THE SCHOOL OF PUBLIC POLICY

MASTER OF PUBLIC POLICY
CAPSTONE PROJECT

Mental Health Crisis in Canada: Exploring the prospect of strengthening the Canada Health Act and Canada Health Transfer to increase access of mental health services and supports for Canadians

Submitted by:

Jasmine Louise Lapina

Approved by

Supervisor:

Dr. Lindsay M. Tedds

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Capstone Executive Summary

Mental health includes one's psychological, social, and emotional well-being. People need to maintain their mental health since it helps with the way they function in how they feel, act, and think. Different life events can negatively impact an individuals' mental health resulting in the genesis of a mental illness(es). In Canada, there is a rise in the number of Canadians suffering from a mental illness(es). Individuals suffering from a mental illness(es) generally seek treatment through mental health services and supports. In Canada mental health services and supports can be obtained from a family doctor, psychiatrist, psychologist, psychotherapists, social workers, occupational therapists, etc. However, public health insurance only provides coverage for physician administered services. Meaning mental health services and supports obtained from a family doctor or psychiatrist is covered. Unfortunately, to obtain a referral from a family doctor to see a psychiatrist or receive treatment from a psychiatrist has excessive wait times. This prompts many Canadians to seek help from non-physician mental health professionals such as psychologists. Most Canadians feel that psychologists are qualified to provide treatment, but the costs associated in seeing them as well as lack of coverage from provincial and territorial public health insurance plans pose as barriers in accessing their services. As a result, the mental health needs of Canadians are not met, contributing to the economic, physical health and social consequences to Canada.

This paper consists of a literature review and jurisdictional analysis. A literature review is used to highlight the effectiveness of current mental health interventions Canada has aimed to address mental illnesses. A jurisdictional analysis is also used in this paper to examine how other countries provide effective mental health services and supports through their public health insurance. The goal of this paper is to provide policy makers with the tools to determine if the

Government of Canada should make use of the *Canada Health Act* (CHA) and Canada Health Transfer (CHT) to alleviate its mental health crisis. Since the CHA and CHT are imperative in funding provincial and territorial healthcare, they are two policy tools in which the Government of Canada can use to influence mental healthcare by increasing access to mental health services and supports for Canadians.

The overall research and findings of this paper suggests that the Government of Canada amend the CHA principle of comprehensiveness to include coverage for non-mental health professionals under necessary health services, for provinces and territories to receive the CHT. Yet, there are too many unknowns surrounding the feasibility, effectiveness, cost, and equity of this recommendation. As a result, no concrete recommendations can be made.

Definitions

Defining Mental Health vs. Mental Illness(es)

The terms mental health and mental illness(es) is often used interchangeably. However, while mental health and mental illness(es) are terms that are related, they do not have the same definition. Knowing the difference is important to describe the problem of Canada's mental health crisis. According to the Government of Canada (2015), an individuals mental health encompasses the overall welfare of their emotional and psychological state. Having good mental health is an important factor in retaining a healthy lifestyle which contributes to an individual's overall health (Government of Canada 2015). An individual's mental health affects the way they feel, act, and aids them in how to properly handle everyday life choices (CDC n.d). Furthermore, the state of one's mental health can change at anytime depending on various life factors (CDC n.d). Some examples include, working prolonged hours, family issues, financial hardships, etc.

(CDC n.d). Poor mental health if left untreated can develop into a mental illness(es) (Government of Canada 2017). Mental illnesses involve changes in emotion, thinking or behaviour which is linked to impaired functioning and overwhelming distress (Government of Canada 2022a). Some examples of mental illnesses include mood disorders, personality disorders, substance dependency, anxiety disorders, eating disorders etc. (Government of Canada 2022a). Most individuals can recover from difficult life situations that negatively impact their mental health (Government of Canada 2017). However, those afflicted with a mental illness(es) may not have the ability to handle the simplest aspects of day-to-day life (Government of Canada 2017).

Introduction

Importance of Ameliorating Canada's Mental Health Crisis

Currently, mental illnesses among Canadians are on the rise (Moroz et al. 2020, 285). It is estimated that approximately 1 in 3 Canadians will experience some form of mental illness in their lifetime (Government of Canada 2017). To add, in any given year, it is estimated that 1 in 5 Canadians will experience some form of mental illness (Smetanin et al. 2011 cited by CAMH n.da). The trend of increasing mental illnesses amidst Canadians has further been exacerbated due to the economic, health and social calamity caused by the COVID-19 pandemic (CAMH 2020, 1).

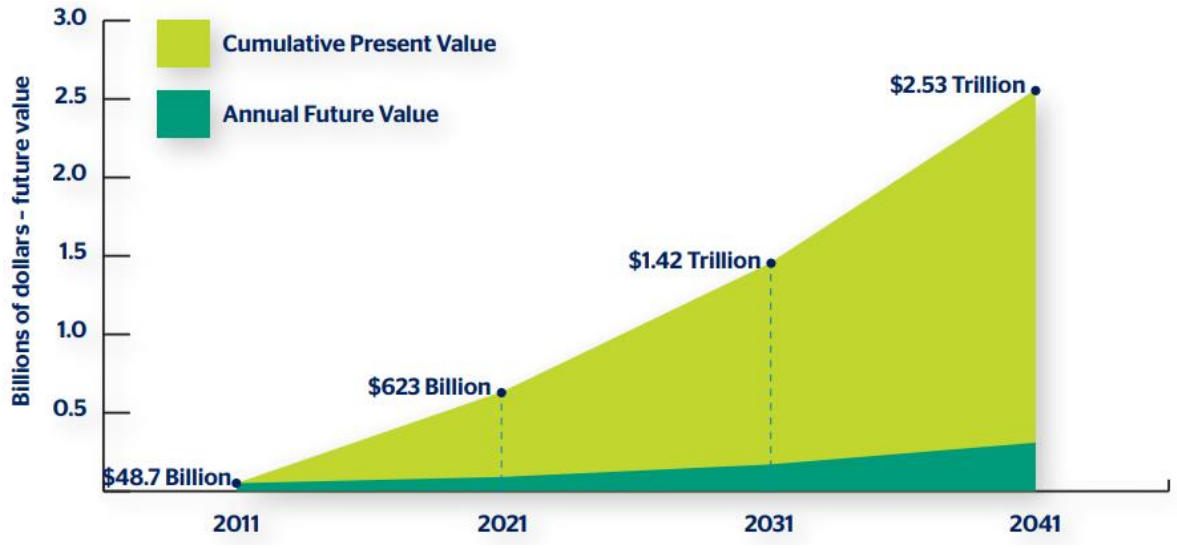
Mental illnesses can affect anyone regardless of their age, education level, income bracket and culture (Government of Canada 2017). However, we should be cognizant of the fact that individuals facing "systemic inequalities such as racism, poverty, homelessness, discrimination, colonial, and gender-based violence, among others, can worsen mental health and

symptoms of mental illness" (CMHA 2021). For example, Aboriginal peoples in Canada are one group who considerably face poverty and are among the most socially disadvantaged (Boksa 2015, 364). Factors like unemployment, poverty, discrimination, and social exclusion contribute to the onset of mental health illnesses for Aboriginal peoples (Boksa 2015, 364). It is worth bearing in mind that Aboriginal peoples face intergenerational trauma (Boksa 2015, 364). Canada's history of implementing residential schools in 1883 to the mid 1980's was meant to assimilate Indians into society (Boksa 2015, 363-364). Resulting in Aboriginal children experiencing traumatic events such as separation from their families, physical abuse, sexual abuse, psychological abuse etc. (Boksa 2015, 364). This has affected Aboriginal peoples by causing a break down their family units, community structures as well as the disappearance of cultural traditions and values (Boska 2015, 364).

Mental illness(es) can be entirely or partially preventable if treatment is sought early (Furber et al. 2015, 1-2). Unfortunately, many Canadians express that obtaining treatment is difficult since accessing mental health services and supports does not come without barriers (Moroz et al. 2020, 282-284). Majority of barriers attributed to accessing mental health services and supports has a lot to do with provincial and territorial public health insurance coverage as well as costs associated with obtaining mental health supports and resources (Moroz et al. 2020, 282-285; Canadian Psychological Association 2021). Provincial and territorial public health insurance coverage is limited to providing coverage to mental health services and supports administered by a physician (CAMH n.db). Due to the nature of public health insurance coverage, many face accessibility barriers in obtaining timely and effective mental health services and supports.

The growing mental health crisis brings about the burden of economic, physical health, and social consequences to Canada. To start, economically the Government of Canada spends at least $50 billion annually on mental illness related problems among Canadians (Mental Health Commission of Canada 2016, 1). A study carried out by Risk Analytica determined the rising costs to Canada if mental illnesses continue to rise (Mental Health Commission of Canada 2016, 4, 18). Figure 1 presents a graphical depiction of a study carried out by Risk Analytica on rising costs Canada will bear from 2011 vs. 2041 if growing mental illnesses among Canadians continue to persist. Secondly, policy makers may question the importance of government action for enhanced coverage on mental health services and support. Coverage should not be considered as simply a matter of preventing and treating mental illnesses, as there are known and alleged associations between mental health and physical health. Some links include heart disease, diabetes, and weight gain or loss etc. (Government of Canada 2017). For instance, those experiencing a mental illness(es) are at a higher risk of developing physical health problems like heart disease, diabetes, weight gain or loss etc. (Government of Canada 2017). Thus, the upsurge of mental illnesses could also signify the rise in physical ailments. Third, unaddressed mental illnesses are tied with a plethora of social consequences, being that mental illnesses have the potential to negatively hamper one's employment, access to housing, as well as access to other necessities etc. (CMHA 2021).

Figure 1. Estimated Total Cost of Mental Illnesses in Canada



Source: Mental Health Commission of Canada 2016

The paper will start by outlining the background and context for the study. It will describe both public perception and prevalence of mental illnesses among Canadians. The paper then outlines how the CHA and CHT play a vital role in Canada's current healthcare system and its components to provide treatment/preventative measures for mental illnesses. The paper will continue to illuminate public opinion on the treatment and prevention for mental illness(es) covered by public health insurance. The paper will then provide a review of relevant literature on the effectiveness of current mental health interventions aimed to treat mental illnesses. Lastly, the paper will continue with a jurisdictional analysis. The jurisdictional analysis will look at public insurance coverage towards treating mental illnesses in Germany and Australia. Germany and Australia are chosen to perform a jurisdictional analysis on because they are some of the countries in the world that have made efforts to improve their mental healthcare system through their public health insurance. The jurisdictional analysis will be used in combination with the

literature review as the groundwork for final section of the paper. Based on the information provided from the jurisdictional analysis and literature review, this paper will outline the policy implications for the Government of Canada. The overall goal of this paper is to determine whether the Government of Canada should make use of two existing policy tools which is the CHA and CHT to mitigate Canada's mental health crisis. Policy recommendations for the Government of Canada will be assessed based on feasibility, equity, cost, and effectiveness.

Background and Context

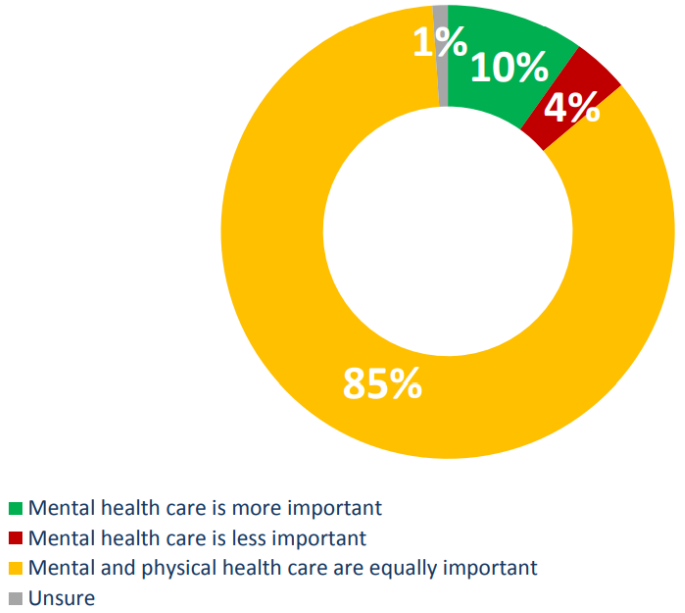
Perception of Mental Illnesses in Canada Overtime

Public perception towards those suffering from mental illnesses in Canada has transitioned over the years. In the late 1800's public perception towards people suffering from mental illness(es) have primarily been negative (Ontario Human Rights Commission n.d). People going through a mental health illness(es) were perceived as idiots or lunatics by society (Ontario Human Rights Commission n.d). Stigma and discrimination tied to mental illness is still present in Canada (Mental Health Commission of Canada n.da). Stigma and discrimination attached to mental illness exists within "hospitals, workplaces, and schools; in rural and urban communities; even among close friends and families" (Mental Health Commission of Canada n.da). Although stigma and discrimination towards mental illnesses still exists, it has started to decrease because of various anti-stigma and discrimination programs, and campaigns (Mental Health Commission of Canada n.da). To add, Reaume (1994) mentions what helped catalyzed change was the events that occurred in the 1970s in Canada; during this time numerous patient groups formed with the goal of creating a movement to challenge stigma and discrimination towards mental illness (Cited by Ontario Human Rights Commission n.d). Even though Canada has made some

progress in tackling stigma and discrimination towards mental illness, the Government of Canada (2020) still encourages the continuation of efforts in this area.

Provinces and territories public health insurance generally provides coverage for most medical services relating to physical healthcare than mental healthcare. However, most Canadians perceive mental healthcare to be on equal par in importance as physical healthcare (Mental Health Commission of Canada 2020, 1,5). Nanos Research distributed a survey on September 15-17, 2019, to 1,004 individuals in Canada who were 18 years or older in age (Mental Health Commission of Canada 2020, 1,5). The survey contained questions concerning the value of mental healthcare versus physical healthcare (Mental Health Commission of Canada 2020 1,5). The survey results indicate that majority of Canadians place equal importance on mental healthcare and physical healthcare (Mental Health Commission of Canada 2020, 1,5). Figure 2. presents a pie chart showing that 85% of survey respondents place mental healthcare and physical healthcare on equal par in importance (Mental Health Commission of Canada 2020, 1,5). 10% of survey respondents place mental healthcare at a higher importance than physical healthcare; while 4% placed mental healthcare at a lesser importance than physical healthcare.(Mental Health Commission of Canada 2020, 1,5). Meanwhile, only 1% stated that they were unsure (Mental Health Commission of Canada 2020, 1,5).

Figure 2. Importance of Mental Health Care Compared to Physical Health Care



Source: Nanos Research online survey cited by Mental Health Commission of Canada 2020

Prevalence of Mental Illnesses in Canada

The prevalence of mental illnesses among Canadians has grown overtime which is a burden to the Canadian mental healthcare system. The emergence of COVID-19 has inflamed the number of Canadians suffering from a mental illness(es) or caused pre-existing mental illness(es) to worsen (CAMH 2020, 4; Asmundson et al. 2020, 1072). Consequently, the already burdened mental healthcare system was put under additional strain (CAMH 2020, 3-4). Therefore, the pandemic has highlighted shortcomings of Canada's mental healthcare system (CAMH 2020, 3-4). Taking into consideration that accessing treatment through mental health services and support was hard to come by before COVID-19 (Asmundson et al. 2020, 1074); a study undertaken by Risk Analytica accentuated the importance of Canada's mental health crisis by investigating the impending growth of mental illnesses if we are to stick with the status quo of our mental healthcare system (Mental Health Commission of Canada 2016, 8). Risk Analytica conducted a study on the projected annual prevalence of mental illnesses over the period of 2011-2041 based

on population changes in Canada only, disregarding events or factors that might exacerbate mental illnesses (Mental Health Commission of Canada 2016, 8). Figure 4 represents Risk Analytica's findings. Risk Analytica concluded if Canada were to stick with the status quo of its mental healthcare system by 2041 it is estimated that 8.9 million Canadians will be suffering from a mental illness(es) problem (Mental Health Commission of Canada 2016, 8). Representing an increase of 20.5% of the total projected population (Mental Health Commission of Canada 2016, 8). This means about 2.2 million more Canadians will be suffering from a mental illness(es) in 2041 compared to 2011 (Mental Health Commission of Canada 2016, 8). All in all, the escalating trend of increasing mental illnesses among Canadians has proven to highlight the shortcomings of Canada's mental health system. Without reform, Canada's mental health system will inevitably fail to meet the needs of Canadians.

Figure 4. Estimated 12-Month Prevalence of Any Mental Illnesses in Canada

	2011	2021	2031	2041
Males (% of Population)	3,178,446 (18.7%)	3,415,276 (18.3%)	3,736,764 (18.6%)	4,044,688 (18.9%)
Females (% of Population)	3,619,181 (20.9%)	3,994,881 (21.0%)	4,448,014 (21.6%)	4,886,402 (22.2%)
Total (% of population)	**6,767,627 (19.8%)**	**7,410,157 (19.7%)**	**8,184,778 (20.1%)**	**8,911,090 (20.5%)**

Source: Mental Health Commission of Canada 2016

Overview of Canada's Healthcare System

Canada's *Constitution Act 1867* outlines the jurisdiction of the federal and provincial governments. Under the *Constitution Act 1867* section 92(7), provinces oversee establishing, maintaining as well as managing the operations of hospitals, asylums, charities, and charitable institutions. Signifying provinces have jurisdiction over healthcare services and delivery. On the other hand, the *Constitution Act 1867* section 91(3)(4), outlines federal jurisdiction on matters

related to healthcare. Section 91(3)(4) state that the federal legislature has powers to tax, borrow as well as spend money if they do not infringe on provincial powers. Implying federal legislature can spend, borrow, tax money put towards healthcare. In summation, the federal and provincial governments have specific powers whereby neither can infringe on the jurisdiction of the other.

In Canada, each of the 10 provinces and 3 territories are responsible for the administration and delivery of healthcare services. It is important to note that provinces and territories administer healthcare services differently (Tikkanen et al. 2020a). Indicating that coverage of medical services and products vary across Canada. For example, British Columbia's public health insurance plan is called "Medical Services Plan" (MSP) which provides partial coverage for some medical services such as naturopathy and acupuncture (British Columbia N.d). Meanwhile, Alberta's public health insurance is called "Alberta Health Care Insurance Plan", which does not provide partial or full coverage for naturopathy or acupuncture (Alberta N.d).

Although each of the 10 provinces and 3 territories are responsible for administering and delivering healthcare services, the federal government plays an important role in using its spending power on Canadian healthcare through financial contributions. Healthcare is a major expense for provinces and territories, it comprises roughly between 30-50% of their annual budgets (Haizen 2021, 1). Because healthcare is a large expenditure, provinces and territories rely on financial contributions from the federal government (Haizen 2021, 1). Provinces and territories public health insurance receive monetary assistance from the federal government called the CHT on an equal per capita basis (Government of Canada 2011; Haizen 2021, 2).

The federal government has set 5 principles in the CHA for provinces and territories to comply with to receive the CHT to help administer and deliver healthcare. Provincial and territorial public health insurance plans must comply with the 5 principles specified in the CHA to receive the CHT (Syed 2015). First, all public health insurances must be publicly administered, meaning administration is only allowed to be carried out on a non-profit basis by government authority (Syed 2015). Second, public health insurances must be universal whereby all insured Canadians are entitled to receive equal level of healthcare services (Syed 2015). Third, public health insurances must be portable across provinces and territories (Syed 2015). Meaning if an individual were to move to a different province or territory, they are entitled to receive same level of healthcare coverage as the province or territory they moved from (Syed 2015). Fourth, provinces and territories must ensure that they provide insured Canadians with reasonable access to insured health services and facilities (Syed 2015). Lastly, public health insurances need to be comprehensive whereby all essential health services provided by a physician or hospital must be covered (Syed 2015). Considering this information, the federal government plays a big role in financing healthcare but do not infringe on provincial powers because they are using their spending power to set conditions for provinces and territories to receive the CHT.

The universal healthcare system in Canada is financed by taxes (Government of Canada 2021). Meaning both Canadian citizens and permanent residents are entitled to acquire public health insurance by applying for it in their respective province or territory (Government of Canada 2021). Once an individual's residing province or territory adds them to their healthcare system, they will receive a health card (Government of Canada 2021). The Government of Canada (2021) mentions that showing this health card to healthcare facilities will guarantee

coverage of most healthcare services and products. Provincial, and territorial public health insurance coverage for healthcare services is stipulated in the CHA (Syed 2015). Additional healthcare coverage that is not stipulated in the CHA vary in coverage within each province and territory (Tikkanen et al. 2020a).

Private health insurance in Canada, can be purchased from different insurance companies or can be provided in the form of health benefits by their employer (Law n.d). Approximately 2/3 of Canadians possess some form of private health insurance which provides them with coverage for medical services not required to be insured under the CHA (Tikkanen et al. 2020a). Some medical services that are not required to be insured under the CHA but can be fully or partially covered by private health insurance are certain prescriptions, non-physician administered services, vision, travel insurance, ambulance transportation, etc. (Hurley and Guindon 2020, 115). Hence, having private health insurance is viewed as supplementary coverage to public health insurance.

Canada's Healthcare System on Mental Health

With respect to mental health coverage, provinces and territories public health insurance is limited to only insuring physician administered mental health services and supports (CAMH n.db). Indicating treatment from a family doctor or psychiatrist is covered (CAMH n.db). Treatment acquired from non-physicians such as a psychologist, psychotherapist, social worker etc. are not insured by public health insurance (CAMH n.db). However, services from a psychologist or social worker may be free under certain circumstances "if they work in government-funded hospitals, clinics or agencies or an employee assistance program" (CAMH n.db).

Due to the nature of public health insurance coverage on mental health services and supports, accessing a psychiatrist or primary care physician for treatment is often met with long wait times which is detrimental to those seeking help. Wait times to get referred from a general practitioner to a psychiatrist typically can take between 7 to 31.5 weeks depending on what province or territory an individual resides in (Barua and Moir 2019, 60) .To make matters worse, after the referral waiting period, the wait times to receive treatment from a psychiatrist range from 5.8 to 36.6 weeks again depending on which province or territory one lives in (Baura and Moir 2019, 60). All in all, different wait times across Canada calls attention to the disorganized system in ensuring Canadians get timely mental health help.

Because of the excessive waiting times to access mental health services and supports, many Canadians have opted into seeking help from non-physician mental health professionals but are met with barriers in accessing effective treatment (CMHA 2021; Moroz et al. 2020, 282-283). Private health insurance generally only provides $400 to $1500 which insures about 2-8 therapy sessions per annum (Moroz et al. 2020, 282). These insurance caps hinder meaningful and effective treatment (Schibli 2019, 7). On the contrary, some Canadians who are low-income or unemployed either choose not to or cannot afford private health insurance to cover services administered by a non-physician mental health professional (Williamson 2006, 116). In either case of having or not having private health insurance, it hinders effective and meaningful treatment for Canadians mental illnesses.

Public Opinion on Public Health Insurance Towards Mental Health Services and Supports

Considering the excessive wait times associated with accessing psychiatrists, many Canadians feel non-physician mental health professionals such as psychologists are qualified to provide effective treatment for mental illnesses (Canadian Psychological Association 2021). At

the same time, many Canadians feel accessing psychologist services have a plethora of accessibility barriers (Canadian Psychological Association 2021). The Canadian Psychological Association (CPA) and the Council of Professional Associations of Psychologists (CPAP) have partnered with Nanos Research to administer a survey to just over 3,000 Canadians on their perception on what barriers are preventing them in accessing mental healthcare services from a psychologist (Canadian Psychological Association 2021). Survey respondents could pick more than one option in choosing what barriers are inhibiting them seeking mental health treatment. Figure 5. provides a percentage breakdown of survey results on barriers accessing mental health services. 39% of Canadians state they do not seek help because they do not want others to know that they are seeing a psychologist (Canadian Psychological Association 2021). 46% express they prefer to deal with their mental illness(es) on their own (Canadian Psychological Association 2021). 66% state that services from a psychologist are not insured by their employer's health benefit plan (Canadian Psychological Association 2021). 68% note that waiting times to access a psychologist are too long (Canadian Psychological Association 2021). It is important to note that majority of Canadians 78% state that psychologist services cost to much for them to pay for (Canadian Psychological Association 2021). Similarly, 73% expressed those services from a psychologist are not insured by their respective provincial and territorial public health insurance plans which hinder them from seeking help (Canadian Psychological Association 2021). From the survey results, the two major barriers blockading Canadians from seeking treatment from psychologists are connected to out-of-pocket costs and provinces and territories public health insurance coverage.

Figure 5. Survey on Barriers Accessing Mental Healthcare Services

Source: Canadian Psychological Association 2021

Literature Review

Given the information provided in the introduction and background section of this paper, policy makers might already conclude that the Government of Canada has already taken steps to alleviate the growing problem of increasing mental illnesses among Canadians. However, the literature review is intended to provide the reader as well as policy makers with background information regarding the effectiveness of such mental health interventions undertaken by the Government of Canada.

Government of Canada's Interventions Mental Health Crisis

To tackle the growing problem of mental illnesses in Canada, the Government of Canada has undertaken various interventions to address the issue. Some notable interventions include providing Canadians with e-mental health resources and supports, and commitment to increased transfers to provinces and territories for more funding towards mental health. The objective of both interventions is to alleviate barriers accessing mental health services and supports.

EMental Health Supports and Resources

Due to the growing number of people suffering from a mental illness(es) there is an increasing demand for mental health services and supports, causing a challenge to Canada's healthcare system (Lal 2019, 56). Many Canadians have reported the need for mental health services and supports (Moroz et al. 2020, 282). However, there is a shortage of available mental health professionals to provide proper mental health supports and services (Moroz et al. 2020, 282). Therefore, it is crucial that Canada finds new and innovative ways to administer and deliver mental healthcare services and supports (Lal 2019, 56).

The Mental Health Commission of Canada was created by the federal government to lead "the development and dissemination of innovate programs and tools to support the mental health and wellness of Canadians" (Mental Health Commission of Canada n.db). The Mental Health Commission of Canada (n.db) is financed by Health Canada and aims to identify problem areas surrounding mental health by launching different initiatives and projects aimed to create a better mental healthcare system. They work with stakeholders to develop initiatives, projects and public policy surrounding mental health (Mental Health Commission of Canada n.db). They provide support to different levels of government such as the federal, provincial, and territorial governments as well as other organizations to implement public policy surrounding enhancing Canada's mental healthcare system by improving mental health services and supports (Mental Health Commission of Canada n.db).

The Mental Health Commission of Canada discussed the problem of the rising need for mental health services and supports and created a report in 2014 on the importance of e-Mental health and its potential to transform Canada's mental health system. E-mental health stands for electronic mental health (Jeong et al. 2019, 2). E-mental health is intended to provide timely and

effective mental health services and supports to Canadians needing help (Mental Health Commission of Canada 2014, 3). E-mental health provides Canadians with free or low-cost supports and services (Mental Health Commission of Canada 2014, 24, 29, 33). E-mental health is an approach where the internet and related technologies are made of use, websites, apps, and social media are used to deliver mental health services (Mental Health Commission of Canada 2014, 2-7). E-mental health provides Canadians with the ability to access information on various mental health services and supports (Mental Health Commission of Canada 2014, 2). In addition, e-mental health provides Canadians with the option to receive real-time access to a general practitioner/family doctor, psychiatrist, or psychologist from the comfort of their own home (Mental Health Commission of Canada 2014, 14). Although all Canadians benefit from e-mental health, it is especially beneficial for Canadians who reside in rural/remote and inner-city neighbourhoods where access to timely mental health supports and resources are hard to come by (Mental Health Commission of Canada 2014, 1). Overall, e-mental health is meant to be an innovative program providing services and supports to meet the mental health needs of Canadians.

To determine the effectiveness of e-mental health in Canada, a study by Jeong et al. (2019, 1) analyzed Canadians perception and satisfaction with eMentalHealth.ca. eMentalHealth.ca was launched in 2005 aiming to provide Canadians with dependable mental health information (Jeong et al. 2019, 2). Prior to the creation of eMentalHealth.ca, Canadian websites containing information on mental health as well as where to find mental health supports and services were non-existent (Jeong et al. 2019, 2). Hence, Canadians prior to 2005 were unable to find reliable information online surrounding mental health services and supports. Jeong

et al. (2019, 1,3) used website analytics as well as online surveys to investigate the effectiveness of eMentalHealth.ca.

The use of website analytics (Google Analytics) provided data on the number of visits to the website and how various people made use of the site (Jeong et al. 2019, 1, 3). With the use of website analytics, from January 1 to December 2017, the website had 651,107 users, and 1.97 million views (Jeong et al. 2019, 1). A further breakdown of website analytics findings showed majority of website users were female, average age of users were 35 years or older, most users were based in Canada (Jeong et al. 2019, 1, 3-4). To add, website analytics provided where site users were from (Jeong et al. 2019, 1). Majority of users were from Toronto, Ottawa, and Montreal (Jeong et al. 2019, 1).

Self-administered surveys online were used to garner "information on users' characteristics and to assess their perception of the website and satisfaction with the website" (Jeong et al. 2019, 1, 3, 5-8). From June to December 2017, 370 online users completed the online surveys (Jeong et al. 2019, 1). The outcome of self-administered surveys revealed that a bulk of users were satisfied, commenting positive things about how the website was a good source in navigating information about mental health along with mental health services (Jeong et al. 2019, 8). The survey also gathered negative comments about outdated mental health information, webpage traffic and difficulties with settings (Jeong et al. 2019, 8). Nonetheless, negative comments were useful for improving the website (Jeong et al. 2019, 8). Even though eMentalHealth.ca gathered some negative perceptions, majority of users had positive perceptions which indicate that intervention of e-mental health is effective.

A review article by Lal (2019, 56-57) explored the advancements of e-mental health in Canada in relation to policy, research, and practice. Technology is becoming more prevalent in peoples' lives since different institutions are incorporating it into their establishments (Lal 2019, 56). On the topic of e-mental health advancements, it has provided a shift in how mental health services and supports are delivered (Lal 2019, 58). E-mental health progress in policy, federal and provincial policy making agendas have implemented technological advancements in relation to e-mental health (Lal 2019, 57-58). Regarding services and initiatives of e-mental health, there are a variety such as the Ontario Telemedicine Network, Kids Help Phone, and online therapy clinic etc. all of which provide mental health services and supports (Lal 2019, 58). Progression of e-mental health in the realm of research and healthcare practices is evident by the numerous partnerships between provincial governments and different national and international organizations (Lal 2019, 58). Provincial government collaborations with organizations help advance both mental health research and mental healthcare practices in Canada (Lal 2019, 58). Hence, e-mental health has made advancements in the areas of policy, research, and practice.

Turning our attention to e-mental health challenges, Lal (2019, 59-60) determined that quick advancements are coupled with suboptimal supports and services. For example, research on telepsychiatry has proven to be more cost-effective just as in person psychiatric assessments and treatments (Lal 2019, 59). Yet, despite evidence from research, the uptake of telepsychiatry in Canada has not been widely implemented (Lal 2019, 59). Another example concerns the "privacy, data security, liability, financial interests of developers, feasibility, and risk associated with using e-mental health with certain types of populations" (Lal 2019, 59). Certain populations such as those suffering from severe or persistent mental illnesses could be further subject to marginalization if they are already part of another marginalized group indicating perhaps e-

mental health may not be suitable for everyone (Lal 2019, 59-60). It is also important to raise the issue of the rapid development of many e-mental health apps and websites etc., this creates a disarray of mental health solutions and approaches which is a problem for one's autonomy to treat their mental illness(es) (Lal 2019, 59-60). Thus, despite advancements, e-mental health is still at its infancy requiring further development and research.

Increased Funding for Mental Health

Mental Health is chronically underfunded in Canada (Bartram 2017, E1360). Chronic underfunding and lack of insurance coverage on mental health services and supports have resulted in unmet needs for Canadians suffering from a mental illness(es) (Bartram 2017, E1360). The Government of Canada has responded by making commitments on increasing funds towards improving mental health services and supports (Government of Canada 2022b, 154-157). The objective of increasing funds is to improve the overall health of Canadians (Government of Canada 2022b, 155).

Bartram (2017, E1360-E1363) wrote an analysis paper concerning the need for targeted federal funding on mental health services in Canada. Bartram (2017, E1360) mentions the Canadian federal budget for 2017/18 affirmed that $5 billion will be given to provincial and territorial governments over the span of 10 years. The question is if the $5 billion federal transfer enough to address the mental health needs of Canadians? To answer this question, Bartram (2017, E1361) looked at the 2012 Mental Health Strategy's recommendation for Canada's expenditures for mental health. The recommendation specified a 9% of overall expenditures towards mental health (Bartram 2017, E1361). An annual gap in funding was determined from an analysis from the Canadian Institute for Health information, where it was approximated the federal government would be required to boost their transfers to $3.1 billion annually coupled

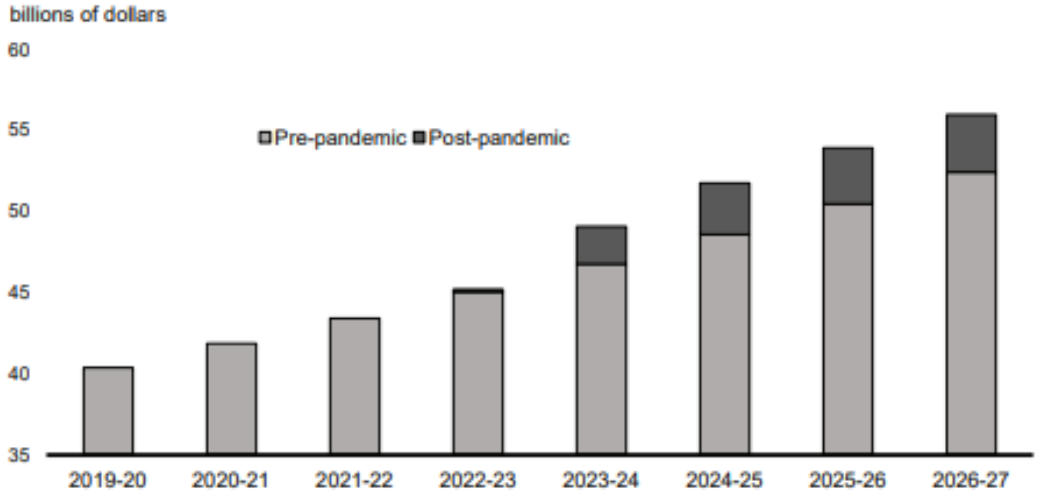
with an increase of an incremental funding base of $310 million per year to target the 2012 Mental Health Strategy's recommendation (Bartram 2017, E1361). Hence, $5 billion is not enough to address the mental health needs of Canadians.

In addition to increased funding commitments, Bartram (2017, E1360) highlights the need for "strong accountability frameworks, a spirit of learning across jurisdictions and a focused research agenda, as well as public transparency regarding bilateral transfer agreements". Accountability frameworks ensure new federal investments are being put towards improving mental health services and supports rather than other (Bartram 2017, E1362). Proper use of funds would ensure for the improvement of mental health supports and services (Bartram 2017, E1362). By the same importance, if there are established accountability frameworks, jurisdictions will have the spirit of learning in terms of implementing different approaches in improving mental health and services (Bartram 2017, E1362). Lastly, a focused research agenda rooted upon a special priority agenda for targeted federal transfers would allow direction for provincial and territorial governments on how to use the funds (Bartram 2017, E3162). A focused research agenda would allow the tracking of how funds are used along with the progression and effectiveness of mental health services and supports (Bartram 2017, E3162). This analysis reveals that the 2017/18 increased federal transfer is not enough to address the mental health crisis in Canada and better measures are needed to guarantee funds are being used properly.

The emergence of COVID-19 prompted the Government of Canada to further increase funding towards mental health (Government of Canada 2022b, 150, 154-157). The Government of Canada's (Government of Canada 2022b, 149, 155) budget report describes that the pandemic took a toll on Canadians' lives, economy, and healthcare system which in turn aggravated the

number of Canadians experiencing a mental illness(es). Provincial and territorial governments health expenditures are supported through both tax point and cash transfers to operate their healthcare systems (Government of Canada 2022b, 154). On average, the federal government assists provincial and territorial health expenditures by 33% (Government of Canada 2022b, 154. The amount of CHT transfers is expected to increase by at least 3% annually (Government of Canada 2022b, 154). The budget for 2022/23 CHT is to provide provinces and territories with $45.2 billion (Government of Canada 2022b, 154). The Government of Canada (2022b, 154) states that the 2022/23 CHT transfer provides a 4.8 per cent increase in comparison to 2021/22. "Thanks to Canada's strong economic recovery, the Canada Health Transfer is projected to provide provinces and territories with $12 billion more in funding over the next five years than what was expected prior to the pandemic" which is shown in figure 6. (Government of Canada 2022b, 154). Increased funding for provinces and territories will aid in strengthening mental health supports and services for Canadians seeking treatment for their mental illness(es) (Government of Canada, 2022b. 155).

Figure. 6 Pre-vs. Post-Pandemic Canada Health Transfer Forecast



Source: Department of Finance calculations (December 2019 forecast and March 2022 forecast) (cited by Government of Canada 2022b, 154)

Increased transfers allow for provinces and territories to increase their budget for different mental health supports and programs. The effectiveness of federal commitments on increased transfers and overall funding towards mental health services and supports are proven to be successful. Government reports from different provinces and territories have provided progress updates. For instance, the Government of Alberta has indicated where increased funding will go, as well as progress on improvement. Increased funding allowed for the hiring of child and family psychologists allowing for additional non-physical mental health professionals to provide services (Government of Alberta 2019, 22). Alberta has also provided funding to First Nations and Métis communities to improve their opioid crisis programs (Government of Alberta 2019, 25). Similarly, New Brunswick reported funding aids in the development and improvement mental health supports and Services. The Government of New Brunswick (2013) has made an investment for early psychosis interventions. To add, the Government of New Brunswick (2013) also has made an investment for the development of mental health programming.

Methodology

The rest of this paper provides a jurisdictional analysis for policy makers to further determine if the Government of Canada should strengthen the CHA and CHT to address the growing problem of mental illnesses among Canadians by increasing access to mental health supports and services. Given that Canada's healthcare jurisdiction is already mentioned in the Background and Context section of this paper, a jurisdictional analysis of Germany and Australia's public health insurance coverage could be insightful in strengthening the CHA and CHT. Information on Germany and Australia's jurisdiction on public health insurances was

gathered primarily from government websites, insurance websites and academic journals. The findings from this analysis will be qualitatively analyzed to consider policy implications for the Government of Canada.

Reason for conducting a jurisdictional Analysis on Germany and Australia

It was mentioned previously in the background section that public opinion surrounding what barriers are hindering Canadians from obtaining mental health supports and services stem from out-of-pocket costs and provinces and territories public health insurance coverage. Provinces and territories public health insurance coverage only insure physician administered services (CAMH n.db). Unfortunately, excessive wait times exist to access a psychiatrist prompting many to seek help from non-physician mental health professionals (CMHA 2021; Moroz et al. 2020, 282). However, accessing services from non-physician mental health professionals come with a cost and many are either unable to afford the services or lack private health insurance. Thus, public health stipulations set out in the CHA contribute to the growing mental health crisis in Canada.

A jurisdictional analysis is conducted on Germany and Australia's public health insurance because they have made efforts to adjust their coverage terms to improve mental health services and supports. The findings from this analysis may prove useful for policy makers in deciding whether to use the CHA and CHT for the purpose of improving accessibility towards mental health supports and services for Canadians. Improving accessibility for needed mental health services and supports would in turn help in reducing the number of Canadians suffering from a mental illness(es).

Germany

Germany's public health insurance is compulsory for everyone (Tikkanen et al. 2020b). About 86% of German's population has statutory health insurance (Tikkanen et al. 2020b). Public health insurance provides coverage for prescription drug coverage, inpatient and outpatient medical services as well as mental health services (Tikkanen et al. 2020b). Public health insurance in Germany is funded by taxes (Germany Visa n.d). Similarly, public health insurance is also financed by premiums that are paid by employees who are insured by their employers (InformedHealth.org 2015). Public health insurance covers necessary healthcare services such as surgery, most doctor visits, medication etc. (Germany Visa n.d). The objective of Germany's public health insurance system is to provide everyone with quality healthcare where it is affordable to everyone regardless of their income (Germany Visa n.d).

Like Canada, there is an option to purchase private insurance in Germany (Tikkanen et al. 2020b; Germany Visa n.d). Individuals are allowed to purchase private insurance if they earn more than €64,350 or have the option just have public health insurance (Germany Visa n.d). Individuals earning less than €64,350 are prohibited from purchasing private health insurance and are only eligible for public health insurance (Germany Visa n.d). Individuals have the option to pick between a variety of private health insurance plans from different insurance companies (Germany Visa n.d). In terms of coverage, private health insurance can provide supplementary coverage that public health insurance does not insure (Germany Visa n.d).

The German government does not play a direct role in the administration of public health insurance (InformedHealth.org 2015). There are many public health insurers in Germany meaning that the healthcare system is administrated by various institutions and players (InformedHealth.org 2015). Contracts with various public health insurers are made to ensure

people are provided with medical care (InformedHealth.org 2015). “The National Association of Statutory Health Insurance Funds is the federal-level association of all statutory insurers” (InformedHealth.org 2015). The association is meant to represent the concerns and interests of insurers (InformedHealth.org 2015). In terms of activities carried about by different public health insurers it is governed by law (InformedHealth.org 2015).

Mental health services and supports in Germany can be obtained from medical doctors, psychiatrists, psychiatric hospitals, office-based psychotherapists, psychiatric outpatient clinics and psychosomatic clinics (Melcop et al. 2019, 2). Public health insurance insures services administered by a medical doctors, psychotherapists, or psychiatrists (Olsen 2022). Medical doctors can provide a referral to see a psychiatrist or psychotherapist (Olsen 2022). Psychiatrists are doctors who specialize in treatment for mental illnesses (Olsen 2022). Psychiatric services are usually reserved for those suffering from a severe mental illness(es) (InformedHealth.org 2006).“A psychotherapist may be a psychiatrist, psychologist or other mental health professional, who has had further training in psychotherapy” (NHS n.d). They help people facilitate positive change in their lives by assisting them in overcoming negative habits, relationship problems and stress (NHS n.d). There are different types of psychotherapy approaches to help individuals with their specific problems. For example, cognitive behavioural therapies, psychoanalytic therapies, psychodynamic therapies etc. are some of the different psychotherapy approaches (NHS n.d). Psychotherapist services can be administered towards families, groups, or individuals (NHS n.d).

Australia

In Australia, public health insurance (Medicaid/Medicare) is “available to Australian and New Zealand citizens, permanent residents in Australia and people from countries with reciprocal agreements” (Australian Government 2019). Australia has reciprocal healthcare

agreements with 11 countries (Services Australia n.d). Agreements encompass covering costs "of medically necessary care when Australians visit certain countries and visitors from these countries visit Australia" (Services Australia n.d). Public health insurance is funded by national taxes and a Medicare levy (Tikkanen et al. 2020c). Australia's public health insurance aims to provide healthcare that is affordable, safe, and high-quality (Australian Government 2019).

Private health insurance is available to be purchased in Australia (AMA 2015). Private health insurance provides the option of choosing coverage outside what public health insurance insures (Australian Government 2019). Private insurance is supplementary, there are two kinds of private health insurance, the first is that the hospital provides partial or full coverage for medical costs, the second is general treatment whereby some non-medical health services not covered by public health insurance are provided coverage (Australian Government 2019). The option to have both types of private health insurance coverage is available (Australian Government 2019). The Australian Government (2019) helps people pay for their private insurances by providing a means tested rebate. According to the Australian Prudential Regulation Authority (APRA) nearly 54.3% of the population has private health insurance (cited by Australian Competition and Consumer Commission 2020-2021, 7)

The responsibility for regulating and operating Australia's healthcare system is complex. It is a shared responsibility between the "Australian, state and territory, and local governments" (Australian Government 2019). All governments have an exhaustive list of responsibilities. To name a few, the Australian Government (2019) is responsible for subsidizing medicine, medical and hearing services, aged care services etc. State territory, and local government responsibilities include managing public hospitals, administering preventative services (breast cancer screening, vaccination programs), etc. (Australian Government 2019). Shared responsibilities among

different governments occur like providing funds for palliative care, national mental health reform, planning and responding to national health emergencies etc. (Australian Government 2019).

On the topic of mental health services, it is the responsibility of all levels of government (Australian Government 2019). All governments are involved in funding and regulating mental health services (Australian Government 2019). They all are responsible in keeping the mental health system in check to ensure the mental health needs of Australians, permanent Australian residents, New Zealand citizens and people from countries with reciprocal agreements are being met (Australian Government 2019).

Mental health services are provided by psychiatrists, family doctors, occupational therapists, psychologists, and social workers (Australian Government 2022). Their services are subsidized by Medicare (Australian Government 2019). Medicare subsidized services is made available due to the Better Access Initiative (Cook 2019, 3). The Better Access Initiative was formed in 2006 due to the demand for mental health services exceeded what could be offered by the healthcare system (APS 2017). The initiative aims to encourage individuals to seek services and support to treat their mental illness(es) (Australian Government 2022). The initiative also aims to improve outcomes of for people suffering from a mental illness(es) (Australian Government 2022). As a result, the initiative has included non-physician mental health professionals in administering mental health supports and services. People can receive a maximum of 10 individual and 10 group mental health services annually (Australian Government 2022).

Jurisdictional Analysis Findings

Germany

One difference between Canada's and Germany's public health insurance is the coverage of psychotherapy. In Germany mental health services obtained from a psychotherapist are covered (Melcop et al. 2019, 2). There are different branches of psychotherapy, but Germany's public health insurance only covers analytic psychotherapy, deep founded psychotherapy and behavioural therapy (InformedHealth.org 2006). These different covered psychotherapy approaches are scientifically proven for mental health treatment (Melcop et al. 2019, 1-3). Meanwhile, in Canada the CHA does not require provinces and territories to provide coverage for psychotherapist services to receive the CHT. Hence, provinces and territories do not include psychotherapy coverage in their public health insurance plans. In rare cases, some family doctors have psychotherapy training and can administer this service to their patients (CAMH n.dc). In that case, public health insurance will cover psychotherapist treatment since it is administered by a physician (First Session n.d). However, finding family doctors with psychotherapy training is scarce (First session n.d)

The profession of psychotherapy is highly regulated in Germany since 1999 (Melcop et al. 2019, 3). "The Psychotherapists Law regulates the practice of psychotherapy as well as the qualification and licensing procedure of non-medical profession e.g., psychologists" (Melcop et al. 3). High regulation of the psychotherapist field means all German citizens can rely on psychotherapist services for treatment towards their mental illness(es) (Melcop et al. 2019, 9). On September 26, 2019, a new Psychotherapist law was passed surrounding the qualification and licensure of psychotherapists (European Association for Psychotherapy 2019). The new law requires advanced training, education, and examination to become a psychotherapist (European

Association for Psychotherapy 2019; Melcop et al. 2019, 6). The new law is meant to heighten psychotherapist standards as well as improve psychotherapy services (Melcop et al. 2019, 5-6).

Data has shown that more people experiencing a mental illness(es) are seeking the services and support of psychotherapists (Melcop 2019, 9). Public health insurance covers up to 300 psychotherapy sessions which depend on the severity of an individual's mental illness(es) (InformedHealth.org 2006). As a result, more individuals suffering from a mental illness(es) are requesting treatment from psychotherapists (Melcop et al. 2019, 9). The wait times to see a psychiatrist or psychotherapist vary throughout the country but usually range from 1 to 6 months (Olsen n.d). However, wait times are gradually getting worse because of high demand to access treatment from a psychotherapist (Melcop et al. 2019, 9).

Australia

Australia's Better Access Initiative was established in 2006 since Australia was not able to keep up with mental health demands (APS 2017). Similar trends are seen in Canada where currently we are unable to keep up with mental health services and supports of Canadians. One stark difference is that Australia has created the Better Access Initiative for non-mental health professionals to administer services and rebates are provided through Medicare. Presently, Canada does not have such an initiative in place.

The Better Access Initiative has proven to be successful in keeping up with the mental health demands in Australia. A few of the initiative's successes is provided below (APS 2008; 2022; Pirks et al. 2011; Whiteford et al. 214 cited by APS 2017):

- Provided cost effective treatment

- Treatment administered by a psychologist has proven to lower the severity of anxiety and depression
- Catalyzed consumers to use the new Medicare funded services, demonstrating how the Better Access Initiative improved accessibility and affordability of mental health services and supports
- The Better Access Initiative improved outcomes for people experiencing a mental illness(es). For example, there was a 35% to 46% increase of improved mental illness treatment rates by 2010.

Recommendations and Policy Implications for Canada

Both Germany and Australia's public health insurance are models in which Canada can learn from. Both Germany and Australia provide some sort of coverage for non-mental health professionals. In Germany mental health services obtained from psychotherapists are covered by public health insurance (Melcop et al. 2019, 1-2). Public health insurance in Germany covers up to psychotherapy 300 therapy sessions depending on the severity of an individual's mental illness(es) (InformedHealth.org 2006). Additionally, Germany has implemented strict regulations surrounding qualifications and licensure for the profession of psychotherapy (Melcop et al. 2019 6; European Association for Psychotherapy 2019). This is to ensure that Germany is providing high quality mental health care services and supports (Melcop et al. 5-6). Meanwhile, in Australia, public health insurance (Medicaid/Medicare) covers mental health services administered by social workers, psychologists, and occupational therapists through their Better Access Initiative by providing rebates of up to 10 individual and 10 group mental health services annually (Australian Government 2022).

Due to wait times accessing a psychiatrist, many Canadians express non-physician mental health professionals such as psychologists are qualified to provide effective treatment for mental illnesses (Canadian Psychological Association 2021). However, provincial, and territorial public health insurances do not cover psychologist services which leave many Canadians to pay out of pocket (First Session n.d). A public opinion survey by the Canadian Psychological Association (2021), found that majority of Canadians express that the barriers hindering them from obtaining mental health services and supports are due to provincial and territorial public health insurance coverage as well as out-of-pocket costs associated with seeing a psychologist.

From Germany and Australia's public health insurance models. A policy recommendation for the Government of Canada would be to amend the CHA principle of comprehensiveness to include coverage for non-mental health professions under necessary health services, for provinces and territories to receive the CHT. However, this leaves some questions for the Government of Canada surrounding feasibility, equity, cost, and effectiveness:

- How effective are these public health insurance amendments in providing coverage for non-mental health professionals in Canada's jurisdiction?
- Will providing coverage for non-mental health professionals ameliorate Canada's mental health crisis?
- Should the CHT include under its comprehensiveness principle, coverage for mental health services administered by a psychologist addressing the public opinion of Canadians, or include other non-physical mental health providers (Psychotherapists, social workers, occupational therapists etc.)?
- In what form or how much should public health insurance cover non-physician mental health professional costs?

- Will including provincial and territorial public health insurance coverage for non-mental health professionals provide equitable access to mental health supports and services for all Canadians?
- Would the Government of Canada save any money by modeling public health insurance changes after Germany or Australia's?
- Will amending the CHA and CHT crowd out private insurance?

Strengthening the CHA principle of comprehensiveness to include non-physician mental health professionals for provinces and territories to receive the CHT would mean additional strings are attached. Even though provinces and territories dislike the idea of strings attached to transfers from the federal government, it is not an uncommon practice. Increasing CHT with conditions attached in the CHA comprehensiveness principle ensures transfers are being allocated towards improving accessing mental health services and supports. Incompliance of provincial and territorial governments to mean lost of federal money (Barua and Eisen 2021).

Based on the information outlined in this report, it is difficult to make any well-founded recommendations in support of strengthening the CHA and CHT to tackle Canada's Mental health crisis. Simply put, there are too many unknowns to make any definitive recommendations at this time. The next section will outline the research that must be done for the Government of Canada to truly come to any concrete decisions.

Further Research

It is already known that Canada's mental health interventions such as increasing the CHT to provinces and territories and e-mental health has aided in providing mental health supports and services for Canadians. However, despite these efforts most Canadians feel more needs to be

done regarding out-of-pocket costs related to seeing a psychologist and provincial and territorial public health insurance plans. Hence, further research is needed to determine in what fashion should the Government of Canada strengthen the CHA and CHT to mitigate Canada's mental health crisis. Before the government of Canada can come to any conclusions the questions outlined above in the Recommendations and Policy Implications for Canada section must be answered.

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