and cannabis related emergency department visits and hospitalizations.

BACKGROUND

Pressure on Existing Provincial/Territorial Mental Health Services

With Canadians physical distancing and isolated, there is an unprecedented need for virtual services, such as telehealth and other information lines (e.g., 811), and provinces/territories are not able to absorb the increased demand.

It is critical that Canadians have access to effective tools to self-monitor, promote their mental well-being, obtain credible and reliable information, and access services when deemed necessary. Canadians need to be re-assured that there are supports available to help alleviate their stress, fear and anxiety.

Government Actions and Investments to Improve Access to Mental Health Services and Address the Impacts Of COVID-19 On Canadians' Mental Health

Wellness Together Canada

Health Canada invested \$130 million from 2020-22 in Wellness Together Canada, an online mental health and substance use support portal, and received \$140 million in Budget 2022 to support the portal for two more years beginning in 2022-23. Launched in April 2020, Wellness Together Canada provides free and confidential online mental health and substance use supports accessible 24/7 to individuals across Canada in both official languages. Interpretation services are also available during phone sessions in over 200 languages and dialects. Through Wellness Together Canada, individuals in all provinces and territories have immediate access to supports ranging from self-assessment, educational content and self-guided programming, to peer support and confidential sessions with social workers, psychologists and other professionals. Supports are provided online as well as by phone and text for those without internet access. There are dedicated text lines for youth, adults and front line workers that provide immediate access to support. There is also a dedicated phone line for accessing Program Navigators that can assist with finding resources on the portal. Wellness Together Canada augments existing provincial and territorial services, and does not replace them.

Wellness Together Canada is led by a consortium of three organizations:

- Stepped Care Solutions is an interdisciplinary and cross-sector team of clinician-researchers, leaders and pioneers in the areas of Stepped Care 2.0 and e-mental health.
- Kids Help Phone is Canada's only 24/7 national service offering support to young people via phone, text and live chat, and is a global leader in developing and delivering virtual mental health solutions.
- Homewood Health is a Canadian leader in the development and delivery of national, evidence-based mental health, trauma, and addiction treatment and services.

National Standards for Mental Health and Substance Use

To fulfill commitments made in the Minister of Health's mandate letter, the Government of Canada will "set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it". Through Budget 2021, the government has allocated \$45 million over two years, starting in 2021-22, to help develop national standards for mental health, in collaboration with provinces and territories, health organizations, and key stakeholders, so that Canadians can access timely care, treatment, and support. This language was interpreted broadly to include standards for substance use due to its close relationship with mental health.

Support for the Mental Health Needs of Those Most Affected by COVID-19

Budget 2021 provides support for populations most affected by COVID-19 in dealing with mental health challenges. The government will provide:

- \$100 million over three years, starting in 2021-22, to support projects that promote mental health and prevent mental illness in populations disproportionately impacted by the COVID-19 pandemic, including health care workers, front-line workers, youth, seniors, First Nations, Inuit and Métis, and Black and other racialized Canadians.

- \$50 million over two years, starting in 2021-22, to support projects to address posttraumatic stress disorder (PTSD) and trauma in frontline workers and others who are most affected by the COVID-19 pandemic.

Funding to Provincial and Territorial Governments

The Government of Canada is investing \$5 billion over ten years to improve Canadians' access to mental health services. The investment is being provided directly to provinces and territories via negotiated bilateral agreements to help them expand access to community-based mental health and addiction services for children and youth, integrated services for people with complex needs, and spread proven models of community mental health care and culturally appropriate interventions linked to primary health services.

In addition, on July 16, the Prime Minister announced a federal investment of more than \$19 billion to help provinces and territories safely restart their economies and make our country more resilient to possible future waves of the virus. As part of this investment \$500 million targeted immediate mental health and substance service needs, including strengthening the service infrastructure (workforce, targeted programs) to manage post-pandemic demands that have been exacerbated due to the pandemic by providing wrap-around care, harm reduction and evidence-based treatment services and programs.

Promoting Mental Health and Preventing Mental Illness

Through the Public Health Agency of Canada's (PHAC) Mental Health Promotion Innovation Fund, the Government of Canada is investing \$39 million from 2019-2028 to address multiple risk and protective factors to promote mental health for children, youth, young adults and populations susceptible to mental health inequities (e.g., low-income families, immigrants and refugees, First Nations, Inuit, Métis, LGBTQ2+, people living with disabilities and people with other socio-economic risk factors).

On March 29, 2020, the Prime Minister announced an investment of \$7.5 million to Kids Help Phone to provide crisis supports for children and youth during the COVID-19 pandemic.

\$9 million is being provided to the United Way (through New Horizons) for practical services for seniors. The Promoting Health Equity: Mental Health of Black Canadians Fund is investing \$10 million to support community-based projects across Canada.

In addition, the 2020 Fall Economic Statement announced a \$50 million investment to bolster the capacity of distress centres, which are experiencing a surge in demand during the COVID-19 pandemic. PHAC is administering an initial round of grants to 57 distress centres in winter/spring 2021. A portion of funds will support an additional round of grants in fiscal year 2021-22. In addition, \$2 million of this funding will support the development of resources to assist distress centres in meeting the needs of diverse and vulnerable populations.

Mobilizing Data and Evidence

Between 2015-16 and 2019-20, the Canadian Institutes of Health Research (CIHR) invested over \$333 million in mental health and behavioural disorders research. This represents more than 1700 projects led by experts across the country.

CIHR is also leading the COVID-19 and Mental Health Research Initiative (CMH) in collaboration with PHAC and Health Canada. This initiative currently supports 101 research projects, representing a total investment of \$13.5 million from CIHR and partners. This work is guided by an Expert Advisory Panel

composed of leading Canadian experts in mental health and substance use. New knowledge generated through these projects will be mobilized to ensure it will inform policy making in a timely manner. CIHR provided the Canadian Research Initiative in Substance Misuse with a \$1 million directed grant to undertake urgent activities to support people who use drugs, decision-makers and care providers in light of COVID-19. This includes the creation of six national guidance documents and a rapid assessment of the challenges faced by people who use drugs during the COVID-19 crisis to guide future policy decisions.

Statistics Canada developed and administers a web panel survey, the “Canadian Perspectives Survey Series”. Each month, approximately 4,600 people in the 10 provinces have been responding to the new iteration of the survey. In addition, in collaboration with Statistics Canada, PHAC funded two cycles of data for the Survey on COVID-19 and Mental Health to better understand the wider impacts of the pandemic on mental health in Canada. A special collection of research articles based on the first cycle of data was released in the Health Promotion and Chronic Disease Prevention Journal on September 27, 2021. The Canadian Community Health Survey also resumed in September 2020. The Canadian Community Health Survey provides data on a variety of mental health indicators, and has been collected for many years prior to the pandemic. It will allow for ongoing measurement of changes in mental health of the Canadian population as the pandemic continues and as Canada recovers.

Suicide Prevention

The Government of Canada is investing \$21 million over five years in the Centre for Addiction and Mental Health (CAMH) to implement and sustain a fully operational pan-Canadian suicide prevention service in partnership with the Canadian Mental Health Association and Crisis Services Canada. By 2023, this service will provide people across Canada with access to 24/7/365 bilingual crisis support from trained responders, using the technology of their choice (voice, text or chat). The Federal Framework for Suicide Prevention was released November 2016. It focused on raising public awareness, reducing stigma, disseminating information and data, and promoting the use of research and evidence-based practices. Progress Reports on the Framework are available on Canada.ca, with the next report planned for release in December 2022. In response to motion M-174, which called on the Government of Canada to establish a national suicide prevention action plan and was unanimously supported by parliamentarians in 2019, the Public Health Agency of Canada is developing an action plan that aligns with the Framework.

Posttraumatic Stress Disorder

Pursuant to the Federal Framework on Post-Traumatic Stress Disorder Act, Canada’s first Federal Framework on Posttraumatic Stress Disorder (PTSD) was tabled in Parliament on January 22, 2020 and made public on February 13, 2020. To inform the development of the Framework, in accordance with the Act, the Minister of Health convened a National Conference on PTSD in April 2019 with the Ministers of National Defence, Veterans Affairs, and Public Safety and Emergency Preparedness, partners and stakeholders, including people with lived-experience. The Government of Canada is now working with partners on the implementation of the Framework. The Act requires the Public Health Agency of Canada to report on the effectiveness of the Framework within five years of its release (by February 2025).

Health Canada advanced the development of national standards for access to mental health services to gain insight on practical approaches to developing and implementing these standards. As part of this work, Health Canada has entered into an agreement with the Standards Council of Canada to lead the development of standards in the following priority areas, in alignment with the Common Statement of Principles on Shared Health Priorities developed by federal, provincial and territorial governments:

- Children and youth:
 - o Integrated Youth Services: increase access to youth mental health and substance use supports that are integrated with physical health, sexual health and social services

- Primary Health Services Integration:
 - o Primary Care Integration: increase access to quality, integrated mental health and substance use supports in primary care settings
 - o Digital Mental Health and Substance Use Apps: improve access to high-quality, safe and effective apps to help Canadians make better-informed app choices

- People with complex needs:
 - o Substance Use Treatment Centres: improve access to high-quality, evidence-based care and promote an integrated and coordinated treatment system
 - o Substances Use Workforce: increase substance use workforce capacity to provide evidence-based care and stepped-care approaches
 - o Integrated Services for Complex Health Needs: improve integrated treatment approaches for individuals with concurrent mental health and substance use disorders and complex health needs

Mental Health and Substance Use Research (CSCB)

In October 2020, recognizing the intersection between mental health and substance use, CCSA and MHCC signed a Memorandum of Agreement to work on joint initiatives in this area.

Currently the two pan-Canadian Health Organizations are working on an evidence review on promising practices, interventions and policy recommendations to screen and assess suicide risk among individuals with problematic substance use.

They are also exploring the development of pan-Canadian operational guidelines for integrated mental health and substance use service delivery, with the goal of providing concrete and actionable guidance for the implementation of an integrated approach for mental health and substance use.

PERINATAL MENTAL HEALTH

- Our Government is committed to promoting the mental health and wellbeing of mothers and children.
- We have made significant investments in programs that support the mental health of pregnant and postpartum individuals, including funding for improving community-level access to supports, and \$26.5 million annually for the Canada Prenatal Nutrition Program (CPNP), which serves 236 projects with over 45,000 participants.
- Through such investments and the development of health promotion resources, we are ensuring timely access to perinatal mental health services, when and where needed.

IF PRESSED ON 2021 MANDATE COMMITMENTS

- The mandate of the Minister of Mental Health and Addictions is to ensure that mental health care is treated as a full and equal part of our universal health care system, working in close collaboration with provinces and territories, and to lead a whole-of-society approach to address problematic substance use in Canada.
- Our Government is committed to ensuring timely access to perinatal mental health services, and establishing a permanent, ongoing Canada Mental Health Transfer to help expand the delivery of high quality, accessible and free mental health services, including for prevention and treatment.

IF PRESSED ON SUPPORTS CURRENTLY AVAILABLE TO ADDRESS PERINATAL MENTAL HEALTH AND SUBSTANCE USE CHALLENGES

- Supporting the mental health and well-being of Canadians is a priority for our Government.
- In April 2020, our Government launched an online mental health and substance use support portal, Wellness Together Canada (WTC), which provides free, credible information and supports available 24/7 to individuals across Canada in both official languages to help address their mild to moderate mental health and substance use issues.
- In addition, via PocketWell, the WTC companion app, individuals can link to the portal to access resources ranging from self-assessment to customized support based on their assessment.

IF PRESSED ON PROGRESS MADE TOWARDS 2021 MANDATE COMMITMENTS

- Health Canada has been working closely with Canada's leading experts in the field to gain a better understanding of wise practices, gaps and opportunities with respect to perinatal mental health services in Canada.
- On March 9th, 2022, a roundtable was held with a range of different stakeholder groups, to encompass multiple perspectives, including clinical experts and practitioners, individuals with lived and living experience, policy-makers and researchers/academics.
- This session will help inform further policy development and stakeholder engagement by the Health Portfolio as we considers approaches to make progress in this important policy area.

IF PRESSED ON THE DEVELOPMENT OF NATIONAL STANDARDS FOR MENTAL HEALTH

- Our government is committed to working with stakeholders, provinces and territories to develop national standards for mental health and substance use services so Canadians can get fast access to the support they need, when they need it.
- On March 14th, the Government of Canada announced a partnership with the Standards Council of Canada – a Federal Crown Corporation with demonstrated expertise in national standardization initiatives – to develop a suite of national standards for delivering mental health and substance use services, leveraging significant work done to date in this field.

IF PRESSED ON BILL C-265

- I would like to thank the Member for Vancouver Kingsway for drawing attention to this important issue.
- Health Canada has been working closely with Canada's leading experts in the field to gain a better understanding of wise practices, gaps and opportunities with respect to perinatal mental health services in Canada.
- On March 9th, 2022, a roundtable was held with a range of different stakeholder groups, to encompass multiple perspectives, including clinical experts and practitioners, individuals with lived and living experience, policy-makers and researchers/academics.
- This session will help inform further policy development and stakeholder engagement by the Health Portfolio as we considers approaches to make progress in this important policy area.

IF PRESSED ON THE STRATEGY IN BILL C-265 (SURVEILLANCE, HEALTH PROMOTION, PREVENTION, SOCIAL DETERMINANTS)

- PHAC's Canadian Perinatal Surveillance System monitors and reports on maternal, fetal and infant health determinants and outcomes while conducting targeted epidemiological research to address emerging issues.
- PHAC makes significant investments to support perinatal mental health. In particular, the Canada Prenatal Nutrition Program provides \$26.5 million annually to improve the health of at-risk pregnant individuals, with a focus on mental health, nutrition, and the promotion of positive health behaviours during pregnancy.
- PHAC also supports the development of resources that provide guidance and advice for both healthcare professionals and individuals that may face poor mental health during the perinatal period.

BACKGROUND

The perinatal period includes both pregnancy and the postpartum period. Perinatal mental health is a state of well-being in which a pregnant or postpartum person realizes their own abilities, can cope with the normal stresses of life and work productively, care for themselves and their newborn, and is able to make a contribution to their community and society.

Perinatal mental illness refers to mental health conditions experienced “around” pregnancy. This includes pre-existing mental health conditions, but can also refer to new or different mental health concerns arising around this period.

Maternal stress, anxiety and depression are significant public health issues, increasing the risk of poor mental and physical health outcomes for mothers along with potential impacts for children and families. If untreated, consequences include prolonged maternal depression, paternal depression, partner relationship dissatisfaction and conflict, impaired parent-infant interactions and attachment, risk for impaired cognitive or psychosocial development for the child (and increased risk of later child psychopathology) and, in extreme situations, maternal suicide or infanticide. Maternal deaths with a mental health component, by suicide or drug toxicity, are increasingly recognized as making up a significant proportion of all maternal deaths.

In recent years, some stakeholders have called for greater federal action in the area of perinatal mental health. On May 13, 2020, a petition was brought forward to create a national perinatal mental health strategy that would provide direction, policy, and funding to develop specialized, comprehensive perinatal mental health care services. This includes universal screening and timely access to treatment for all people during pregnancy and the postpartum period.

On May 5, 2021 (World Maternal Mental Health Day), various MP’s offices sent a request to the former Minister of Health’s Office on behalf of their constituents regarding a National Perinatal Mental Health Strategy. It was brought forward by MP Heather McPherson (Edmonton-Strathcona).

On June 3, 2021, MP Don Davies (Vancouver-Kingsway) put forward Bill C-306, which calls for a National Perinatal Mental Health Strategy that includes mental health screening and treatment services during the full perinatal period. This Bill died on the order paper when Parliament was dissolved in August 2021.

On March 31, 2022, MP Don Davies (Vancouver-Kingsway) put forward Bill C-265, which again called for a National Perinatal Mental Health Strategy Act that includes measures to provide perinatal mental health screening and services and reduce barriers to care, as well as measures to increase perinatal mental health awareness, training and research.

Perinatal Surveillance

The Public Health Agency of Canada’s (PHAC) Canadian Perinatal Surveillance System monitors and reports on maternal, fetal and infant health determinants and outcomes while conducting targeted epidemiological research to address emerging issues. This program has focused largely on indicators of physical health, some of which can be associated with maternal mental health (e.g., fetal/infant mortality, maternal chronic diseases, smoking, and alcohol use during pregnancy). However, formal indicators concerning risk and protective factors for maternal mental health have yet to be established, as there are presently no routine national sources of data on maternal mental health or maternal access to/use of mental health services.

PHAC Policy and Program Activities

The Health Portfolio undertakes a number of activities to promote maternal and child health, which includes supporting positive maternal mental health during the perinatal periods. PHAC makes significant investments to support perinatal mental health through programs aimed at improving community-level access to supports for prenatal and recently postpartum people, new parents and young children facing health inequities. In particular, the Canada Prenatal Nutrition Program provides \$26.5 million annually to improve the health of at-risk pregnant individuals, with a focus on mental health, nutrition, and the promotion of positive health behaviours during pregnancy. Through 236 funded projects, the Canada Prenatal Nutrition Program serves more than 45,000 participants across Canada each year.

PHAC also supports the development of several resources promoting the positive mental health of pregnant/postpartum individuals. These resources provide guidance and advice for both healthcare professionals and individuals that may face poor mental health during the perinatal period, including Family-Centred Maternity and Newborn Care National Guidelines; the Mothers' Mental Health Toolkit; and 'Your Guide to a Healthy Pregnancy'.

To provide rapid support for new parents during the COVID-19 pandemic, Health Canada and PHAC have recently developed resources to support the mental health of those who are pregnant or have recently had a baby.

INTRODUCE A NEW FUND FOR STUDENT MENTAL HEALTH

- Our Government recognizes the significant mental health challenges being faced by post-secondary students, which have been exacerbated due to COVID-19.
- The federal government is committed to strengthening the mental health and well-being of post-secondary students and aims to increase comprehensive access to services so that youth [post secondary students] can get the help they need, when and where they need it.
- The Federal government provides funding to the Mental Health Commission of Canada to oversee the development, socialization, and implementation of the National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students (2020).
- We provided \$2M to the Canadian Mental Health Association to pilot a Campus Peer Support program in five universities that empowers post-secondary students to support each other's well-being.
- Our Government launched 'Wellness Together Canada', an online portal, which provides 24/7 free access for children and youth (ages 5 to 29) to mental health and substance use resources.
- We are investing approximately \$100M over 3 years to support projects that promote mental health and prevent mental illness in populations disproportionately impacted by the pandemic, including youth.
- I continue to engage with students, stakeholders and Canadians of all backgrounds, including individuals with lived and living experience to help raise awareness and advance the government's commitment to supporting the mental health and wellbeing of post-secondary students.

IF PRESSED ON SUPPORT FOR INTEGRATED YOUTH SERVICES

- The Government of Canada continues to work with provinces/ territories to help spread and scale the work on Integrated Youth Services (IYS).
- IYS provide effective, youth-focused and integrated services for mental health, substance use and related issues, including for youth from priority populations (e.g., LGBTQ2S+, Indigenous, and BIPOC communities). There are currently 50 operational integrated youth hubs across Canada and a further 60 under development.

BACKGROUND

Why Post-Secondary Student Mental Health:

Three out of four mental health problems begin by age 24, which includes the period when many are studying at the post-secondary level. Post-secondary students face many challenges including increased workload, transition into adulthood, living away from home and financial difficulties. The 2019 National College Health Assessment by the American College Health Association found that 52% of post-secondary students in Canada felt so depressed that it was difficult to function (an increase from 46% in 2016). About 69% reported feeling overwhelmed by anxiety (up four per cent since 2016).

The COVID-19 pandemic has created particular challenges for students, who have been forced to adapt to remote learning, and have been distanced from personal supports and networks that are typically commonplace in a post-secondary setting. One year into the pandemic, about 84% of post-secondary students reported that the pandemic has added new, or exacerbated existing, mental health challenges.

Throughout the pandemic, mental health concerns among this group have continued to increase: there was a noticeable increase in the number of students reporting feeling despair (+16%), overwhelm (+10%), and sadness (+6%) from the outset of the pandemic to Spring 2021.

Consistent with higher reported incidence of mental health issues, more post-secondary students are accessing mental health supports during the pandemic compared to before (this is also the case for the general population). While there is a wide range of supports and services offered at post-secondary institutions across Canada to promote student mental health and address mental health issues, capacity for providing comprehensive supports on-campus is limited, which impacts timeliness and accessibility of services and programs.

Evidence indicate that there is a need for a comprehensive and coordinated mental health plan for post-secondary students that covers the range of services from prevention to treatment, including peer support counselling and a range of self-management options (on-line applications, telephone) that can be accessed 24/7. Research also indicates that increasing mental health literacy and the building of life skills and resiliency are key to mitigating the high levels of stress during the transition to post-secondary institutions.

2021 Mandate Letter Commitment:

On October 26, 2021, the Prime Minister appointed Dr. Carolyn Bennett as the First Minister of Mental Health and Addictions. The Minister's mandate included a commitment to introduce a new fund for student mental health that will support the hiring of new mental health care counsellors, improve wait times for services, increase access overall and enable targeted supports to Black and racialized students at post-secondary institutions across Canada."

Government Actions and Investments to Support the Mental Health Needs of Youth:

Funding to the Mental Health Commission of Canada

The Government of Canada provides \$14.25 annually to the Mental Health Commission of Canada (MHCC), which was created in 2007 to act as a catalyst for improving the mental health system in Canada. The MHCC leads the development and dissemination of programs and tools to support the mental health and wellness of all Canadians by bringing together federal, provincial, and territorial governments as well as leading mental health organizations.

In 2020, the MHCC developed the National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students, a set of flexible guidelines to help post-secondary institutions create environments that foster student mental health and well-being. The Standard can help post-secondary institutions better design their mental health policies and programs based on evidence, to share experience and knowledge, while simultaneously improving mental health literacy, building resilience and addressing student mental health issues before they worsen.

To date, around 47 post-secondary institutions are in the process of implementing the standard with another 22 preparing for implementation.

Campus Peer Support Pilot

The Government of Canada has also provided \$2 million to the Canadian Mental Health Association (CMHA) toward a three-year Campus Peer Support pilot project. University of Prince Edward Island, University of New Brunswick, Trent University, Medicine Hat College and the University of British Columbia were chosen by the CMHA for the pilot, and will work in close partnership with their local CMHAs, which bring expertise in peer-support programming.

The Campus Peer Support pilot project will empower post-secondary students with the tools they need to support each other's well-being. The training material will be created with students, and peer trainers will be instructed to deliver the curriculum so that the project can continue beyond the pilot phase. The pilot is aligned with the new National Standard for Psychological Health and Safety for Postsecondary Institutions.

Funding to Provincial and Territorial Governments and Integrated Youth Services

The Government of Canada is investing \$5 billion over ten years to improve Canadians' access to mental health services (2017-2027). The investment is being provided directly to provinces and territories via negotiated bilateral agreements, informed by the 2017 Common Statement of Principles on Shared Health Priorities agreed to by FPT Ministers of Health. In it, Ministers of Health agreed to prioritize expanded access to community-based mental health and addiction services for children and youth as one of three priorities for the federal funding.

Eleven out of thirteen provinces/territories have identified youth focused initiatives, which could include integrated youth services, as part of their bilateral agreement action plans. Three provinces have specifically identified integrated youth services as part of their action plans.

Integrated Youth Services (IYS) models of care provide locally relevant, effective, youth-focused and integrated services for mental health/substance use within the community. One example of this model is the integrated youth hub. These hubs are easily accessible community-based "one stop shops" that provide an integrated suite of services, which can include peer support, mental health and primary care support and employment counselling, as well as support for navigating these systems of care. Each hub leverages existing services so the suite of available services varies by hub. There are currently 50 operational integrated youth hubs across Canada and 60 under development.

In addition, nine out of ten provinces have or are developing a provincial networks to implement and advance the integrated youth services model through the sharing of best practices. In some cases, this is done through the leveraging of a learning health system approach, where data is collected to continuously inform and improve equitable health outcomes by focusing on practices relating to equitable access to mental health services. Three of the most established networks are in British Columbia (Foundry), Ontario (Youth Wellness Hubs Ontario), and Quebec (Aire Ouverte) with BC and Ontario specifically identifying the use of bilateral funding to support these networks.

Pandemic-Response Initiatives

Wellness Together Canada

Health Canada invested \$130 million from 2020-2022 in Wellness Together Canada, an online mental health and substance use support portal, and received \$140 million in Budget 2022 to support the portal for two more years, beginning in 2022-23. Launched in April 2020, Wellness Together Canada provides free and confidential online mental health and substance use supports accessible 24/7 to individuals across Canada in both official languages. Interpretation services are also available during phone sessions in over 200 languages and dialects. Through Wellness Together Canada, individuals in all provinces and territories have immediate access to supports ranging from self-assessment, educational content and self-guided programming, to peer support and confidential sessions with social workers, psychologists and other professionals. Supports are provided online as well as by phone and text for those without internet access.

There are dedicated text lines for youth, adults and front line workers that provide immediate access to support. There is also a dedicated phone line for accessing Program Navigators that can assist with finding resources on the portal. Wellness Together Canada augments existing provincial and territorial services, and does not replace them. In January 2022, Wellness Together Canada launched PocketWell, which is a companion app to the online Portal.

Through the Portal and the app, children and youth (ages 5 to 29) are able to access mental health and substance use resources, including Kids Help Phone, which provides online, phone and text based support to young people who are in crisis or dealing with mental health issues.

Additional resources are being invested in Kids Help Phone (\$14.8M over 36 months from April 2020 to March 2023) provide mental health support to youth in need during the pandemic.

As of May 23, over 2.4 million individuals across all provinces and territories have accessed the Wellness Together Canada portal in over 6.9 million web sessions. The new PocketWell mobile app has been downloaded a total of 25,731 times. Additionally, over 45% of registered clients of the portal are under 30, an age group that tends to underutilize traditional mental health services.

Support for the Mental Health Needs of Those Most Affected by COVID-19

Budget 2021 announced \$100 million over three years to promote the mental health of those most affected by the pandemic, including youth. Funded projects are expected to begin in Spring 2022 and to reach diverse populations across Canada. Projects will support mental health promotion and mental illness prevention interventions, in addition to initiatives that build the capacity of service providers to deliver programming in safe, effective and trauma-informed ways.

ABORIGINAL HEAD START IN URBAN AND NORTHERN COMMUNITIES PROGRAM (AHSUNC)

- The Government of Canada is committed to improving the health and well-being of Indigenous children and their families.
- Budget 2017 and Budget 2021 provided transformational investments in quality early learning and childcare for Indigenous families, including support for those living in urban and northern communities.
- From a public health perspective, funding increases to the AHSUNC program will better address a number of key social determinants of health, reduce health inequalities, and support the long-term development of Indigenous children and youth.

BACKGROUND

Aboriginal Head Start in Urban and Northern Communities (AHSUNC)

Socio-economic disparities negatively affect healthy child development. In particular, significant inequalities persist for Indigenous children and families in urban and northern communities. Evidence indicates that early childhood provides the greatest opportunity to positively influence health and decrease health and social costs throughout life.

Aboriginal Head Start in Urban and Northern Communities (AHSUNC) currently provides \$32.1 million in annual funding to Indigenous community-based organizations to deliver early intervention programs for Indigenous children and their families living off-reserve. AHSUNC serves approximately 4,300 Indigenous children in 133 sites across Canada each year.

Program evaluations indicate the AHSUNC program is having a positive effect on school readiness, specifically improving children's language, social, motor and academic skills. Results also indicate program effectiveness in improving cultural literacy and health promoting behaviours, and improving access to health services for Indigenous children and their families.

Indigenous Early Learning and Child Care (IELCC)

The Government of Canada is providing up to \$1.7 billion over 10 years, starting in 2018-19, to strengthen early learning and child care programs and services for Indigenous children and families. This funding will contribute to a comprehensive and coordinated system that is anchored in self-determination, centred on children and grounded in culture. Employment and Social Development Canada is leading this horizontal initiative, which includes \$34 million in pan-Indigenous funding over ten years for AHSUNC, with \$2.5 million annually for the first four years and \$4 million annually in the following six years.

Through Budget 2021 IELCC funding, AHSUNC is receiving an additional \$122.9 million over five years (2022-23 to 2026-27), with \$23.2 million ongoing annually and a 3% escalator beginning in 2027-28. This

funding will support improvements in program delivery at AHSUNC project sites (\$80.3 million), as well as investments to support urgent repairs and renovations at existing sites (\$42.6 million).

IELCC Emergency Funding

In support of IELCC programs, the Government announced one time emergency funding of \$120 million in 2020-21 to support the evolving needs of IELCC in response to the current COVID-19 pandemic. This included \$8.21 million for AHSUNC sites.

The aim of this funding was to preserve the continued availability of AHSUNC programs and services that many children and families rely on, and to ensure new public health measures can be implemented to keep children and families safe.

Fall Economic Statement 2020 and Budget 2021

The Fall Economic Statement 2020 committed \$2.4 million in program funding and \$4 million in ongoing funding beginning in 2028-29.

DISTINCTIONS-BASED MENTAL WELLNESS STRATEGIES

- Mental wellness is a key priority for First Nations, Inuit and Métis. We share this priority and recognize that Indigenous populations in Canada are at a higher risk of experiencing poor mental wellness than non-Indigenous populations.
- We also acknowledge the profound impact that intergenerational trauma, colonization, the COVID-19 pandemic and inequities in the social determinants of health have on the mental wellness of Indigenous populations.
- We remain committed to working closely with First Nations, Inuit and Métis partners to support better access to mental wellness services, including Indigenous-led, distinctions-based, culturally-relevant and trauma-informed supports.

IF PRESSED ON INVESTMENTS IN INDIGENOUS MENTAL WELLNESS

- The Government of Canada has made significant recent investments to improve mental wellness in Indigenous communities, with an approximate annual investment of \$645 million in 2021-22.
- Budget 2021 announced \$597.6 million over three years, starting in 2021-22, for a distinctions-based mental health and wellness strategy with First Nations, Inuit and Métis.
- Budget 2022 will provide \$227.6 million over two years, beginning in 2022-23, to maintain trauma-informed, Indigenous-led, culturally-appropriate services to improve mental wellness, continuing to implement distinctions-based mental health and wellness strategies.

IF PRESSED ON THE NEED TO PROVIDE SUPPORTS TO INDIGENOUS POPULATIONS DURING COVID-19

- In response to the pandemic, our Government moved quickly to create Wellness Together Canada, providing 24/7 access to free and confidential mental health and substance-use supports.
- Wellness Together Canada continually enhances the portal to ensure inclusivity.
- Phone counselling sessions are supported by instantaneous interpretation in 200 languages and dialects, including 24 Indigenous languages.
- The portal features contact information for Hope for Wellness (for Indigenous peoples), and supports populations with barriers to care, including those in isolation or remote areas, facing stigma or financial difficulties, and official language minority communities.

BACKGROUND

The mandate letters of the Ministers of Mental Health and Addiction and Indigenous Services Canada include the commitment Services “to co-develop and invest in a distinctions-based Mental Health and Wellness Strategy to meet the needs of First Nations, Inuit and the Métis Nation, including culturally appropriate wraparound services for addiction and trauma, suicide and life promotion and the building of treatment centres”.

Improving mental wellness for First Nations, Inuit and Métis is a key priority for Indigenous leaders, organizations and communities. This is a priority shared by the Government of Canada. Addressing this issue is challenging. It needs a holistic, Indigenous-specific, strength-based, distinctions-based, community-driven approach which supports people, families, and communities. It also needs to address the legacy of residential schools, the sixties’ scoop, and other devastating impacts of colonization as well

as focus on the social determinants of health such as education, health care, culture, language, and self-determination.

The Government of Canada has made significant recent investments to improve mental wellness in Indigenous communities, including an approximate annual investment of \$645 million in 2021-22 through Indigenous Services Canada's Mental Wellness Program. These investments are made to meet the immediate mental wellness needs of communities by supporting Indigenous-led suicide prevention, life promotion and crisis response, including through crisis line intervention services, and enhancing the delivery of culturally-appropriate substance use treatment and prevention services in Indigenous communities. This funding also supports the provision of essential cultural, emotional, and mental health support to former Indian Residential School and federal Day School students and their families as well as those affected by the issue of Missing and Murdered Indigenous Women and Girls.

Part of these recent investments include funding specific to distinctions-based approaches to mental wellness services, including investments through Budget 2021 of \$597.6 million over three years, and \$227.6 million over two years in Budget 2022. A further \$107M was announced in August 2021 for trauma informed health services in response to the confirmation of unmarked burials at Residential Schools.

The Government of Canada works closely with First Nations, Inuit and Métis partners to improve mental wellness for Indigenous populations in Canada. While collaborations with First Nations and Inuit on mental wellness at national, regional and community levels is long-standing, partnerships with Métis have only recently been initiated as a result of new funding through Budget 2021. Previous to Budget 2021, the only Métis specific funding for mental wellness was a result of an investment of \$82.5 million announced in August 2020 to support First Nations, Inuit and Métis communities in adapting services to meet mental wellness needs resulting from the pandemic.

Indigenous Services Canada is guided by three key Indigenous-led mental wellness strategies, namely the First Nations Mental Wellness Continuum Framework, Honouring Our Strengths and the National Inuit Suicide Prevention Strategy. These documents outline a holistic approach to mental wellness that is grounded in culture and Indigenous-specific determinants of health.

First Nations leaders, partners and communities see the First Nations Mental Wellness Continuum Framework and Honouring Our Strengths as the key strategies for First Nations mental wellness. Similarly, Inuit leaders, partners and communities see the National Inuit Suicide Prevention Strategy as the key strategy for Inuit mental wellness. Implementation of these distinctions-based strategies is an essential priority for partners to make progress on distinctions-based approaches to improving mental wellness among First Nations and Inuit. There is currently no Métis-specific strategy for mental wellness. The Government of Canada recognizes that the COVID 19 pandemic is having profound impacts on mental wellness in Indigenous communities by magnifying existing mental health issues and inequities and creating new gaps and needs. This is a key priority for the Government of Canada. Many mental wellness services continue to be accessible with some experiencing breaks in service, shifts in service delivery, or new innovative approaches to reach community members. The Minister of Indigenous Services Canada announced an investment of \$82.5M in August 2020 to help Indigenous communities adapt and expand mental wellness services, improving access and addressing growing demand, in the context of the pandemic.

JORDAN'S PRINCIPLE

- We are committed to the full implementation of Jordan's Principle to ensure First Nations children can access the products, services and supports they need, when they need them, regardless of where they live in Canada.
- From July 1, 2016 to November 30, 2021, the Government of Canada approved an estimated 1,210,921 products, services, and supports for First Nations children.
- Since 2016, our Government has committed \$2.47 billion towards Jordan's Principle to help First Nations children with health, social and education services; this includes \$220 million over five years to address the immediate needs of Inuit children through the implementation of the Inuit Child First Initiative.

IF PRESSED ON JORDAN'S PRINCIPLE

- Our Government is working with First Nations partners, Parties to the CHRT, provinces and territories to ensure that Jordan's Principle is fully implemented in order to help better address the unmet health, social, and education needs of First Nations children.
- Jordan's Principle will continue to ensure that First Nations children can access the products, services and supports they need, when they need them, as we continue to work towards the long-term reform of Jordan's Principle.

IF PRESSED ON JANUARY 4, 2022 ANNOUNCEMENT RE AGREEMENTS-IN-PRINCIPLE

- On January 4, 2022, the Government of Canada announced that Agreements-in-Principle were reached on a global resolution related to compensation and long-term reform of Jordan's Principle and First Nations Child and family Services, to ensure that no First Nation child faces discrimination again.
- These Agreements-in-Principle provide a basis for final settlement agreements to be negotiated over the coming months. The Agreement-in-Principle on long-term reform also includes a commitment of \$2 billion specifically for First Nations to purchase, construct and/or renovate housing units in their communities. Unexpended funds can be rolled over to future fiscal years.

IF PRESSED ON 2021 CHRT 41 CAPITAL FUNDING ORDER

- Our Government is committed to working with partners to fund capital assets for the delivery of First Nations child and family services and services under Jordan's Principle on reserve.
- Our desire is to respect and develop First Nations-led capital planning processes that result in quality capital assets, and most importantly, address the needs of First Nations children.

IF PRESSED ON RECENT ONTARIO REGION CASE WITH A 12 MONTH PAYMENT DELAY

- ISC is committed to addressing payment delays, without causing any further burden on the child, their family and the service providers.
- The Department is working with the vendor to expedite outstanding payments.

IF PRESSED ON THE INUIT-CHILD FIRST INITIATIVE

- We have co-developed public awareness materials for the Inuit Child First Initiative with Inuit Tapiriit Kanatami.

- These materials will help to raise awareness of the services available under the Inuit Child First Initiative.
- From April 2019 to November 2021 more than 55,700 requested products, services, and supports have been approved.
- We will continue working with Inuit partners, provinces and territories to develop and finalize a framework for a long-term Inuit-specific approach to help better meet the needs of Inuit children.

CONSULTATION COMMITTEE ON CHILD WELFARE (CCCW)

- The Consultation Committee on Child Welfare (CCCW) was established in 2018 as a result of the February 1, 2018, Canadian Human Rights Tribunal Ruling on Child Welfare.
- This committee is chaired by the Assembly of First Nations, and the First Nations Child and Family Caring Society of Canada, and provides a forum for parties to work together to eliminate discrimination against First Nations children.
- Accomplishments of this committee include the development of a consultation protocol and of operational guidelines and policies, research, and training.
- The CCCW last met in October 2021 and the next meeting has not been scheduled (TBD).

SPIRIT BEAR PLAN

- The Spirit Bear Plan was created by the First Nations Child and Family Caring Society and received Assembly of First Nations support in 2017.
- Closing the gaps in health, social services and education for First Nations children and families are top priorities of the Government.
- We are committed to fully implementing the orders of the Canadian Human Rights Tribunal in this regard.
- We will continue to work with First Nations partners to advance reforms to child and family services, and to develop First Nations led solutions that place the well being of children first.

BACKGROUND

On December 31, 2021, two Agreements-in-Principle were reached between Canada, the Assembly of First Nations, the First Nations Child and Family Caring Society, the Chiefs of Ontario, the Nishnawbe Aski Nation and counsels for the AFN-Moushoom and Trout class actions (collectively, “the Parties”). One agreement in principle is for compensation for those harmed by discriminatory underfunding of First Nations child and family services and for those who were denied, or delayed in receiving, services under Jordan’s Principle and the other pertains to the long-term reform of the First Nations Child and Family Services Program.

These Agreements-in-Principle provide a basis for final settlement agreements to be negotiated over the coming months. The Agreements-in-Principle include:

- \$20 billion in compensation for First Nations children on-reserve and in the Yukon, who were removed from their homes between April 1, 1991 and March 31, 2022, and for their parents and caregivers. This also includes compensation for those impacted by the government's narrow definition of Jordan's Principle between December 12, 2007 and November 2, 2017, as well as for children who did not receive or were delayed receiving an essential public service or product between April 1, 1991 and December 11, 2007. Our shared goal is to achieve a settlement that can be delivered to families as soon as possible.
- Approximately \$20 billion, over five years, for long-term reform of the First Nations Child and Family Services program to ensure that the discrimination found by the CHRT never repeats itself. This includes funding to support young First Nations adults aging out of the child welfare system and prevention services to build on the multi-generational cultural strengths to help children and families in staying together that will be implemented as early as April 2022. There is also new funding for on-reserve housing to support these prevention initiatives.

The Parties will continue to work together to reach final settlement agreements on both compensation and long-term reform of the First Nations Child and Family Services program. These agreements would support future work on reforms of Jordan's Principle and other initiatives by Indigenous Services Canada. This process will unfold over the course of 2022.

The Canadian Human Rights Tribunal Orders on Capital

On November 16, 2021, the CHRT issued 2021 CHRT 41. This decision contains orders for Canada to fund the purchase and construction of capital assets for the delivery of First Nations child and family services or for the delivery of services under Jordan's Principle on reserve. This includes funding to conduct capital needs and feasibility studies.

Following the submission of a consent motion from Canada and the parties, on January 18, 2022, the CHRT amended the orders in the decision of November 16, 2021.

Recent case in Ontario region

A CBC article from January 15, 2022, indicated concerns from speech-language pathologists in the Ontario region who said their clients are experiencing payment delays from Jordan's Principle.

- Bright Spot Therapy Services, Ont., suspended services for 22 First Nations children due to payment delays.
- 69% of invoices submitted to ISC by Bright Spot Therapy Services have been paid, and 31% remain outstanding.

ADVANCING RECONCILIATION IN CANADA'S HEALTH SYSTEMS

- The federal government is committed to take action to foster health systems free from barriers, including racism and discrimination.
- Through Budget 2021, the Government is investing funding to support Indigenous and health system partners in the development of measures to address anti-Indigenous racism in Canada's health systems. This includes support for activities such as cultural safety and humility training, tools and resources for health professionals, and standards and guidelines for safe and inclusive care.
- The Government of Canada acknowledges that Indigenous Peoples are best placed to determine and address their health care needs. This investment will ensure that First Nations, Inuit and Métis Peoples are engaged in actions to foster health systems free from racism and discrimination, where Indigenous Peoples are respected and safe and will support Indigenous partners to undertake meaningful engagement on their health priorities.

IF PRESSED

- Health Canada continues to work with Indigenous and health system partners to identify and support Indigenous-led solutions to eliminate anti-Indigenous racism across Canada's health systems.

BACKGROUND

In September 2020, the death of Joyce Echaquan, an Atikamekw woman from Manawan, Quebec, sparked widespread indignation, media attention, a public coroner's inquest, and a lawsuit from Echaquan's family against the hospital where she suffered racist insults from hospital staff before she died in Joliette, QC. On November 16th, 2020, the Manawan Atikamekw Council and the Council of the Atikamekw Nation submitted Joyce's Principle to the Prime Minister, as well as to federal, provincial, and territorial ministers, which demands that all Indigenous Peoples have an equal right to the highest standard of physical and mental health, with a right to traditional medicines.

In response to Joyce Echaquan's death, Ministers of Health, Indigenous Services, Crown-Indigenous Relations, and Northern Affairs held three National Dialogues on October 16th, 2020, January 27-28th, 2021, and June 28-29th, 2021, to listen to Indigenous Peoples and health service providers regarding their lived experiences with racism, to provide federal, provincial, and territorial governments and health system partners a platform to present their past, ongoing, and planned actions to address anti-Indigenous racism in the health systems, and to hear recommendations from Indigenous and health system partners.

At the January National Dialogue, the Minister of Health announced \$4M in funding to establish the National Consortium of Indigenous Medical Education to implement Indigenous-led work streams that will transform Indigenous medical education and contribute to the delivery of culturally safe care. The Minister of Indigenous Services also announced plans to begin co-developing distinctions-based Indigenous health legislation and funding of \$2M to the Atikamekw Nation and Manawan First Nation to implement Joyce's Principle.

Following the January National Dialogue, FPT leaders released a joint statement to express a collective commitment to working with Indigenous communities, organizations, and leadership to address Indigenous-specific racism in the health systems.

The June National Dialogue included breakout sessions where recommendations were heard from Indigenous and health system partners on the following thematic areas: increasing Indigenous representation in postsecondary health education, cultural safety and humility, traditional approaches to health, and safe patient navigation. During the meeting, the Government of Canada released the Federal Response to the National Dialogues, including publicly announcing funding for specific initiatives to address anti-Indigenous racism in Canada's health systems, including Health Canada's new Addressing Racism and Discrimination in Canada's Health Systems Program.

While the federal government is working with Indigenous partners on a number of health policy initiatives, dedicated work must be undertaken to directly address anti-Indigenous racism in the health systems. The Government has committed to responding to a number of high profile reports and recommendations to address anti-racism, cultural safety, and safe and equitable care, including the Truth and Reconciliation Commission's Calls to Action, the National Inquiry into Missing and Murdered Indigenous Women and Girls' Calls for Justice, and the United Nations Declaration on the Rights of Indigenous Peoples. In addition, there are class action lawsuits on forced and coerced sterilization of Indigenous women in multiple jurisdictions, and both the House of Commons Standing Committee on Health and the Senate Committee on Human Rights have undertaken studies on this issue.

Health Canada's New Funding Program

Budget 2021 announced \$126.7 million over three years, beginning in 2021-22, for Indigenous Services Canada and Health Canada to take action to foster health systems free from racism and discrimination where Indigenous Peoples are respected and safe. Prior to this investment, there was no federal funding available to specifically address anti-Indigenous racism in the health systems.

Health Canada received \$14.9 million over three years to establish the new Addressing Racism and Discrimination in Canada's Health Systems Program. The Program's inaugural Call for Proposals closed on May 25, 2022. Funding announcements are expected in fall/winter 2022-23.

The Government's commitment to engage with Indigenous Peoples has placed a heavy burden on Indigenous organizations who may not have the capacity to participate in the multiple engagement requests from the federal government, including Health Canada. Health Canada's new Program will also support Indigenous communities and organizations to build capacity to engage on their health priorities.

COVID-19 – EDUCATION-RELATED SUPPORTS FOR INDIGENOUS PEOPLES AND COMMUNITIES

- This year, our Government proposed to invest \$1.2 billion over five years, and \$181.8 million ongoing in predictable base funding, initiatives and COVID-19 supports that respond to the needs of First Nations elementary and secondary students.
- This is in addition to the \$112 million announced in August 2020 to support a safe return to First Nations schools, and the emergency allocation of \$30.6 million announced in April 2020 for the First Nations and Inuit Youth Employment Strategy.
- Budget 2021 also proposed to extend COVID-19 investments to provide education-related supports to Indigenous Peoples and communities, including Indigenous post-secondary students and institutions.

IF PRESSED ON INVESTMENTS FOR INDIGENOUS POST-SECONDARY EDUCATION

- Our Government is helping Indigenous students and institutions address increased costs and financial uncertainty resulting from the COVID-19 pandemic.
- We provided \$75.2 million in 2020-2021 to increase existing support for First Nations, Inuit, and Métis Nation students and Budget 2021 is providing an additional \$150.6 million over two years.
- We also provided \$25.9 million in 2020-2021 for immediate support to Indigenous post-secondary institutions, and Budget 2021 is providing an additional \$26.4 million in 2021-2022.
- Our Government is committed to supporting Indigenous education and through these investments we continue to do so.

IF PRESSED ON INVESTMENTS FOR EARLY LEARNING AND CHILD CARE FACILITIES

- Our Government is supporting over 35,000 First Nations, Inuit, and Métis Nation children who access culturally relevant Indigenous early learning and child care programs through meaningful investments.
- We announced \$120.7 million to help Indigenous early learning and child care facilities safely operate during the pandemic.
- This funding will be co-managed through existing early learning and child care partnerships and will assist Indigenous communities in addressing their most critical needs, including implementing enhanced cleaning protocols, hiring additional staff, and offering training.

IF PRESSED ON EARLY INDIGENOUS LEARNING AND CHILD CARE FUNDING

- Indigenous Services Canada funds the Aboriginal Head Start On-Reserve program (AHSOR), which supports the physical, developmental, emotional, social, cultural, and spiritual well-being of children, with programming designed and delivered by communities.
- In addition, Indigenous Services Canada supports the implementation of the Indigenous Early Learning and Child Care Framework.
- We fund 363 AHSOR programs (excluding BC), that reach over 13,000 children per year.
- \$46.6 million in funding was provided in 2020-21.
- I look forward to working with external partners and my colleagues to support the implementation of Indigenous Early Learning and Childcare investments.

IF PRESSED ON INVESTMENTS FOR ON RESERVE COMMUNITY INFRASTRUCTURE

- Our government will continue to support First Nations as they expand their infrastructure on reserve.
- The Fall Economic Statement announced \$15 million for ventilation funding which has been rolled out to Nations to advance priority projects like ventilation in on-reserve schools.
- Budget 2021 committed \$4.3 billion to support Indigenous infrastructure over the next four years through the Indigenous Community Infrastructure Fund.
- Of this amount, \$699.7 million will be used to support critical school infrastructure projects for First Nations communities on reserves.

SUPPORTS FOR INDIGENOUS WOMEN

- We are making investments to address the social determinants of health, including housing, economic opportunities, and Indigenous-led healthcare systems.
- In June 2021, 12 new shelters were announced across Canada with \$85 million committed to build and support their operation over five years and \$10.2 million annually. These shelters will bring the total number of ISC funded shelters to 58.
- In July 2021, \$724.1 million was announced to support at least 38 emergency shelters and 50 transition homes across Canada over five years. This includes the expansion of culturally relevant violence prevention activities and \$96.6 million annually.

IF PRESSED ON THE COMPREHENSIVE VIOLENCE PREVENTION STRATEGY

- \$724.1 million was announced to launch a Comprehensive Violence Prevention Strategy, a key component of the Government of Canada's National Action Plan on the Final Report of the Inquiry into Missing and Murdered Indigenous Women and Girls.
- This strategy will support new emergency shelters and transitional housing across Canada, including in the North and in urban centres through ISC's Family Violence Prevention Program.
- This strategy will help improve the safety of Indigenous women, children, and 2SLGBTQIA+ people facing gender-based violence across the country.

IF PRESSED ON SUPPORTS & SERVICES FOR INDIGENOUS WOMEN IN URBAN CENTRES

- Through Budget 2019, Urban Programming for Indigenous Peoples allocated \$60 million to provide safe and accessible spaces for urban Indigenous Peoples to receive culturally relevant services.
- In response to COVID-19, approximately \$1.8 billion will be provided through the Indigenous Community Support Fund. Urban and off-reserve Indigenous organizations have access to a portion of this funding.

IF PRESSED ON SHELTER SHORTAGES IN INDIGENOUS COMMUNITIES

- Shelters in First Nations communities and across Canada provide a vital place of refuge for women and children escaping violence.
- In May 2020, we announced funding to build 10 new shelters in First Nations communities and two in the territories to help protect Indigenous women and children escaping domestic violence. In June 2021, the 12 new shelters were announced.

IF PRESSED ON SHELTER SHORTAGES FOR INUIT WOMEN

- In January 2021, our Government committed to fund the construction and operations of shelters for Inuit women and children across Inuit Nunangat as well as in urban centres.
- These shelters will be funded via the Comprehensive Violence Prevention Strategy announced in the 2020 Fall Economic Statement.
- In August 2021, Pauktuutit, in collaboration with Indigenous Services Canada and the Canada Mortgage and Housing Corporation, launched the Call for Proposals for the Shelter Initiative for Inuit Women and Children.

- Both departments are working with Pauktuutit and other Inuit partners to best meet the needs of women and families seeking shelter.

IF PRESSED ON THE 12 NEW SHELTERS

- In May 2020, we announced \$44.8 million over five years via the Canada Mortgage and Housing Corporation to build 10 new shelters in First Nations communities and two in the territories to help protect Indigenous women and children escaping domestic violence.
- \$40.8 million over five years and \$10.2 million ongoing is also being provided by my department to support operational costs for these new shelters.
- On June 17, 2021, we announced the locations of the 10 new shelters in seven provinces and two shelters in the territories.

BACKGROUND

The Family Violence Prevention Program

The goal of the Indigenous Services Canada's Family Violence Prevention Program is to improve the safety and security of Indigenous women, children, families, and 2SLGBTQIA+ people.

The Family Violence Prevention Program provides funding for the following components:

- day-to-day operations of emergency shelters and transitional (second stage) housing that provide services for Indigenous women, children, families, and 2SLGBTQIA+ people across Canada, including in the North and in urban centres;
- support for shelter capacity;
- engagement and community prevention projects to raise awareness specific to Métis women, girls, and 2SLGBTQIA+ people; and
- culturally-appropriate prevention projects on and off reserve, such as public awareness campaigns, stress and anger management support groups, and community needs assessments.

On May 29, 2020, funding of \$44.8 million over five years was announced to build 12 new shelters: 10 shelters for First Nations communities across the country, and two in the territories. The government will also provide \$40.8 million to support operational costs for these new shelters over the first five years, and then \$10.2 million annually ongoing.

In response to the Expression of Interest for the Shelter Initiative, 69 proposals were received by the deadline of January 15, 2021. On June 17, 2021, both Ministers jointly announced the location of the 12 new shelters for Indigenous peoples seeking to escape family violence. The approved shelters are intended to be Indigenous-led and seek to provide vital refuge as well as critical supports and services to help survivors of family violence recover from the trauma of their experiences. The shelters will be built in partnership with the following communities:

- Lil'wat Nation, British Columbia
- Sturgeon Lake Cree Nation, Alberta
- Whitefish Lake First Nation #459, Alberta

- Prince Albert Grand Council, Saskatchewan
- Keeseekoowenin, Manitoba
- Hollow Water, Manitoba
- Wasauksing First Nation, Ontario
- Odanak First Nation, Quebec
- Natoaganag (Eel Ground) First Nation, New Brunswick
- Acadia First Nation, Nova Scotia
- Council of Yukon First Nations, Yukon
- Inuvialuit Regional Corporation, Northwest Territories

This funding is in addition to the \$10 million previously announced in COVID-19 supports for First Nations shelters in 2020-2021 and to the \$1 million per year ongoing to engage Métis leaders and service providers on assessing shelter needs and community-led violence prevention projects for Métis women, girls, 2SLGBTQQA+ People.

On November 30, 2020, the Fall Economic Statement announced \$724.1 million to launch a Comprehensive Violence Prevention Strategy to expand access to a continuum of culturally relevant supports for Indigenous women, children and 2SLGBTQQA+ people facing gender based violence. This strategy will support new shelters and transition housing for First Nations, Inuit and Métis peoples across the country, including on reserve, and in the North and in urban areas. This is a joint initiative delivered by Canada Mortgage and Housing Corporation which is responsible for the construction of the new shelters and transition homes, and Indigenous Services Canada, which provides operational funding.

On January 26, 2021, the Minister of Indigenous Services , the Honourable Marc Miller along with Honourable Ahmed Hussen, Minister of Families, Children and Social Development, committed to fund the construction and operations of shelters for Inuit women and children across Inuit Nunangat as well as in urban centres. The funding for the new shelters is part of the funding announced in the 2020 Fall Economic Statement for the comprehensive Violence Prevention Strategy. In August 2021, the Call for Proposals for the Shelter Initiative for Inuit Women and Children was launched by Pauktuutit Inuit Women of Canada, in collaboration with Indigenous Services Canada and Canada Mortgage and Housing Corporation. In November 2021, the Shelter Initiative for Indigenous Women and Children was launched by the Canada Mortgage and Housing Corporation, in collaboration with Indigenous Services Canada.

SUBSTANCE USE IN YOUTH

- Protecting the health and safety of youth is a top priority for the Government of Canada.
- The Government of Canada has invested in prevention campaigns to inform youth and young adults on the risks and harms of substance use, to provide guidance to reduce those harms, and to reduce substance-use stigma.
- Our comprehensive evidence-based approach to prevention helps communities promote protective factors in order to create healthy, supportive environments and build resiliency among youth, to prevent substance use-related harms.

IF PRESSED ON THE FEDERAL APPROACH TO ADDRESSING SUBSTANCE USE

- The Canadian Drugs and Substances Strategy (CDSS) guides federal actions on substance use.
- It takes a public health approach for all substances, aiming to protect the health and safety of Canadians from substance use-related harms.
- The Strategy focuses on reducing rates of use and preventing substance use-related harms, especially for youth and at-risk populations, as well as harm reduction, treatment and enforcement.
- The federal government is updating the CDSS to reflect expert advice, public consultations and evidence-based actions to address substance use related harms, including youth.

IF PRESSED ON PREVENTION AND PUBLIC EDUCATION EFFORTS

- The federal government is focused on preventing substance use among youth by providing accurate and trusted information to help youth make informed choices.
- The federal government provides funding to community-based programs through the Substance Use and Addictions Program (SUAP). SUAP funds projects that address root causes, prevent harms, or provide services that can help avoid future risks of substance use.
- The Government of Canada supports interventions that build resilience and other protective factors among youth while minimizing risk factors. This includes supporting community capacity building and developing school-based resources.

IF PRESSED ON CANNABIS

- Consumption patterns among youth have not changed significantly since the enactment of the Cannabis Act.
- The Government of Canada invested in public education prior to legalization and regulation with campaigns to educate youth and young adults, and promoting informed decision-making, education on the health risks of cannabis, and road safety.
- In spring 2022, Health Canada launched the revamped teacher-led “Pursue Your Passion” campaign for youth 13-15.
- The Cannabis regime includes provisions to reduce the appeal of cannabis to youth, including strict promotion restrictions, child-resistant plain packaging, and THC limits in specific products.

IF PRESSED ON ACCIDENTAL INGESTION OF ILLEGAL CANNABIS EDIBLES IN CHILDREN

- In December 2021, Health Canada released an updated advisory to warn Canadians about the risks of children consuming illegal cannabis products designed to resemble popular candies and snacks.

- Health Canada continues work with several partners to monitor and address this issue (Canadian Surveillance System for Poison Information, Public Safety, RCMP, etc.).
- Health Canada will continue to raise awareness of this issue, including sharing information on how to identify legal products and suppliers, reading and interpreting labels on cannabis products and safe storage practices.

IF PRESSED ON ILLEGAL CANNABIS PRODUCTS TARGETED AT YOUTH

- The Cannabis Act includes requirements to protect youth from the risks of cannabis. These include restrictions on promotion; prohibiting products and packaging appealing to youth; and THC limits in specific products.
- Illegal cannabis products have no controls, and are riskier. The products often mimic common snacks and candy, and may contain dangerous contaminants or high THC.
- The Act gives law enforcement tools to crackdown on illegal sales, including those targeting youth.
- Health Canada is running a campaign to help Canadians understand the risks of illegal cannabis, and recognize the difference between legal and illicit cannabis.

IF PRESSED ON ARE HIGH CONCENTRATION VAPE PRODUCTS LEGAL

- Vape pens use cannabis extracts which are limited to 1000mg of THC per immediate container and concentrations as high as 85% can be found in the legal market. Legal products are subject to the strict requirements of the Cannabis Act which are designed to protect Canadians and youth.
- The illegal market also produces high concentration products that are sold in packaging appealing to youth.
- Anyone who suspects illegal activity should immediately contact their local law, or municipal by-law enforcement authority.

IF PRESSED ON WHAT HEALTH CANADA IS DOING TO COMBAT ILLEGAL CANNABIS PRODUCTS TARGETING YOUTH

- Health Canada supports efforts against illegal cannabis products targeted at youth by raising awareness and is currently conducting a public awareness campaign to help Canadians recognize the difference between legal and illicit cannabis and only purchase legal cannabis.
- Public Safety also works closely with law enforcement and border officials to combat the illegal market.

IF PRESSED ON TOBACCO USE

- Canada's Tobacco Strategy is a comprehensive and integrated approach to increase cessation rates and protect youth and non-smokers from nicotine addiction, supported by a \$330M investment over five years, starting in May 2018.
- Health Canada is updating the labelling requirements to reflect the latest scientific evidence. We will continue to strengthen regulations to prevent youth and non-smokers from becoming addicted and to provide Canadians with health information on tobacco use.

IF PRESSED ON OPIOID USE AMONG YOUTH

- The Government of Canada recognizes that the opioid overdose crisis is one of the most serious public health threats in Canada.
- To support awareness, the Know More Tour, launched in 2018, engages with teens and young adults on the health risks associated with opioid use, as well as the harms of substance-use stigma.
- The Government of Canada remains committed to leading a whole-of-society approach to address the opioid overdose crisis. Our approach seeks to ensure that all Canadians can access the life-saving substance use and health supports they need.

IF PRESSED ON ALCOHOL

- The Government of Canada recognizes that alcohol use has health and social consequences for individuals and communities across Canada, especially youth.
- In May 2019, Health Canada introduced regulations restricting the amount of alcohol in single-serving flavoured alcoholic beverages to protect Canadians, in particular youth, from the risks, including unintentional overconsumption and alcohol poisoning.
- To better inform the public about the harms of alcohol, we will be updating Canada's Low-Risk Drinking Guidelines by the end of 2022. This will provide Canadians with the most accurate and up-to-date advice on lower-risk alcohol use.

IF PRESSED ON PAIN MANAGEMENT FOR CHILDREN

- The government recognizes the unique challenges faced by children living with ongoing pain.
- In 2019, the federal government invested \$1.6 million to establish the Solutions for Kids in Pain Network, or SKIP, to help bridge the gap between current treatment practices and available evidence-based solutions for children's pain.
- Health Canada is committed to continuing to work with key partners, including SKIP, to support actions to enhance knowledge and disseminate information related to best practices, so that the needs of children living with chronic pain are better addressed.

BACKGROUND

Overview: Substance Use-Related Harms Among Youth

Relative to adults, youth are more vulnerable to substance-related harms for a variety of reasons. For example, youth are typically physically smaller than adults, which can impact the amount of substances that their bodies can handle. Further, substance use before or during sensitive periods in brain development can affect brain structure and volume, with negative effects on higher brain function and impulse control. This is in part why adolescence is a critical at-risk period for substance use disorders. In addition, adolescence and young adulthood is a time of major social and emotional development; regular substance use during these years can truncate this learning. The earlier and more frequent the exposure to substances, the greater the risk of these harms.

Mental health and substance use problems are common among youth. 7 in 10 children and youth aged 10-24 hospitalized for harm caused by substance use also have a mental health condition.

Polysubstance use most often refers to the intentional use of multiple substances either together, or in close proximity with one another. Evidence prior to the pandemic suggested that polysubstance use was on the rise among substance-using Canadian youth, and remains of particular concern for males and Indigenous youth.

Substance-Specific Harms and Trends (see end of note for further details on rates of use)

The top three substances used by youth and young adults are cannabis, tobacco and alcohol products. (See separate HESA note related to Youth and Vaping).

Cannabis:

According to the 2021 Canadian Cannabis Survey, past 12-month use of cannabis for non-medical purposes has increased among Canadians aged 16 years and over, from 22% in 2018 to 25% in 2021.

Tobacco:

Nicotine exposure impacts the developing brain, and youth can become dependent at lower levels than adults.

The 2020 Canadian Community Health Survey (CCHS) show the largest annual smoking decline in the survey's history, decreasing from 4.7M to 4.2M Canadians 12 years of age and older. Decades of tobacco control have seen positive impacts, resulting in the decline in use among youth.

Alcohol:

According to the CSTADS, alcohol is the substance with the highest prevalence of use by Canadian students in grades 7 to 12.

Excessive and risky drinking can impact youth in many ways. Some direct harms associated with alcohol over-consumption include injury, memory loss, sexual coercion and assaults, suicide and other forms of self-harm, alcohol toxicity and motor vehicle crashes. Long-term harms include substance use disorders, learning and memory issues, problems with school performance, increased risk of school dropout, and increased risk for certain chronic diseases.

Federal Actions targeted at substance use among children and youth:

The federal government provides funding to support community-based programs through the Substance Use and Addictions Program (SUAP). Under prevention, health promotion and early intervention, SUAP funds projects that aim to address the root causes of harmful substance use, prevent the harms associated with substance use, or provide services that can help to avoid future risks.

- As part of Health Canada’s national naloxone training and distribution program, SUAP has committed \$2.6 million over 3 years for the Advanced Coronary Treatment Foundation (or ACT) in order to provide overdose response training in high schools across the country to prepare young people for emergencies they may encounter at home and in the community.
- A youth services organization, The Foundry, in Vancouver, in conjunction with Providence Health Care, is receiving nearly \$1.9 million over five years through SUAP to develop better evidence and tools to screen, treat and provide long-term support for youth with substance use problems, particularly opioids, cannabis and alcohol.
- Six Nations of the Grand River in Ohsweken Ontario is receiving over \$820,000 over two years to share culturally appropriate public education on cannabis use to help youth and young adult community members make informed decisions through community engagement, educational information, and other tools which will also be shared with other First Nations, schools, and healthcare providers across Canada.

The Government of Canada is investing in substance use prevention research to support the development of evidence-based interventions. For example, in 2017, Canadian Institutes of Health Research (CIHR) invested \$1.8 million over five years to support the Canadian Underage Substance Use Prevention (CUSP) trial. The CUSP trial is generating evidence to inform effective prevention services that are tailored for youth. The CUSP trial is evaluating the implementation and scale-up of school-based interventions in order to prevent illicit substance use among high-risk youth.

The Public Health Agency of Canada (PHAC) engages with partners and stakeholders to mobilize knowledge on best practices for preventing substance-related harms in youth. This includes supporting communities in building capacity to adapt and implement approaches to upstream prevention that enhance protective factors and minimize risk factors among youth.

In 2021, PHAC released the Blueprint for Action: Preventing substance-related harms among youth through a Comprehensive School Health approach, a resource that combines evidence-based approaches (harm reduction, upstream prevention, equity-oriented interventions, and stigma reduction) with an internationally recognized framework for building healthy school communities. The Blueprint’s comprehensive focus stems from evidence that “traditional” approaches for addressing substance use in school contexts (e.g., abstinence-only framing, focus on negative health impacts, etc.) is ineffective at preventing substance use or its related harms, in part since they do not reflect the contexts and needs of many youth. PHAC also supported development of educational tools and workshops to help school community members implement the Blueprint for Action in their respective contexts. The federal government is starting to review communications, public education and prevention material to determine how they can integrate multiple substances as opposed to taking a substance-specific approach.

Actions specific to Cannabis:

The Government of Canada has invested in cannabis public education over the past several years, since before legalization and regulation.

- In Budget 2017, the Government invested \$46 million over five years to support public education, awareness and surveillance activities. In Budget 2018, the Government invested another \$62.5 million over five years to support the involvement of community-based organizations and Indigenous organizations that are educating their communities on the risks associated with cannabis use.
- Many projects and campaigns largely focus on educating youth and young adults, including: promoting informed decision-making; education on the health risks of cannabis including the impact on mental health; health promotion; harm reduction; and road safety. For example, Operation Springboard has delivered their “Weed out the Risk” educational program on the health and road safety risks of driving while under the influence of cannabis in high schools across the country focusing on harm reduction. The Boys and Girls Club has also developed and delivered a health-promotion and prevention-focused educational and awareness program to youth about substance use, addictions and mental health.
- In spring 2021, Health Canada launched a digital advertising campaign aimed at youth and young adults under the age of 25. This campaign highlighted the mental health risks associated with cannabis use, highlighting the risk posed to brains which are still under development.
- In spring 2022, Health Canada launched the revamped “Pursue Your Passion” campaign. This iteration is a teacher-led classroom lesson aimed at youth aged 13-15 and focuses on the mental and physical health risks associated with cannabis use.

Action Specific to Alcohol:

The Government of Canada is committed to addressing alcohol-related harms by supporting research to inform health policies and interventions on alcohol; funding innovative, community-based approaches to address alcohol use that focus on harm reduction, treatment, and prevention; supporting public education for targeted audiences and closely monitoring trends in alcohol consumption and alcohol-related harms in Canada.

Rates of Substance Use Among Youth

Cannabis:

Consumption patterns have not changed significantly, since the enactment of the Cannabis Act:

- According to the 2021 Canadian Cannabis Survey, past 12-month use of cannabis for non-medical purposes (i.e. using cannabis at least once in the past year) has increased among Canadians aged 16 years and over, from 22% in 2018 to 25% in 2021), though high risk behaviours like daily/almost daily use and problematic use have not increased.
 - o Past 12-month use of cannabis for non-medical purposes has decreased 7% (from 44% in 2018 to 37% in 2021) among individuals aged 16-19 years but remained stable overall from 2018 to 2021.
 - o The Canadian Student Tobacco Alcohol and Drugs Survey (CSTADS) reported that the prevalence of past-year cannabis (~18%) use among students in grade 7 to 12 has not significantly changed between 2014/2015 and 2018/2019.
 - o Additionally, according to the Canadian Community Health Survey (CCHS) which captures data on cannabis use among Canadian youth 12 years of age and older, the prevalence of past-year cannabis use also remained stable between 2019 (24%) and 2020 (23%) among 15 to 19 year olds.

- The average age of initiation of cannabis use continues to increase over time, rising from 18.9 years in 2018 to 20.4 years in 2021.

Tobacco:

- Data released on September 8, 2021, from the 2020 Canadian Community Health Survey (CCHS), show the largest annual smoking decline in the survey's history, decreasing from 4.7M to 4.2M Canadians 12 years of age and older. Decades of tobacco control have seen positive impacts, resulting in a national average rate of 13% (4.2M) down from 15% (4.7M) in 2019. Daily smoking also declined to 9% (2.9M) from 10% (3.2M) in 2019. A reliable estimate on daily smoking for youth aged 15-19 cannot be determined for 2020. Daily smoking for youth aged 12-17 is less than 1% (10,300).

Opioids:

- Tragically, the most recent data indicates that 26,690 apparent opioid toxicity deaths occurred in Canada between January 2016 and September 2021, with approximately 1-2% of these deaths occurring in children and youth.
- In addition, for the first nine months of 2021 in Canada, 4% of the 3,180 accidental opioid-related poisoning hospitalizations were among the 0-19 age group.

Alcohol:

- According to the CSTADS, alcohol is the substance with the highest prevalence of use by Canadian students in grades 7 to 12.
- After decreasing through successive cycles of the survey (from 53% in 2008-09), the prevalence of use of alcohol in the past 12 months by students remained at 44% (approximately 880,000) in 2018-19, unchanged from 2016-17. Females were slightly more likely than males to report past 12-months use (45% vs. 43%). Grade 10-12 students were much more likely than grade 7-9 students to report past 12-months use (64% vs 25%). Grade 10-12 students were much more likely than grade 7-9 students to report past 12-months use (64% vs 25%).
- Less than one quarter of students (23%, approximately 481,000) reported high risk drinking behaviour (i.e., five or more drinks on one occasion) in the past 12 months, which was unchanged from 2016-17. Females and males reported similar past 12 months prevalence of high-risk drinking. Grade 10-12 students were much more likely than grade 7-9 students to report high-risk drinking (38% vs 9%).

Chronic Pain:

- It is estimated that one in five children and youth experience ongoing pain.
- Children with pain have unique needs and when their pain goes unmanaged, it is associated with poor academic, social, and developmental outcomes, including higher rates of chronic pain, substance use, and mental health issues in adulthood.
- The Canadian Pain Task Force made a number of recommendations to enhance knowledge and support the adoption of best practices to address the specific needs of children and youth living with pain.
- Health Canada is currently working with pain stakeholders, including the Solutions for Kids in Pain Network to address some of the Task Force recommendations.

Other Substances:

According to the CSTADS 2018-2019 cycle:

- Past-12-month use of hallucinogens was reported by 3% of students (approximately 73,000), unchanged from 2016-17. Use of other illicit drugs remained relatively low (under 2%).
- In 2018-19, the prevalence of past-12-month use of psychoactive pharmaceuticals to get high increased to 7% (approximately 137,000 students) from 6% in 2016-17. Psychoactive pharmaceuticals include sedatives/tranquilizers, stimulants and prescription pain relievers.
- In 2018-19, the prevalence of past-12-month dextromethorphan use to get high among students in grades 7 to 12 increased to 6% (approximately 126,000) from 5% in 2016-17. Past-12-month use of Gravol® to get high also increased to 5% (approximately 101,000 students) in 2018-19 from 4% in 2016-17. The use of sleeping medication available from a drugstore (such as Nytol® or Unisom®) to get high remained unchanged at 4% (approximately 84,000 students) in 2018-19.

FETAL ALCOHOL SPECTRUM DISORDER AND IMPACTS OF COVID-19

- The Government of Canada is continuing to advance action on FASD awareness, prevention, diagnosis, and intervention. This work is especially relevant given evidence that some Canadians have increased their alcohol consumption during the COVID-19 pandemic and the impacts this may have on pregnancy and FASD.
- To date, the Government of Canada has supported efforts across Canada to guide action on FASD through the FASD National Strategic Projects Fund (NSPF). The Fund allocates \$1.5 million annually for projects that promote education and awareness; harm reduction approaches for those at high risk of having a child exposed to alcohol and other substances during pregnancy; and research into the social determinants of health that impact alcohol consumption and FASD. NSPF will undergo an evaluation by the Office of Audit and Evaluation later this year, and findings will guide next steps on FASD.
- The Government of Canada is continuing to explore options to address existing knowledge gaps regarding national prevalence estimates of FASD in Canada, and in particular among key populations such as Indigenous peoples. Two recommendations in the Truth and Reconciliation Commission of Canada's Calls to Action (#33 and #34) focus on FASD, calling for culturally appropriate preventive programs and criminal justice system reform.
- The Government of Canada promotes healthy pregnancies, including FASD awareness and prevention, by (1): supporting evidence-based policy and guidance for health practitioners and the general public on prenatal issues, such as Your Guide to a Healthy Pregnancy for expectant parents; and (2) investing in community-based programs to promote the health of pregnant people, young children and families facing barriers to health equity, including the Canada Prenatal Nutrition Program and the Community Action Program for Children.

BACKGROUND

FASD is a diagnostic term used to describe the impact on the brain and body of individuals prenatally exposed to alcohol. It is a lifelong disability and people with FASD will experience some degree of challenges with their motor skills, physical health, learning, memory, attention, emotional regulation, and social skills. The number of people with the disorder is unknown. Recent studies from Canada, the US and Europe estimate that 1% to 5% of the population have the disorder.

A 2013 cost-of-illness study examined the impact of FASD on the material welfare of Canadian society by analyzing the direct costs of resources spent on health care, law enforcement, children and youth in care, special education, supportive housing, and long-term care. The results from this analysis demonstrated that the economic cost associated with FASD in Canada was approximately \$1.8 billion annually in direct costs alone.

The Public Health Agency of Canada (PHAC) is the federal lead for addressing FASD in Canada. Awareness raising initiatives focus on four key pillars: raising public awareness; preventing alcohol use in pregnancy; improving the health and social outcomes for individuals with FASD; and, facilitating access to data.

Indigenous Services Canada (ISC) currently invests \$17.9 million annually to support FASD prevention activities in First Nations and Inuit communities through regionally based solutions. This includes a funding increase as part of the Budget 2017 announcement of an additional \$83.2 million over five years to expand Indigenous maternal and child health services with \$3.7 million ongoing for FASD starting in 2022-23.

Health Canada leads the Canadian Drugs and Substances Strategy (CDSS) that aims to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families and communities, including harms caused by alcohol consumption (e.g., FASD). Health Canada also provides grants and contribution funding through the Substance Use and Addictions Program (SUAP) to respond to drug and substance use issues, including efforts related to FASD.

The Canadian Institutes of Health Research (CIHR) invests over \$6.5 million in projects that are currently investigating social epigenetics, the use of magnetic resonance imaging (MRI), brain development and mental health, proteins that may be developmentally protective, pediatric neuroimaging, neurobiomarkers, and nutritional preventive intervention in the context of FASD.

The Kids Brain Health Network (KBHN) is receiving \$50.8 million from 2009-2024 to improve the outcomes for children and families impacted by neurodevelopmental disabilities, including FASD as a national Network Centre of Excellence under the Networks of Centres of Excellence Program (NCE). The NCE is a Canadian government initiative, which funds partnerships between universities, industry, government and not-for-profit organizations to create large-scale research networks. As a research network, KBHN engages with community groups, non-profit organizations, industry, parents, clinicians, health professionals, provincial and federal governments to advance knowledge to improve outcomes for children with neurodevelopmental disabilities, including FASD, and their families.

IMPACTS OF COVID-19 ON CHILDREN: AUTISM

- The Government of Canada recognizes that the COVID-19 pandemic has affected autistic children across all aspects of their lives and is committed to improving the health and well-being of autistic children and their families.
- The COVID-19 pandemic has impacted people on the autism spectrum and their families by limiting access to in-person supports, disrupting education and personal routines, and making it challenging to maintain social relationships with family and friends.
- Addressing the complex and diverse needs of autistic children requires a coordinated effort with all levels of government and service providers.
- We are working closely with the autism community to contribute to the shared goals of helping and supporting the needs of autistic children, as well as those who care for them, and to provide much needed support.
- In order to address the critical data gap on the wider health impacts of the COVID-19 pandemic on autistic Canadian children and youth, the Public Health Agency of Canada (PHAC) is investing over \$2 million over three years to support the collection of a second cycle of the Canadian Health Survey on Children and Youth (CHSCY), with data collection to begin in 2023.
- Similar to the first cycle of CHSCY in 2019, this second cycle will allow for further reporting on the prevalence of autism among children and youth in Canada and characteristics of this group (i.e., health status, school experiences, etc.), as well as provide information on diagnostic trajectories and much needed data on the wider health impacts of the COVID-19 pandemic.
- In April 2020, PHAC provided \$75,000 to the Autism and Intellectual Disabilities Knowledge Exchange Network (AIDE Canada) to develop a COVID-19 Resource Hub to share up-to-date, trusted information related to COVID-19 that is specifically tailored to Canadians on the autism spectrum, their families and caregivers.
- PHAC is also leveraging the Autism Spectrum Disorder Strategic Fund to develop projects to address priority needs to provide tangible opportunities for Canadians on the autism spectrum – as well as their families and caregivers – to gain knowledge, resources and skills.
- Budget 2021 provided \$15.4 million (\$7 million in new funding) over two years, starting in 2021-22, to work collaboratively with provinces, territories, families and stakeholders toward the creation of a national autism strategy.
- PHAC is leading the development of a national autism strategy and provided \$1.67 million to the Canadian Academy of Health Sciences to undertake an inclusive, evidence-based assessment on autism. This assessment provided Canadians – including those within the autism community – with the opportunity to inform the development of the strategy.
- PHAC continues to engage with provinces, territories, and Indigenous Peoples through a variety of mechanisms on the national autism strategy, and is organizing a national conference in November 2022 to build consensus on the priorities for action.
- These initiatives will position the Government of Canada to address current and longstanding challenges that autistic individuals face, and advance the overall response and recovery for the COVID-19 pandemic.

BACKGROUND

The Minister of Health's 2021 Mandate Letter directs the Minister to work in collaboration with provinces, territories, families and stakeholders to accelerate the development of the national autism strategy. This reiterates the 2019 Mandate Letter commitment to work towards the creation of a national autism strategy.

Budget 2021: Budget 2021 announced \$15.4 million over two years, starting in 2021-22, to PHAC to work with partners to support the creation of a National Autism Strategy with \$8.4 million coming from existing PHAC funds; resulting in \$7 million in new funding. The existing funds reflect the residual balance of Budget 2018 funding (\$20 million over 5 years from 2018 to 2023) to support community-based projects to address the challenges of autism spectrum disorder over the lifespan.

PHAC Investments: The Government of Canada is funding programs and projects to directly reach autistic Canadians and those in the autism community who need information, resources and tools.

Budget 2018 provided \$20 million over five years to support two new initiatives:

- 1) The Autism and Intellectual Disabilities Knowledge Exchange Network (AIDE Canada) (\$10.9 million/5 years) provides centralized access to the latest evidence-based research, information, resources and supports on autism in both official languages. In addition, six AIDE Canada locations across the country provide a point of access for Canadians to obtain resources and supports on autism. AIDE Canada also released a COVID-19 Resource Hub to share up-to-date, trusted information related to COVID-19 specifically tailored to autistic Canadians, their families and caregivers.
- 2) The Autism Spectrum Disorder (ASD) Strategic Fund is providing \$9.1 million over 5 years for community-based projects that pursue innovative program models, help reduce stigma, and integrate health, social and educational components to better serve the complex needs of autistic Canadians and their families.

PHAC Surveillance Activities: On February 3, 2022, PHAC released a report titled "Autism Spectrum Disorder – Highlights from the 2019 Canadian Health Survey on Children and Youth." This report is one of the key commitments made as part of Budget 2021 to support the development of a national autism strategy. It provides new evidence on prevalence, health status and life experiences of Canadian children and youth with diagnosed ASD, prior to the COVID-19 pandemic.

Budget 2022: PHAC is investing over \$2 million over three years to support the collection of a second cycle of the Canadian Health Survey on Children and Youth (CHSCY). This second cycle of CHSCY will allow for further reporting on the prevalence and characteristics of autistic Canadian children and youth, the wider impacts of the COVID-19 pandemic, and information regarding pathways to diagnosis.

Pandemic Canadian Autism Needs Assessment Survey: Early on in the COVID-19 pandemic, Autism Speaks Canada, the McMaster Autism Research Team, and the Canadian Autism Spectrum Disorder Alliance developed the "Pandemic Canadian Autism Needs Assessment Survey" to capture the unique impact of the pandemic on the autism community. This anonymous survey collected data from 1,066

caregivers of autistic children, youth and self-advocates/autistic adults from across Canada in May 2020. Key findings highlighted that:

- o Over 75% of respondents reported feeling stressed, worried, and anxious.
- o The greatest impacts on children reported by caregivers were disruptions in education and learning, and challenging behaviours and relationships with family and friends.
- o Access to supports and services – including recreation programs, health professionals and an autism-specific hotline – were either extremely challenging to access or not accessible, and many respondents felt these services would have been useful.

Senate Bill S-203: On November 24, 2021, the Honourable Leo Housakos introduced Bill S-203, An Act Respecting a Federal Framework on Autism Spectrum Disorder in the Senate. The purpose of the Act is to bring forth the development of a federal framework to support autistic Canadians, their families and their caregivers. The Act outlines requirements for the development of a federal framework, including measures to be provided such as financial support for autistic persons, support for caregivers, online resources and best practices, a national research network and a national awareness campaign. The Act also sets out requirements for consultation, a national conference, and regular reporting to Parliament on implementation of the framework.

Bill S-203 was referred to Committee on December 8, 2021. On April 27, 2022, the Standing Committee on Social Affairs, Science and Technology passed the Bill (as amended during clause by clause consideration on April 6, 2022). On May 12, 2022, the Bill, as amended, was passed in the Senate and then referred to the House of Commons.

Language Note: A “person-first” approach, which acknowledges the person before the disability, is seen in wording such as “individuals with autism”. In “identity-first” language, you would see phrases such as “autistic Canadian”. The language used to describe an individual is personal. The Government of Canada acknowledges the diverse views of Autistic Canadians, their caregivers and the community as a whole. Using an individual’s expressed preferred language is encouraged whenever possible.

MENTAL HEALTH SUPPORTS FOR CHILDREN AND YOUTH

- The Government of Canada is committed to supporting the mental health/substance use needs of children and youth. This commitment is reflected in ongoing, pandemic-related and future initiatives.
- This builds on work by the government to increase access to mental health and addictions services for children and youth, including through 2017 commitment of \$5 billion in funding to provinces and territories over 10 years through bilateral agreements, with one of the funding priorities expanded access to community-based mental health and addiction services for children and youth (age 10-25).
- In addition, in response to the pandemic, in April 2020 Health Canada launched Wellness Together Canada, an online mental health and substance use support portal, which received \$140 million in Budget 2022 for two more years of funding starting in 2022-23. This Portal provides access for children and youth (ages 5 to 29) to mental health and substance use resources, including Kids Help Phone.
- Recognizing the ongoing importance of supporting the mental health of Canadians the government appointed the first Minister of Mental Health and Addictions. Her mandate includes working cross-departmentally to ensure children and youth have access to mental health supports as they recover from the pandemic as well as in the long-term.

IF PRESSED ON FUNDING FOR CHILDREN AND YOUTH

- In addition to Wellness Together Canada, which provides online, phone and text based support to young people who are in crisis or dealing with mental health issues, additional resources are being invested in Kids Help Phone (\$14.8M over 36 months from April 2020 to March 2023) so it can continue to provide mental health support to youth in need during the pandemic.
- Budget 2021 announced \$100 million over three years to promote the mental health of those most affected by the pandemic, including youth.
- Other investments include:
 - o \$39 million from 2019-2028 to address multiple risk and protective factors to promote mental health for children, youth and other populations experiencing mental health inequities.
 - o The Government is also investing \$21 million over five years in the Centre for Addiction and Mental Health (CAMH) to implement and sustain a pan-Canadian suicide prevention service with their partners. The Canada Suicide Prevention Service currently provides 24/7 suicide crisis support over the phone to everyone Canada.

IF PRESSED ON MANDATE COMMITMENTS

- Minister Bennett remains committed to ensuring that mental health is treated as full and equal part of the universal healthcare system. To this end, she will continue to engage with partners and stakeholders and Canadians of all backgrounds, including individuals with lived and living experience.

BACKGROUND

Mental illness health issues can impact any population and children and youth are no exception. In fact, two thirds or more of mental health disorders emerge before the age of 25. It is estimated that mental health issues affect over 800,000 Canadian children and youth annually.

Youth disproportionately visit the Emergency Department (ED) seeking mental health/substance use services. For example, between 2008-2009 and 2018-19 there was a 61% increase in visits made by youth to the ED for such services. During this time, hospitalizations for mental health disorders also increased by 60%.

This cohort is also affected by suicide. In 2019, suicide was the second leading cause of death among individuals aged 15 to 34, behind unintentional injuries. In 2019, among individuals aged 10 to 14 years, males accounted for 46% of suicide deaths; and among individuals aged 15 to 19 years, males account for 64% of suicide deaths.

The COVID-19 pandemic has had significant impacts on the mental health of children and youth. Concerns about the virus itself have been compounded by impacts on school and routines, social activities, isolation, and decreased access to services and supports.

Results from 2020 showed that youth were less likely to report excellent or very good mental health as compared to older Canadians. While most Canadians were less likely to report excellent or very good mental health during the COVID-19 period, the difference between 2018 and 2020 was particularly evident for younger adults. Only 42% of those aged 15 to 24 reported excellent or very good mental health during the pandemic compared to 62% before the pandemic in 2018.

More recent survey results from early 2021 showed that younger Canadians persistently indicate the highest anxiety and depression of all age groups. For example, almost 30% of 16 to 17 year olds reported high levels of anxiety and depression, and one in three reported suicidal ideation in the past year. Conversely, this group reported a lower incidence of diagnosis of a mental health issue, suggesting they do not have access to diagnostic services and care.

These findings are consistent with the percentage of youth reporting that their mental health was “somewhat worse” or “much worse” now compared to before the pandemic - 35% in March/April 2021.

Additionally, in a Statistics Canada survey of perceptions of personal safety, 11% of Youth aged 15 to 24 reported that harassment or attacks on the basis of race, ethnicity, or skin colour have increased in their neighbourhood since the start of the pandemic.

Government Actions and Investments to Support the Mental Health Needs of Children and Youth

Funding to Provincial and Territorial Governments and Integrated Youth Services

The Government of Canada is investing \$5 billion over ten years to improve Canadians’ access to mental health services (2017-2027). The investment is being provided directly to provinces and territories via negotiated bilateral agreements, informed by the 2017 Common Statement of Principles on Shared Health Priorities agreed to by FPT Ministers of Health. In it, Ministers of Health agreed to prioritize expanded access to community-based mental health and addiction services for children and youth as one of three priorities for the federal funding.

Eleven out of thirteen provinces/territories have identified youth focused initiatives, which could include integrated youth services, as part of their bilateral agreement action plans. Three provinces have specifically identified integrated youth services as part of their action plans.

Integrated Youth Services (IYS) models of care provide locally relevant, effective, youth-focused and integrated services for mental health/substance use within the community. One example of this model is the integrated youth hub. These hubs are easily accessible community-based “one stop shops” that provide an integrated suite of services, which can include peer support, mental health and primary care support and employment counselling, as well as support for navigating these systems of care. Each hub leverages existing services so the suite of available services varies by hub. There are currently 50 operational integrated youth hubs across Canada and 60 under development.

In addition, nine out of ten provinces have or are developing a provincial networks to implement and advance the integrated youth services model through the sharing of best practices. In some cases, this is done through the leveraging of a learning health system approach, where data is collected to continuously inform and improve equitable health outcomes by focusing on practices relating to equitable access to mental health services. Three of the most established networks are in British Columbia (Foundry), Ontario (Youth Wellness Hubs Ontario), and Quebec (Aire Ouverte) with BC and Ontario specifically identifying the use of bilateral funding to support these networks.

Integrated youth services is also a priority area of National Mental Health and Substance Use Service Standards, which will be developed to improve access to services, and address domains of quality, including safety, effectiveness, patient-centredness, cultural appropriateness, and equity. Standards will equip healthcare providers, policy makers and other stakeholders with an evidence-based framework for delivering high-quality mental health and substance use services. Standards will also serve to formalize what Canadians can reasonably expect in terms of the services available to them, including timeliness, consistency and quality.

On March 14th, the Government of Canada announced that it is working with the Standards Council of Canada - a Federal Crown Corporation with demonstrated expertise in developing national standards - to develop a suite of a national standards for mental health and substance use services, leveraging significant work done to date in this field.

Mental Health Promotion and Teen Dating Violence

Through the Public Health Agency of Canada’s (PHAC) Mental Health Promotion Innovation Fund, the Government of Canada is investing \$39 million from 2019-2028 to address multiple risk and protective factors to promote mental health for children, youth, young adults and populations susceptible to mental health inequities (e.g., low-income families, immigrants and refugees, First Nations, Inuit, Métis, LGBTQ2+, people living with disabilities and people with other socio-economic risk factors).

PHAC also funds programming to prevent teen and youth dating violence, including community and school-based initiatives that teach skills for healthy and safe relationships based on respect and consent.

In addition, PHAC funds initiatives to support the health of survivors of family violence, including trauma-informed physical and mental health promotion for youth.

Suicide Prevention

The Government of Canada is also investing \$21 million over five years in the Centre for Addiction and Mental Health (CAMH) to implement and sustain a fully operational pan-Canadian suicide prevention service with its partners. The Canada Suicide Prevention Service currently provides suicide crisis support over the phone to everyone in Canada. By 2023, this service will provide people across Canada with access to 24/7/365 bilingual crisis support from trained responders, using the technology of their choice (voice, text or chat). The Federal Framework for Suicide Prevention was released November 2016. It focused on raising public awareness, reducing stigma, disseminating information and data, and promoting the use of research and evidence-based practices. Progress Reports on the Framework are available on Canada.ca, with the next report planned for release in December 2022. In response to motion M-174, which called on the Government of Canada to establish a national suicide prevention action plan and was unanimously supported by parliamentarians in 2019, the Public Health Agency of Canada is developing an action plan that aligns with the Framework.

Funding to the Mental Health Commission of Canada

The Government of Canada provides \$14.25 annually to the Mental Health Commission of Canada (MHCC), which was created in 2007 to act as a catalyst for improving the mental health system in Canada. The MHCC leads the development and dissemination of programs and tools to support the mental health and wellness of all Canadians by bringing together federal, provincial, and territorial governments as well as leading mental health organizations.

In 2020, the MHCC developed the National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students, a set of flexible guidelines to help post-secondary institutions create environments that foster student mental health and well-being. The Standard can help post-secondary institutions better design their mental health policies and programs based on evidence, to share experience and knowledge, while simultaneously improving mental health literacy, building resilience and addressing student mental health issues before they worsen.

To date, around 47 post-secondary institutions are in the process of implementing the standard with another 22 preparing for implementation.

Pandemic-Response Initiatives

Wellness Together Canada

Health Canada invested \$130 million from 2020-2022 in Wellness Together Canada, an online mental health and substance use support portal, and received \$140 million in Budget 2022 to support the portal for two more years, beginning in 2022-23. Launched in April 2020, Wellness Together Canada provides free and confidential online mental health and substance use supports accessible 24/7 to individuals across Canada in both official languages. Interpretation services are also available during phone sessions

in over 200 languages and dialects. Through Wellness Together Canada, individuals in all provinces and territories have immediate access to supports ranging from self-assessment, educational content and self-guided programming, to peer support and confidential sessions with social workers, psychologists and other professionals. Supports are provided online as well as by phone and text for those without internet access.

There are dedicated text lines for youth, adults and front line workers that provide immediate access to support. There is also a dedicated phone line for accessing Program Navigators that can assist with finding resources on the portal. Wellness Together Canada augments existing provincial and territorial services, and does not replace them. In January 2022, Wellness Together Canada launched PocketWell, which is a companion app to the online Portal.

Through the Portal and the app, children and youth (ages 5 to 29) are able to access mental health and substance use resources, including Kids Help Phone, which provides online, phone and text based support to young people who are in crisis or dealing with mental health issues.

Additional resources are being invested in Kids Help Phone (\$14.8M over 36 months from April 2020 to March 2023) provide mental health support to youth in need during the pandemic.

As of May 23, over 2.4 million individuals across all provinces and territories have accessed the Wellness Together Canada portal in over 6.9 million web sessions. The new PocketWell mobile app has been downloaded a total of 25,731 times. Additionally, over 45% of registered clients of the portal are under 30, an age group that tends to underutilize traditional mental health services.

Support for the Mental Health Needs of Those Most Affected by COVID-19

Budget 2021 announced \$100 million over three years to promote the mental health of those most affected by the pandemic, including youth. Funded projects are expected to begin in Spring 2022 and to reach diverse populations across Canada. Projects will support mental health promotion and mental illness prevention interventions, in addition to initiatives that build the capacity of service providers to deliver programming in safe, effective and trauma-informed ways.

Mobilizing Data and Evidence to Underpin Initiatives

Between 2015-16 and 2019-20, the Canadian Institutes of Health Research (CIHR) invested over \$333 million in mental health and behavioural disorders research. This represents more than 1700 projects led by experts across the country.

CIHR is also leading the COVID-19 and Mental Health Research Initiative (CMH) in collaboration with PHAC and Health Canada. This initiative currently supports 101 research projects, representing a total investment of \$13.5 million from CIHR and partners. This work is guided by an Expert Advisory Panel composed of leading Canadian experts in mental health and substance use. New knowledge generated through these projects will be mobilized to ensure it will inform policy making in a timely manner.

CIHR provided the Canadian Research Initiative in Substance Misuse with a \$1 million directed grant to undertake urgent activities to support people who use drugs, decision-makers and care providers in light of COVID-19. This includes the creation of six national guidance documents and a rapid assessment of the challenges faced by people who use drugs during the COVID-19 crisis to guide future policy decisions.

Statistics Canada developed and administers a web panel survey, the “Canadian Perspectives Survey Series”. Each month, approximately 4,600 people in the 10 provinces have been responding to the new iteration of the survey. In addition, in collaboration with Statistics Canada, PHAC funded two cycles of data for the Survey on COVID-19 and Mental Health to better understand the wider impacts of the pandemic on mental health in Canada. A special collection of research articles based on the first cycle of data was released in the Health Promotion and Chronic Disease Prevention Journal on September 27, 2021. The Canadian Community Health Survey also resumed in September 2020. The Canadian Community Health Survey provides data on a variety of mental health indicators, and has been collected for many years prior to the pandemic. It will allow for ongoing measurement of changes in mental health of the Canadian population as the pandemic continues and as Canada recovers.

SMOKING AND TOBACCO USE IN CANADA

- Our Government is committed to helping Canadians quit using tobacco and to protecting the health of young people and non-smokers.
- Cigarette smoking is the leading preventable cause of disease and premature death, and we are working to decrease tobacco use in Canada to less than 5% by 2035.
- Health Canada is updating tobacco labelling requirements to reflect the latest scientific evidence. We will continue to strengthen regulations to prevent youth and non-smokers from becoming addicted and to provide Canadians with information on the health hazards of tobacco use.

IF PRESSED ON HELP FOR PERSONS WHO SMOKE

- We urge Canadians who smoke to consider quitting. When you give up cigarettes, your body starts to renew itself as early as the first day, reducing your chance of developing heart disease, cancer, breathing problems, and infections.
- Quitting smoking can be difficult, but it is possible. The Government of Canada has many resources to help.
- Canadians can contact the pan-Canadian toll-free quitline where trained specialists can help them develop a plan, answer questions, and provide referrals to programs and services in their community where available.

IF PRESSED ON THE LEGISLATIVE REVIEW

- The Tobacco and Vaping Products Act (TVPA) requires a legislative review of the Act on a two year cycle, three years after the legislation comes into force.
- The first review is underway and is assessing whether the Act is achieving its objectives, particularly those related to protecting young people.
- In March and April 2022, Health Canada sought input from Canadians to inform this review and is reviewing the feedback received.
- The final report will be tabled in Parliament in 2022 and will be made public on Canada.ca.

IF PRESSED ON TOBACCO COST RECOVERY

- The tobacco industry is responsible for the leading preventable cause of disease and premature death in Canada.
- That is why my mandate letter includes a commitment to require tobacco manufacturers to pay for federal public health investments in tobacco control.
- Health Canada is working with partners within the federal government to examine options and determine next steps.
- I look forward to engaging external stakeholders to realize this commitment.

IF PRESSED ON TOBACCO LABELLING REGULATIONS

- The Government of Canada is committed to reducing the devastating harms of tobacco use.
- That is why we are proposing to update health warning messages and to extend them to all tobacco product packages to maintain their effectiveness.

- We are also proposing that Canada become the first country to introduce written health warnings on certain individual tobacco products, like cigarettes, so it would be virtually impossible to avoid health warnings altogether.
- We have launched a 75-day consultation to seek input from Canadians on these proposed measures. I look forward to hearing the public's views.

BACKGROUND

Tobacco use in Canada

Data released on September 8th 2021, from the 2020 Canadian Community Health Survey (CCHS), show the largest annual smoking decline in the survey's history, decreasing from 4.7M to 4.2M Canadians 12 years of age and older. Decades of tobacco control have seen positive impacts, resulting in a national average rate of 13% (4.2M) down from 15% (4.7M) in 2019. Daily smoking also declined to 9% (2.9M) from 10% (3.2M) in 2019. A reliable estimate on daily smoking for youth aged 15-19 cannot be determined for 2020.

While the recent declines are positive, millions of Canadians are still smoking, reminding us that, despite decades of effort to deter smoking, tobacco use remains a significant public health problem in Canada. Tobacco use is still the leading cause of premature death in Canada, killing half of all Canadians who smoke daily for a long time. Furthermore, prevalence rates for on-reserve First Nations and Inuit are higher than that of other Canadians.

In July 2020, the Canadian Centre on Substance Use and Addiction released an update of its report entitled "Canadian Substance Use Costs and Harms 2015 – 2017". The report identifies the enormous burden tobacco use places on all Canadians. The report found that in 2017 the total cost of tobacco use to society was approximately \$12.3 billion or \$336 for every Canadian. Tobacco use was identified as the deadliest and most costly substance by far accounting for 47% of all attributable health care costs from substance use and approximately 48,000 premature deaths in 2017 (over 128 deaths per day or 17% of all deaths).

Canada's Tobacco Strategy

Canada's Tobacco Strategy represents the Government of Canada's plan to address tobacco use. It is led by Health Canada, in partnership with the Canada Border Services Agency, the Canada Revenue Agency, Indigenous Services Canada, Crown-Indigenous Relations and Northern Affairs Canada, the Public Health Agency of Canada, Public Safety Canada, and the Royal Canadian Mounted Police.

Tobacco Cost Recovery/Levy

Minister Bennett's mandate letter includes a commitment to require tobacco manufacturers to pay for the cost of federal public health investments in tobacco control. Health Canada is working closely with other Government of Canada partners, including departments who receive funding under Canada's Tobacco Strategy, to examine options and determine next steps. The department will also consult with external stakeholders as part of its analysis.

Both the Conservative Party of Canada and the New Democratic Party made similar commitments in their election platforms.

Proposed Labelling Regulations

On June 11 2022, Health Canada published the proposed Regulations Amending the Tobacco Products Regulations (Plain and Standardized Appearance) and proposed Order Amending Schedule 1 to the Tobacco and Vaping Products Act in the Canada Gazette Part I (CGI) for a 75-day consultation period. The public consultation closes August 25th, 2022.

The proposed regulations would build on existing requirements by updating current health-related messages, extending messaging requirements to all tobacco product packages and implementing periodic rotation of messages among other measures. A key feature of the proposed regulations is the introduction of written health warnings printed on individual cigarettes, cigars that have a filter, and cigarette tubes. This new packaging would help to ensure that health-related messages reach people who often access cigarettes one at a time in social situations, particularly youth and young adults.

YOUTH VAPING

- Our Government is pleased to see that vaping rates among Canadian youth have stabilized, according to a recent survey.
- Nonetheless, our Government remains concerned about substance use, including youth vaping, and is taking comprehensive action.
- Regulations now prohibit the promotion and advertising of vaping products anywhere they can be seen or heard by youth.
- New regulations are also now in force setting a maximum nicotine concentration for all vaping products, and Health Canada has consulted Canadians on proposed regulations to restrict flavours in vaping products to make them less attractive.

IF PRESSED ON THE YOUTH-ORIENTED PUBLIC EDUCATION CAMPAIGN

- In 2019, Health Canada launched the Consider the Consequences of Vaping prevention campaign, investing more than \$14 million to date.
- The campaign has included in-print and online advertising, as well as an interactive learning tour in schools and community venues or virtually. Vaping awareness kits were provided to all middle and high schools, and information resources sent to health care professionals.
- The interactive learning tour has reached over 156,000 youth in over 937 schools across the country, and will continue to reach more

IF PRESSED ON COMPLIANCE AND ENFORCEMENT OF CURRENT MEASURES

- The Tobacco and Vaping Products Act has significant restrictions in place to limit youth access to vaping products and promotions.
- Health Canada has taken actions that have led companies to remove lifestyle advertising from television and in-store displays, and online content from social media influencers.
- In 2019, Health Canada inspected more than 3,000 retailers and seized more than 80,000 units of non-compliant vaping products. Between July 2020 and March 2021, over 300 online inspections of Canadian vaping retailers' Instagram accounts were conducted and approximately 160 warning letters issued.

IF PRESSED ON THE LEGISLATIVE REVIEW

- Section 60.1(1) of the Tobacco and Vaping Products Act (TVPA) requires a legislative review of the Act on a two year cycle, three years after the legislation comes into force.
- The first review will assess the operation of the Act and whether it is achieving its vaping-related objectives, particularly those related to protecting young people.
- In March and April 2022, Health Canada sought input from Canadians to inform this review and is reviewing the feedback received.
- The final report will be tabled in Parliament in 2022 and will be made public on Canada.ca.

IF PRESSED ON FLAVOURS REGULATIONS

- On June 19th, 2021, Health Canada published the proposed order to amend the Tobacco and Vaping Products Act (flavours) and the proposed Standards for Vaping Products' Sensory Attributes Regulations.
- The proposed regulations would implement a complementary three-pronged approach to restricting the flavours of vaping products.
- The consultations closed on September 2, 2021. Health Canada received over 25,000 submissions and is currently reviewing the input it received from Canadians.

BACKGROUND

Since late 2018, the Government of Canada has implemented a comprehensive suite of measures to address youth vaping, including enhanced public education, increased compliance and enforcement of existing rules and advancing regulations to put in place more controls.

Health Canada's national public education campaign "Consider the Consequences of Vaping" informs youth and their parents about the risks and harms associated with vaping through advertising, interactive learning tours in schools and online. To date, Health Canada has invested more than \$14 million.

Enforcing the strong set of controls already established under the Tobacco and Vaping Products Act remains an important part of the Government's efforts. The department has taken action to shut down illegal promotions by major national brands.

The Vaping Products Promotion Regulations came into force on August 7, 2020. These regulations prohibit any vaping product promotions in locations or media visible to youth. Additionally, the regulations require all remaining permitted ads to include clear health warnings to increase awareness of the risks of these products.

In addition, the Vaping Product Labeling and Packaging Regulations came into force on July 1, 2020. These regulations require that vaping products containing nicotine display a standardized nicotine concentration statement and a health warning about the addictiveness of nicotine as well as a toxicity warning to further increase awareness of the risks.

On July 8, 2021, new Nicotine Concentration in Vaping Products Regulations came into force, which set a maximum nicotine concentration for vaping products sold to 20 mg/ml, down from 66 mg/ml. As of July 23, 2021, it is prohibited to sell any vaping products with a nicotine concentration higher than 20 mg/ml in Canada.

Building on feedback from consultations in 2019, on June 19th, 2021, Health Canada published the proposed Order Amending Schedules 2 and 3 to the Tobacco and Vaping Products Act (flavours) and the proposed Standards for Vaping Products' Sensory Attributes Regulations. The proposal is a three-pronged approach to restricting flavoured vaping products. The proposal would restrict the promotion of flavours in vaping products to tobacco, mint, and menthol; prohibit all sugars and sweeteners and most flavouring ingredients; and prescribe sensory attributes standards to prevent a sensory perception other than one that is typical of tobacco or mint/menthol. The consultation period for the proposed regulations closed September 2, 2021 and the department is reviewing feedback on this proposal.

On April 19, 2021, Finance Canada announced its intention to implement a tax on vaping products in 2022, through the introduction of a new excise duty framework. Budget 2022 proposed to implement the excise duty, effective as of October 1, 2022. The proposed federal excise duty rate would be \$1.00 per 2 mL, or fraction thereof, for containers with less than 10 mL of vaping liquid. For containers with more than 10 mL, the applicable federal rate would be \$5.00 for the first 10 mL, and \$1.00 for every additional 10 mL, or fraction thereof. The federal government also invited its provincial and territorial counterparts to join a coordinated vaping taxation framework, under which an additional duty equal to the proposed federal rate would be applied.

Smoking is the leading preventable cause of premature death and disease in Canada. Smoking-related disease is caused by the toxic and carcinogenic chemicals in smoke. Vaping products expose users to far fewer toxic chemicals and substances than conventional cigarettes, and are less harmful alternatives to tobacco products if users quit smoking and switch completely to vaping.

However, vaping is not harmless. Vaping nicotine can lead to addiction and physical dependence and youth are especially susceptible to the negative effects of nicotine. Moreover, the long-term health effects of vaping are unknown. For these reasons, the TVPA seeks to protect the health of youth and non-users from exposure to and dependence on nicotine, and help ensure that Canadians are not misled with regard to the health hazards of using vaping products and/or nicotine.

Results from the 2021 Canadian Tobacco and Nicotine Survey (CTNS) indicate that vaping rates among Canadian youth have stabilized; the rate of vaping was 13% among Canadians aged 15-19. Previously, results from the CTNS survey in 2019 had shown a rapid increase in youth aged 15-19, with 14% reporting past 30 day use compared to 6% in 2017. Health Canada has not seen a corresponding increase in student smoking rates; these rates continue to be at all-time lows.

Section 60.1(1) of the Tobacco and Vaping Products Act (TVPA) requires that the Minister perform a legislative review of the Act on a two year cycle, three years after the legislation comes into force. The US Food and Drug Administration, under its Premarket Tobacco Product Application process, has reviewed the applications of over 6 million vaping products to determine whether any meet the criteria of protecting public health, taking into account the risks and benefits to the population as a whole. While the review process has not been completed, on October 12, 2021 and on March 24, 2022, the United States Food and Drug Administration announced it had authorized the marketing of certain tobacco-flavoured vaping products. For these products, the FDA determined that the potential benefit to smokers who switch completely or significantly reduce their cigarette use would outweigh the risk to youth, provided the applicant follows post-marketing requirements aimed at reducing youth exposure and access to the products (e.g., regular reporting to the FDA, marketing restrictions for digital, radio and television advertising).

In Canada, the Food and Drugs Act applies to vaping products that make health claims, such as help to quit smoking. These products must be authorized under this act before they can be advertised, sold, or commercially imported. To date, no vaping products have been authorized under this Act and no applications have been received.

POST-TRAUMATIC STRESS INJURIES (PTSI)

- Every day, public safety personnel put their safety at risk to protect and help Canadians. As a result, they are often exposed to dangerous and traumatic situations that may lead to post-traumatic stress injuries (PTSI).
- The Government is proud to help those who never fail to help us by continuing to advance Canada's first-ever National Action Plan on Post-Traumatic Stress Injuries for public safety personnel, launched on April 8, 2019.
- The Action Plan focuses on three key pillars: research and data collection; prevention, early intervention and stigma reduction; and support for care and treatment.
- Under the Action Plan, the Government is investing \$30 million over five years to support research on PTSI. This includes the development of an Internet-delivered cognitive therapy pilot for public safety personnel, which is operational in Saskatchewan, Quebec, Nova Scotia, New Brunswick and Prince Edward Island.
- In February 2022, we announced federal support of \$1 million to Runnymede Healthcare Centre for a feasibility study on a facility dedicated to rehabilitation and post-traumatic stress injuries for public safety personnel.
- In the tragic circumstances where lives are lost, there is a memorial grant program providing first responder families with \$300,000 to help with the transition in the loss of their loved one.
- The Government will continue to support our front-line workers.

BACKGROUND

Every day, public safety personnel are actively helping to build and reinforce community resilience, putting their lives on the line by responding to crises, local emergencies and large-scale disasters. In doing so, public safety personnel may experience traumatic events that trigger the onset of post-traumatic stress injuries (PTSI) and operational stress injuries (any persistent psychological difficulty resulting from operational duties). Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by experiencing or witnessing traumatic events, such as fatal traffic accidents, combat situations and natural disasters, which may lead to problems in functioning in social or family life and at work or at school. The term "PTSI" has been adopted as a preferred terminology by the public safety community in an effort to reduce the stigma commonly associated with a "disorder."

On April 8, 2019, the Government of Canada announced the release of Supporting Canada's Public Safety Personnel: An Action Plan on Post-Traumatic Stress Injuries. The plan will support research, prevention, early intervention, stigma-reduction, care and treatment for all types of public safety personnel, all across the country.

The Action Plan was informed through several consultations which began in 2016 with key stakeholders, including Federal, Provincial and Territorial governments, the Public Safety and Health portfolios, public safety organizations, academia, union representatives, mental health professionals and non-governmental organizations.

Public safety personnel is a term that broadly encompasses front-line personnel who ensure the safety and security of Canadians across all jurisdictions. Examples can include: tri-services (police – including the Royal Canadian Mounted Police, firefighters, and paramedics), correctional employees, border services personnel, operational and intelligence personnel, search and rescue personnel, Indigenous emergency managers, and dispatch (9-1-1) personnel.

The Action Plan builds on recent investments by the Government in this area, including:

- \$20 million over five years to support a new National Research Consortium on PTSI among public safety personnel between the Canadian Institutes of Health Research (CIHR) and the Canadian Institute for Public Safety Research and Treatment (CIPSRT). This consortium is the first of its kind in Canada and will work specifically to address the incidence of PTSI among public safety personnel.
- \$10 million for an Internet-based Cognitive Behavioural Therapy (ICBT) pilot to provide greater access to care and treatment for public safety personnel, especially in rural and remote areas; and
- \$400K for Road to Mental Readiness (R2MR) training. R2MR is an evidence-based program designed to reduce mental health stigma, as well as to address and promote mental health resiliency among public safety personnel.

Departmental officials are monitoring progress against the Action Plan. Notable results to date include:

- The National Research Consortium has been established, and CIHR has awarded approximately \$12.2 million to date in applied research funding that will be undertaken in close partnership with public safety personnel as the “end-user”.
- The official launch of the ICBT pilot in Saskatchewan took place on January 29th, 2020, with a second pilot in Quebec launched in September 2020, and a third Maritime pilot was launched on February 8, 2022.

The 2021 mandate letter of the Minister of Public Safety directed the Minister to work with the support of the Minister of Mental Health and Addictions to “continue advancing Canada’s first-ever National Action Plan on Post-Traumatic Stress Injuries, including additional investment to support the health and well-being of first responders.”

Budget 2021 provided \$50 million over two years to Health Canada/Public Health Agency of Canada, beginning in 2021-22, for a targeted call for proposals to support a trauma and posttraumatic stress disorder (PTSD) stream of mental health programming for populations at high risk of experiencing COVID-19 related trauma. One of these identified high risk populations is public safety personnel.

- Stream One (\$3 million): Knowledge Development and Exchange Hub that will synthesize and mobilize knowledge to support funded projects as well as the broader community
- Stream Two (\$47 million): Interventions that promote mental health and prevent mental illness; build evidence about effective interventions; and enhance capacity of individuals, service providers and organizations to address trauma and PTSD.

EXPLORE PATHWAYS TO INCREASE THE ACCESSIBILITY OF MENTAL HEALTH SERVICES IN RURAL AREAS

- Our government recognizes that rural and remote communities in Canada face unique challenges in providing access to quality mental health services.
- With COVID-19 creating stress, anxiety, and isolation for many Canadians, our government is investing in virtual mental health care. In April 2020, the Government of Canada launched an online mental health and substance use support portal, Wellness Together Canada (WTC), which provides Canadians with a broad range of free psycho-social supports.
- Tailored to meet the needs of varying age groups and diverse populations, the portal provides access to free, credible information and supports, and is available 24/7 to all individuals living in Canada regardless of their location, including those in isolation or remote areas. Confidential sessions with social workers, psychologists and other professionals can be accessed by phone and text via the WTC.
- In addition, WTC recently launched PocketWell, a companion app to the Portal. Using PocketWell individuals can link to the Portal to access the resources and can connect seamlessly to free and confidential virtual sessions with mental health professional.
- Moving forward, the federal government has committed to developing a permanent, ongoing Canada Mental Health Transfer to help expand the delivery of high-quality, accessible and free mental health services.

IF PRESSED ON MINISTERIAL MANDATE COMMITMENTS

- The government committed to ensure that mental health care is treated as a full and equal part of our universal health care system. As an integral part of this commitment, the government will be exploring pathways to increase the accessibility of mental health services in rural areas.
- In an effort to expand access to mental health services for Canadians, particularly for individuals who experience marginalization and/or face barriers to accessing care, our government is committed to establishing a permanent, ongoing Canada Mental Health Transfer.

IF PRESSED ON THE NEED TO SUPPORT THE MENTAL HEALTH OF INDIGENOUS PEOPLES

- The COVID-19 pandemic is having profound impacts on the mental wellness in Indigenous peoples by magnifying existing mental health issues and inequities and creating new gaps and needs.
- Budget 2021 announced \$597.6 million over three years for a distinctions-based mental wellness approach for First Nations, Inuit, and Métis. This included the renewal of funding for the Hope for Wellness Helpline, which provides immediate, culturally-safe, telephone crisis intervention support for First Nations and Inuit 24/7. It is available in English and French, and upon request, in Cree, Ojibway, and Inuktitut.
- The Government of Canada acknowledges that Indigenous Peoples are best placed to determine and address their health care needs. This investment will ensure that First Nations, Inuit and Métis Peoples are engaged in actions to foster health systems free from racism and discrimination, where Indigenous Peoples are respected and safe and will support Indigenous partners to undertake meaningful engagement on their health priorities.
- The federal government is committed to take action to foster health systems free from barriers, including racism and discrimination.

BACKGROUND

2021 MANDATE COMMITMENTS

October 26, 2021, the Prime Minister appointed Dr. Carolyn Bennett as the First Minister of Mental Health and Addictions. The Prime Minister released mandate letters on December 16, 2021, which outline the objectives that each minister will work to accomplish, as well as pressing challenges they will address in their role. The new Minister of Mental Health and Addictions has been mandated to ensure that mental health care is treated as a full and equal part of our universal health care system, working in close collaboration with provinces and territories, and lead a whole-of-society approach to address problematic substance use in Canada.

To realize these objectives, Minister Bennett will deliver in the following commitments:

- Work with the Minister of Health, and with the support of the Deputy Prime Minister and Minister of Finance, to establish a permanent, ongoing Canada Mental Health Transfer to help expand the delivery of high-quality, accessible and free mental health services, including for prevention and treatment.
- Support the mental health of Canadians by developing and implement a comprehensive, evidence-based plan, leveraging existing and new investments, including to:
 - o Develop mental health standards, with a particular focus on health equity;
 - o Sustain improved access to virtual mental health services with Wellness Together Canada;
 - o Ensure timely access to perinatal mental health services;
 - o Implement a three-digit suicide prevention hotline; and
 - o Introduce a new fund for student mental health that will support the hiring of new mental health care counsellors, improve wait times for services, increase access overall and enable targeted supports to Black and racialized students at post-secondary institutions across Canada.
- Support the Minister of Indigenous Services to co-develop and invest in a distinctions-based Mental Health and Wellness Strategy to meet the needs of First Nations, Inuit and the Métis Nation, including culturally appropriate wraparound services for addiction and trauma, suicide and life promotion and the building of treatment centres.
- Oversee the implementation of our investments in mental health interventions and supports for people disproportionately impacted by COVID-19, including health care workers, front-line workers, seniors, Indigenous people, and Black and racialized Canadians.
- Work with the Minister of Families, Children and Social Development and Minister for Women and Gender Equality and Youth to ensure mental health supports are accessible to children and youth as they recover from the impact of the pandemic.
- Advance a comprehensive strategy to address problematic substance use in Canada, supporting efforts to improve public education to reduce stigma, and supporting provinces and territories and working with Indigenous communities to provide access to a full range of evidence-based treatment and harm reduction, as well as to create standards for substance use treatment programs.
- Require tobacco manufacturers to pay for the cost of federal public health investments in tobacco control.

- Support the Minister of Public Safety to continue advancing Canada's first-ever National Action Plan on Post-Traumatic Stress Injuries, including additional investment to support the health and well-being of first responders.
- Support the Minister of Veterans Affairs to ensure Canadian Armed Forces members and Veterans have access to adequate mental health resources, services and training programs tailored to their specific needs.
- With the support of the Minister of Rural Economic Development, explore pathways to increase the accessibility of mental health services in rural areas.

Pressure on Existing Provincial/Territorial Mental Health Services

With Canadians physical distancing and isolated, there is an unprecedented need for virtual services, such as telehealth and other information lines (e.g., 811), and provinces/territories are not able to absorb the increased demand.

It is critical that Canadians have access to effective tools to self-monitor, promote their mental well-being, obtain credible and reliable information, and access services when deemed necessary. Canadians need to be re-assured that there are supports available to help alleviate their stress, fear and anxiety.

Canada Mental Health Transfer

The Government has provided funding to provinces and territories, community-based organizations and used a range of federal levers to improve access to mental health services for Canadians. The Government committed to implement a new Canada Mental Health Transfer (CMHT) – which would provide a permanent, stable, and sustainable source(s) of funding to provinces and territories, dedicated to mental health services. Currently, provinces and territories are receiving \$5 billion over ten years to support improvements in mental health services through bilateral agreements. Provinces and territories can use the Canada Health Transfer to cover the costs of medically-necessary health services in their jurisdiction, which can include mental health services. A new Canada Mental Health Transfer would help to reduce the strain on other areas of the health care system and expand access to mental health services for Canadians, particularly for individuals who experience marginalization and/or face barriers to accessing care.

Government Actions and Investments to Improve Access to Mental Health Services and Address the Impacts Of COVID-19 On Canadians' Mental Health

Wellness Together Canada

Health Canada has invested \$130 million over two years in Wellness Together Canada, an online mental health and substance use support portal. Launched in April 2020, Wellness Together Canada provides free and confidential online mental health and substance use supports accessible 24/7 to individuals across Canada in both official languages. Interpretation services are also available during phone sessions in over 200 languages and dialects. Through Wellness Together Canada, individuals in all provinces and territories have immediate access to supports ranging from self-assessment, educational content and self-guided programming, to peer support and confidential sessions with social workers, psychologists

and other professionals. Supports are provided online as well as by phone and text for those without internet access. There are dedicated text lines for youth, adults and front line workers that provide immediate access to support. There is also a dedicated phone line for accessing Program Navigators that can assist with finding resources on the portal. Wellness Together Canada augments existing provincial and territorial services, and does not replace them.

Wellness Together Canada is led by a consortium of three organizations:

- Stepped Care Solutions is an interdisciplinary and cross-sector team of clinician-researchers, leaders and pioneers in the areas of Stepped Care 2.0 and e-mental health.
- Kids Help Phone is Canada's only 24/7 national service offering support to young people via phone, text and live chat, and is a global leader in developing and delivering virtual mental health solutions.
- Homewood Health is a Canadian leader in the development and delivery of national, evidence-based mental health, trauma, and addiction treatment and services.

National Standards for Mental Health and Substance Use

To fulfill commitments made in the Minister of Health's mandate letter, the Government of Canada will "set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it". Through Budget 2021, the government has allocated \$45 million over two years, starting in 2021-22, to help develop national standards for mental health, in collaboration with provinces and territories, health organizations, and key stakeholders, so that Canadians can access timely care, treatment, and support. This language was interpreted broadly to include standards for substance use due to its close relationship with mental health. Health Canada has established a memorandum of agreement with the Standards Council of Canada to work with stakeholders to develop six early national standards deliverables in priority areas. This process is expected to be launched in early March 2022.

Support for the Mental Health Needs of Those Most Affected by COVID-19

Budget 2021 provides support for populations most affected by COVID-19 in dealing with mental health challenges. The government will provide:

- \$100 million over three years, starting in 2021-22, to support projects that promote mental health and prevent mental illness in populations disproportionately impacted by the COVID-19 pandemic, including health care workers, front-line workers, youth, seniors, First Nations, Inuit and Métis, and Black and other racialized Canadians.
- \$50 million over two years, starting in 2021-22, to support projects to address posttraumatic stress disorder (PTSD) and trauma in frontline workers and others who are most affected by the COVID-19 pandemic.

Funding to Provincial and Territorial Governments

The Government of Canada is investing \$5 billion over ten years to improve Canadians' access to mental health services. The investment is being provided directly to provinces and territories via negotiated bilateral agreements to help them expand access to community-based mental health and addiction

services for children and youth, integrated services for people with complex needs, and spread proven models of community mental health care and culturally appropriate interventions linked to primary health services.

In addition, on July 16, the Prime Minister announced a federal investment of more than \$19 billion to help provinces and territories safely restart their economies and make our country more resilient to possible future waves of the virus. As part of this investment \$500 million targeted immediate mental health and substance service needs, including strengthening the service infrastructure (workforce, targeted programs) to manage post-pandemic demands that have been exacerbated due to the pandemic by providing wrap-around care, harm reduction and evidence-based treatment services and programs.

Suicide Prevention

The Government of Canada is investing \$21 million over five years in the Centre for Addiction and Mental Health (CAMH) to implement and sustain a fully operational pan-Canadian suicide prevention service in partnership with the Canadian Mental Health Association and Crisis Services Canada. By 2023, this service will provide people across Canada with access to 24/7/365 bilingual crisis support from trained responders, using the technology of their choice (voice, text or chat). The Federal Framework for Suicide Prevention was released November 2016. It focused on raising public awareness, reducing stigma, disseminating information and data, and promoting the use of research and evidence-based practices. Progress Reports on the Framework are available on Canada.ca, with the next report planned for release in December 2022. In response to motion M-174, which called on the Government of Canada to establish a national suicide prevention action plan and was unanimously supported by parliamentarians in 2019, the Public Health Agency of Canada is developing an action plan that aligns with the Framework.