

The Inequalities Canadians Face in Accessing Mental Health Services

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GNED 1304-005: Communities and Societies

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April 12, 2021

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Introduction

According to the Centre for Addiction and Mental Health (CAMH, 2021), one in five Canadians experience a mental illness or addiction problem each year; by the age of 40, one in two Canadians experience or have had some form of mental illness previously (para. 1). As noted by the Canadian Mental Health Association (CMHA, 2018), approximately 23 per cent of worldwide diseases are mental health-related; meanwhile, depression has become the leading cause of disease in Canada (para. 4). The Government of Canada (n.d.) states that mental health is equally important to physical health (para. 7). Yet, the CMHA (2018) indicates that despite the government's claims, only 7.2 per cent of our healthcare budget goes towards mental health-related issues (para. 4).

I chose to study this issue primarily because I can relate to it on a personal level. Throughout my childhood and adolescence, I would regularly experience uncontrollable episodes where my heart would race, I would feel sick to my stomach, my face would turn completely pale, and sometimes I would even faint. For all those years, I just assumed that I had an extremely weak immune system, but last year, during my senior year of high school, I discovered that I have been battling something far worse than the common cold or flu. I had been suffering from a severe anxiety disorder since my early childhood without ever even realizing it. This lack of awareness inspired me to help others in a way that I never received when I needed it most. I also took into consideration how the circumstances of the pandemic have made mental health a more urgent issue to resolve than ever before.

Literature Review

A lack of accessibility to mental health support services is a serious issue harmfully impacting the Canadian population, and even when citizens do manage to receive access to these services, they are not distributed effectively. The CMHA (2018) notes that each year over 1.6 million Canadians lack access to the mental health services that they require (para. 4). According to CAMH (2021), mental illness affects people of all ages, education levels, income levels, and cultures (para. 1). Correspondingly, the CMHA (2018) indicates that all Canadians are impacted by mental illness throughout their lives, whether directly or indirectly through family, friends, colleagues, or other relations (para. 1).

According to Butler and Pang (2014), even though the federal government may be putting some money towards research and funding for mental health, without a government branch that specifically oversees mental health, this is not enough (p. 10). Butler and Pang add that between 15% and 25% of Canadians experience at least one mental health problem before

the age of 19, but unfortunately, only one in six Canadians under 19 and one in five Canadians under the age of 12 are adequately diagnosed and treated (p. 5). Additionally, a 2011 report by Canada's Chief Public Health Officer argues that if a person's mental health is adequately treated, they will be much more likely to complete school, establish positive social relations, have higher income potential and resilience, and greater physical health in the long term (as cited in Butler & Pang, 2014, p. 5).

Butler and Pang (2014) note that if all levels of government start to invest in early intervention surrounding this issue, it would not only be more beneficial to those suffering from mental illnesses directly but would also indirectly benefit the rest of society in the long term, reducing healthcare and social service costs (p. 10). In fact, the CAMH (2021) argues that "The economic burden of mental illness in Canada is estimated at \$51 billion per year. This includes healthcare costs, lost productivity, and reductions in health-related quality of life" (para. 7). CAMH explains how providing more accessibility early on would actually wind up benefiting our entire nation at large (para. 7).

Additionally, Bartram (2019) explains that there are serious income-based inequalities in our healthcare system surrounding access to mental health services (p. 1). Bartram describes how, although public health insurance may cover psychiatrist and general practitioner fees, Canadians are not covered for any services involving psychologists, social workers, and other non-physician providers, as these services are not considered medically necessary (p. 1). As a result, Bartram indicates that a two-tier system exists where only the wealthy have access to mental health services because they are the only ones who can afford them (p. 2). Personally, even though I come from a financially stable family, we still struggle to access the services we require. Unfortunately, seeking help is not a one-time thing but rather a continuous process that takes time and is very costly, making it fundamental that the government creates a solution so that Canadian public health is affordable and accessible for everyone.

According to the Government of Canada (n.d.), federal offenders are excluded from the Canada Health Act and are not covered by Health Canada or provincial healthcare systems (para. 1). The government also admits that despite the development of Correctional Services and the Conditional Release Act, there remains a lack of resources to support the needs of federal offenders, including limited capacity, accessibility, and quality of care, as well as service delivery challenges (para. 1). Moreover, Bhuiya and Wilson (2016) note that even in regular hospital facilities, there are not enough available long-term care beds (para. 8). Bhuiya and Wilson claim that Canadians suffering from mental illness lack the hospitalized support that they require due to long wait times (para. 8). In fact, Bhuiya and Wilson add that many patients

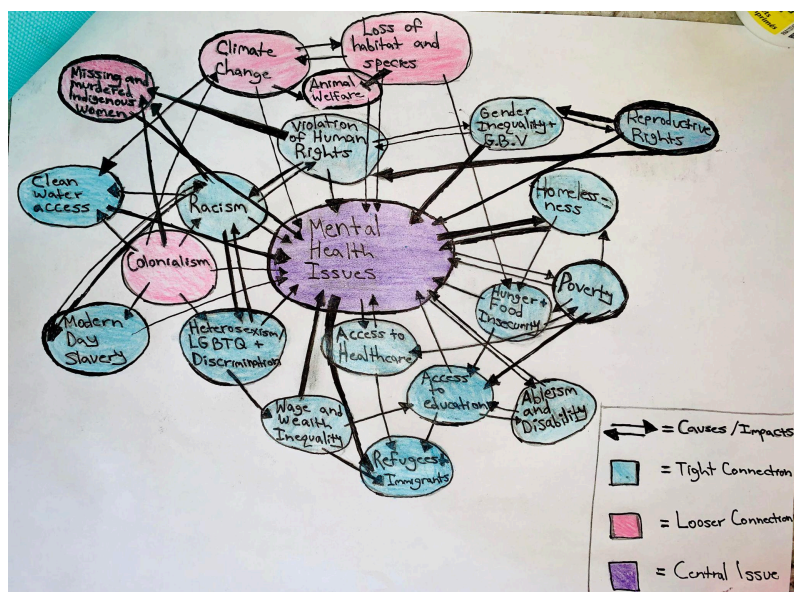
require extended stays to be sufficiently treated, yet there is a severe lack of dedicated hospital resources (para. 8).

Furthermore, Gadermann et al. (2021) claim that Canadians' mental health has worsened because of the pandemic, with particular risks in the family context (p. 1). The researchers note how, with so many parents being let go from their workplaces as a result of the pandemic, many Canadians are struggling to support their families; meanwhile, isolation has completely altered everyone's social lives (p. 1-2). As noted by Crawford (2021), the pandemic has brought about so much concern regarding suicide that the Public Health Agency of Canada is working to fund a new Canada Suicide Prevention Service (p. 1). Crawford explains how the pandemic has demonstrated the value of helping those suffering from mental health issues, but there is still so much more that needs to be done to help all Canadians moving forward (p. 2-3).

Taking all of these issues into consideration, for many years, the Canadian government has valued physical health as fundamental but not mental health, creating a serious and unresolved social injustice. According to the Government of Canada (n.d.), in 2017, the Liberal Party passed a Common Statement of Principles on Shared Health Priorities that would be funded until 2022 to provide more support for mental health, both in regards to destigmatization and greater accessibility to mental health services (para. 1). Despite the positive intentions of this movement, Canadians continue to suffer severe inequalities in regards to their accessibility to mental health services.

Figure 1

Intersectionality Diagram



Mental illness is an issue that interconnects with all other course topics discussed throughout the semester because every global issue examined is a difficult and upsetting subject that negatively impacts mental health. Some of the more tightly connected issues include ableism and disability, poverty, hunger and food insecurity, homelessness, clean water access, human rights violations, racism, heterosexism/LGBTQ+ discrimination, gender inequality/gender-based violence, modern-day slavery, reproductive rights, wage and wealth inequality, access to healthcare and education, and refugees/immigrants.

Although every issue connects to mental health, I believe these social injustices are the most deeply intertwined, as these components directly impact people's daily lives and mental states. First, according to CAMH (2021), "Mental illness is a leading cause of disability in this country, preventing nearly 500,000 employed Canadians from attending work each week" (para. 3). CAMH adds that not only does mental illness lead to disability, but disability also impacts mental health (para. 7). For instance, CAMH explains that the cost of disability leave for a mental illness is double that of a physical illness; meanwhile, people with mental illnesses are 70% to 90% more likely to be unemployed than others (para. 7). This inability to work can lead directly to poverty; conversely, those living in poverty are the most vulnerable to mental illness (as cited in Blackboard).

Furthermore, "anyone with a pre-existing mental illness is more likely to become trapped in poverty due to a decreased capacity to function optimally" (as cited in Blackboard). Correspondingly, poverty is strongly interconnected with hunger, food insecurity, and homelessness. If a person is living in poverty, they will suffer from hunger and food insecurity because being poor makes it nearly impossible to attain the basic needs of survival, which significantly impacts mental health. Moreover, the CMHA (2018) notes that, on average in Canada, between 23% and 67% of homeless people report having a mental illness; correspondingly, mental illness causes many Canadians to experience homelessness (para. 2).

Similarly, 73% of First Nations' water systems are contaminated, a complete violation of their human rights that unquestionably affects this minority's mental health every day (as cited in Blackboard). Racism, heterosexism/LGBTQ+ discrimination, gender inequality, and modern-day slavery are further representations of human rights violations that impact mental health. Furthermore, CAMH (2021) states that Canadians in the lowest income group—those facing wage and wealth inequality—are three to four times more likely to experience mental illness than other Canadians (para. 2). As indicated by Bartram (2019), those who suffer from wealth inequality generally cannot afford the services they require, such as education and healthcare, which directly impacts their mental well-being (p. 2).

Finally, Thomson et al. (2015) explain that although 200,000 immigrants make Canada their home each year, they use mental health services much less than native-born Canadians (p. 1). The researchers explain that various barriers and stigmas prevent immigrants from utilizing these services, including cultural barriers and a lack of awareness (p. 1). Additionally, the WHO estimates that 50% of refugees suffer from mental health issues—typically post-traumatic stress disorder—yet they often do not receive the support they need (as cited in Blackboard). Other topics, such as climate change, animal welfare, and habitat loss, are more loosely connected. While these issues are worrisome, they do not always impact people's immediate daily survival as directly as the aforementioned injustices.

According to the World Health Organization (WHO, 2021), mental health fits under UN Sustainable Development Goal (SDG) 3: ensuring healthy lives and promoting well-being for all at all ages (para. 1). Target 3.4 aims to promote mental health, while target 3.5 strives to strengthen the prevention and treatment of substance abuse (para. 4-5). Unlike many other global issues, mental health plays a role in nearly all 17 SDGs. As noted by Dybdahl and Lien (2017), “from a human rights perspective and an economic perspective it is clear that mental health must be prioritized. If we are to reach the SDGs, we will need to develop the human potential...” (p. 3). Essentially, they argue that prioritizing mental health in communities, schools, and workplaces is fundamental to ensuring people can contribute to the changes needed to achieve these goals (p. 1-3).

Oppression is central to the issue of mental health because, while the government claims mental and physical health are equally important, their funding choices suggest otherwise. As mentioned by the CMHA (2018), the Canadian government continues to undervalue mental health, allocating only 7.2 per cent of the healthcare budget to it (para. 4). This lack of access impacts our society as a whole. As noted by Butler and Pang (2014), the government must invest in early intervention; not only would this benefit those suffering, but the entire country would benefit economically from a decreased long-term need for healthcare services (p. 10).

Countered Hegemony

The dominant discourse on this issue surrounds the lack of support provided to those suffering from mental health issues. As mentioned by the CMHA (2018), the Canadian government has established a prevalent dominant discourse because its actions show that it values physical health much more than mental health (para. 4). Unfortunately, many Canadians are still under the impression that people who experience mental health issues are "weak" and that these issues can be resolved without access to support systems (as cited in Blackboard).

Moreover, many people still believe traditional myths that those experiencing mental illness are inherently violent or dangerous (as cited in Blackboard).

All of these false stereotypes are devastating because, in reality, people experiencing mental health issues are much more likely to be victims of crime, hate, and discrimination than to be perpetrators (as cited in Blackboard). Meanwhile, just like any other patient with a physical health issue that requires time and support to heal, people with mental health issues face similar challenges; these issues typically will not resolve on their own and require professional support to improve. Unfortunately, over 60 per cent of Canadians experiencing mental health issues do not seek the support they need, primarily due to the stigma surrounding the subject (as cited in Blackboard).

Mental illness affects many people in my family; therefore, from a young age, I have always taken the matter seriously and ensured that I am not personally reproducing hegemony or dominant discourse. I have never acted superior to or looked down upon anyone suffering from a mental illness; meanwhile, I have gone out of my way to support those who are struggling. If I were to reproduce hegemony regarding this issue, I would be directly discriminating against myself, as I personally suffer from this social injustice. Not only have I shared my individual battle with mental health in hopes of helping others, but I have also educated others on the vitality of not reproducing the dominant discourse on this issue.

Actions Taken & Key Learnings

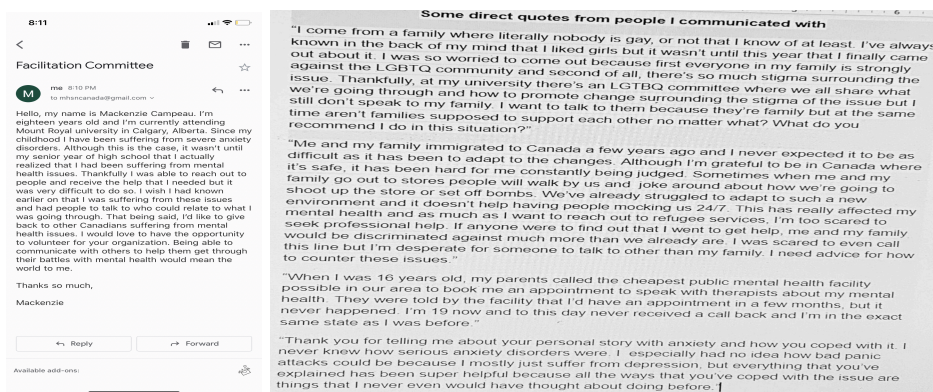
Initially, I had no idea how to approach this assignment because I lacked a lot of knowledge on the issue, and there is so much stigma surrounding it. Although I have been suffering from mental illness for a long time, I barely knew anything about the subject other than my own experience. That being said, with a lack of education on the issue, I struggled to find ways to create awareness. I wanted to create a comfortable environment where people could discuss mental health issues, and I felt that sharing my personal experience was the best way to do so. At first, I was nervous to open up about my personal experience, considering I had never shared my story with the public before. I'm glad that I finally gained the courage to do so because I believe that by putting myself out there, I was able to help many other Canadians suffering from mental health issues.

The first action I took was my personal action—volunteering at the Mental Health Support Network (MHSN). First off, I emailed MHSN directly about volunteering as a member of the facilitation committee (see *Figure 2*). I was interested in the facilitation committee because it allowed me to give back to other Canadians by speaking with them directly. I was able to do so, having conversations with a large variety of people suffering from different mental health issues.

After each conversation, I wrote down some notes about what we discussed and what I learned from the discussion (see Figure 2).

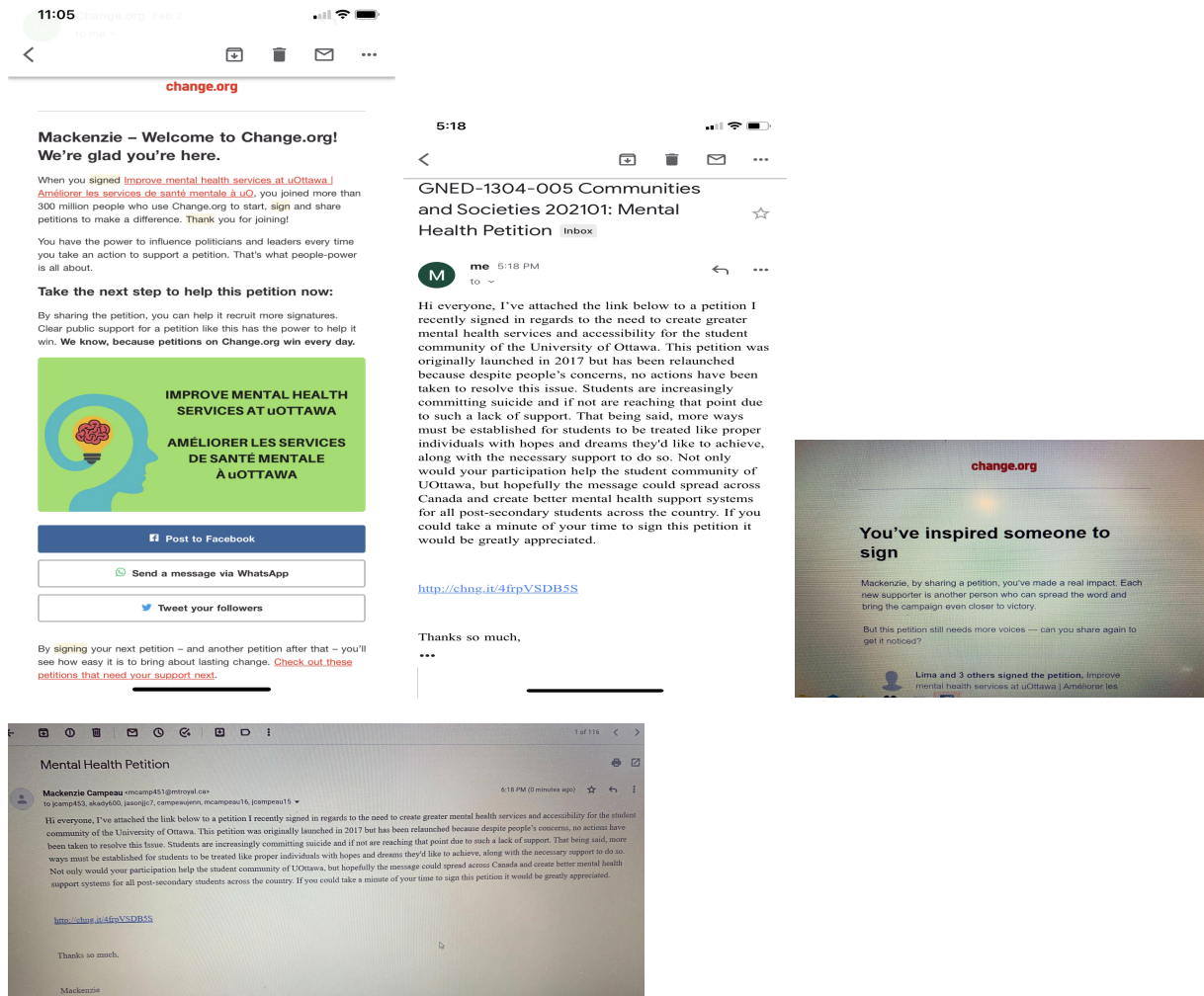
Figure 2

Email that I sent to MHSN/Notes from conversations



My second action was my political action in which I signed a petition to "improve mental health services at UOttawa." Signing this petition signified that I was taking a stance against this social injustice; meanwhile, I also shared this petition with classmates, family, and friends, encouraging them to sign as well (see figure 3). Not only did I personally sign this petition, but I was proud to have gotten many other people to sign, bringing their attention to such an important issue as well.

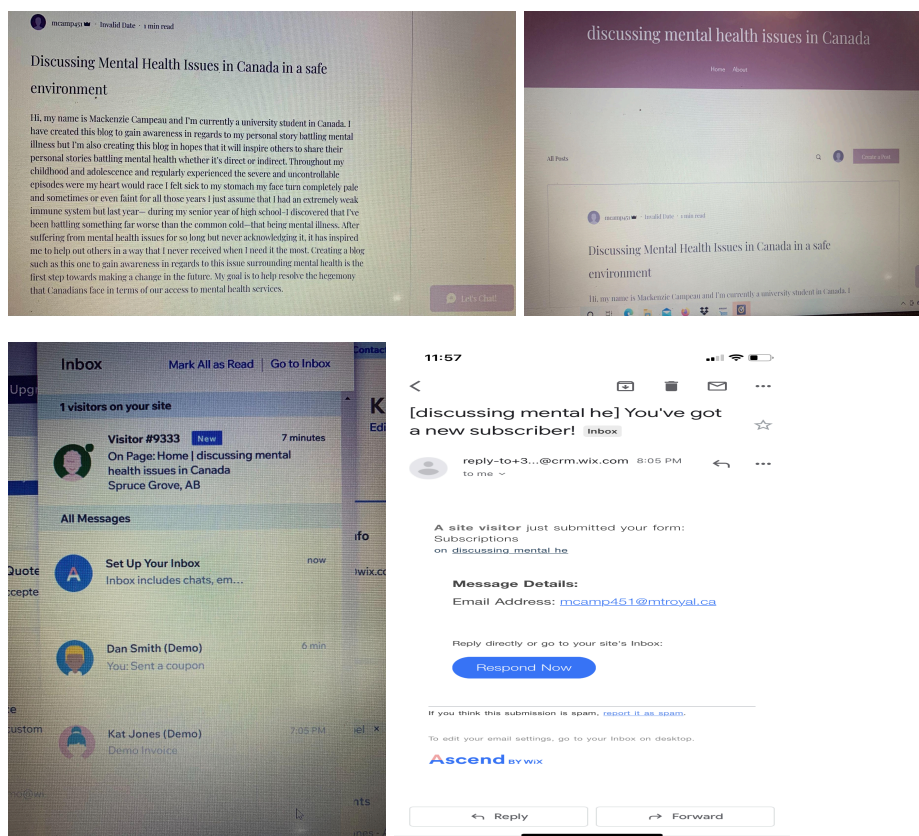
Figure 3
Signing and Sharing a petition



Finally, the awareness action that I took was through the creation of a personal blog. I strove to create an opportunity for others to gain awareness of the issue by sharing my story; meanwhile, I wanted to allow others to comment and share their beliefs on this social injustice as well. Unfortunately, nobody has commented on my blog so far, but people view my blog and subscribe to it, which is a great way to start awareness (see Figure 4).

Figure 4

Creating a personal blog



I believe that I had a very positive impact on this social injustice and other people's perspectives regarding the issue. Before starting this assignment, I hadn't opened up to many people about my experience battling mental health. I always wanted to talk about it, but there were very few people whom I could tell that would take me seriously or who would understand what I was going through. Despite the stigma surrounding the issue, these three actions inspired me to step out of my comfort zone to make a difference. Not only was I able to help others in terms of their personal experiences with mental health while further educating them on my knowledge and experiences with the issue, but the people that I communicated with also educated me.

While volunteering at MHSN, I talked to such a large variety of people, and some of the things that I was told blew my mind away. One of the individuals whom I communicated with stated, "When I was 16 years old, my parents called the cheapest public mental health facility possible in our area to book me an appointment to speak with therapists about my mental health. They were told by the facility that I'd have an appointment in a few months, but it never

happened. I'm 19 now and to this day never received a callback, and I'm in the same state as I was before." Coming from a wealthier family, I was lucky to get the support that I needed within a few months, but I was shocked to hear that some people have to wait years to get access to mental health services, if they're even lucky enough to get that.

Another person stated, "Thank you for telling me about your personal story with anxiety and how you coped with it. I never knew how serious anxiety disorders were. I especially had no idea how bad panic attacks could be because I mostly just suffer from depression, but everything that you've explained has been super helpful because all the ways that you've coped with the issue are things that I never even would have thought about doing before." Hearing this individual tell me that I helped them in some form or way was an amazing feeling. While having a conversation with this individual, we were able to help each other and educate one another in so many different ways, and this is just a single example of many of the extraordinary conversations that I experienced.

My experience in taking action against this social injustice has impacted my perspective and understanding of the issue significantly. Before this experience, I never thought about all of the different ways that mental health connects with other social injustices. Initially, when I thought about mental health, I interpreted it as a single issue. I didn't realize how many different social injustices are interconnected with this issue. That being said, the most important thing that I learned from this experience is that no matter how educated I may think that I am on a particular issue, there's always an opportunity to educate myself further. There are always new things to learn from different people, places, and at different times; meanwhile, it's so fundamental that we support each other during this time, where people are in greater need of support than ever before.

If I had to do it all over again, I would have created my own petition to address the issues that Canadians face regarding mental illness in Canada. As beneficial as it was for me to address my personal story battling with mental health, unfortunately, my blog didn't start the kind of conversation that I was hoping for. On the other hand, when I shared the petition that I signed with others, I found that a lot more people were encouraged to take part in countering this social injustice. The more exposure that this social injustice attains, the greater the chance that there will ever be to resolve mental health issues in Canada.

Conclusion

In conclusion, Canadians face many inequalities in accessing the mental health services that we need. For many years, the Canadian government has not put nearly enough funding towards this social injustice, undervaluing the issue significantly. Many Canadians can't afford the

services or care that they need, and even if they can, these resources are still not distributed effectively. Until our government starts to value mental health just as much as physical health and until the stigma surrounding mental health diminishes, Canadians will continue to suffer serious inequalities. More awareness must be brought to this issue, and from now on, I will continue to fight for the rights that we deserve.

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