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# The Regional Municipality of Durham Information Report

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From: Commissioner & Medical Officer of Health  
Report: #2024-INFO-84  
Date: December 6, 2024

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**Subject:**

The State of Mental Health in Canada

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**Recommendation:**

Receive for information

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**Report:**

**1. Purpose**

1.1 To provide an update on the report entitled: [The State of Mental Health in Canada 2024](#), released by the Canadian Mental Health Association (CMHA) on November 19, 2024.

**2. Background**

2.1 CMHA provides advocacy, programs and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and help people across Canada thrive.

2.2 The CMHA report provides a comprehensive and evidence-based map of the landscape of mental health, addictions and substance use (MHASU) across Canada.

2.3 In addition to providing an overview of the state of mental health at the national level, the report features data by province and the territories.

**3. Report Findings**

3.1 More than a quarter (26 per cent) of Canadians reported their mental health was “poor” or “fair”. Mental health among Canadians is three times worse than before the pandemic, and millions of people cannot get the care they need. Suicides,

particularly in the north, and the toxic drug supply are claiming lives at an alarming rate.

- a. The rate of self-harm in the territories is between 3.5 and 5 times higher than the rest of Canada.
  - b. In 2023, 8,049 people died from opioid poisoning in Canada. After the United States, Canada has the second highest rate of opioid toxicity deaths in the world.
  - c. Thirty-eight per cent of Indigenous Peoples reported their mental health as “poor” or “fair”.
- 3.2 On average, provinces and territories are spending about six per cent of overall health budgets on mental health, even though experts recommend spending 12 per cent of the budget on mental health.
- 3.3 People receive drastically different care depending on where they live, or who they are.
- a. Mental health services are most limited in northern and in rural areas.
  - b. Inequities related to access to MHASU services are greatest among racialized and Indigenous populations in Canada.
- 3.4 There is a shortage of psychiatrists and other mental health providers in Canada. Further, the distribution of the MHASU workforce is uneven across Canada.
- a. In Ontario, research has shown that a greater number of mental health providers are clustered in urban areas and service populations with lower needs.
- 3.5 People with mental health disabilities and/or mental health difficulties in Canada are disproportionately living in poverty.
- 3.6 Ontario has the second highest rate of core housing need in Canada, after British Columbia.
- 3.7 Canada is failing to collect quality and fulsome data about mental health, making it challenging to measure mental health, and challenging to fund programs accordingly.

## **4. CMHA Recommendations**

### **4.1 Governance and Investment**

- a. The federal government should invest 12 per cent of health spending in MHASU healthcare and create a stronger legislative framework to govern

spending. This means \$6.25 billion annually. CMHA also recommends that the federal government should either:

- Amend the [Canada Health Act](#) to explicitly include MHASU healthcare services delivered in community settings; or
- Create parallel legislation for MHASU care and compliment it with a funding transfer that includes accountability measures for provinces and territories.

#### 4.2 Equity

- a. The federal government must increase social spending and enhance social supports so that people with mental health-related disabilities and those experiencing other forms of systemic discrimination have the livable incomes and adequate housing they need to be well. This includes introducing Universal Basic Income, indexing the Canada Disability Benefit to inflation, providing funding to support affordable housing, and consulting with equity-deserving populations to ensure programs and services are culturally appropriate.

#### 4.3 Data

- a. The federal government needs to collect more and better data to track and improve our mental healthcare system. This would require:
  - Extensive consultation with equity-deserving communities.
  - Working with provinces and territories for consistent data collection.
  - Increasing funding to community-based mental health organizations to improve data.

### 5. Local Health Department Program Initiatives

- 5.1 DRHD provides mental health resources and supports, including information on crises, available at [durham.ca](http://durham.ca).
- 5.2 Local health statistics and information on drug use can be found on the [Durham Health Stats](#) webpage.
- 5.3 Locally, DRHD partakes in harm reduction activities, including the needle syringe program, the opioid patch return program, naloxone distribution, and support programs for sex trade workers. More information on [harm reduction programming](#) and information and resources on safe needle disposal can be found on [durham.ca](http://durham.ca).

- 5.4 Region of Durham Paramedic Services run the Primary Care Outreach Program (PCOP). PCOP has a street outreach team that helps unsheltered people access health and mental health services.
- 5.5 DRHD provides information regarding the risks associated with opioids and drugs, including information on overdose prevention, recommendations for reducing usage and community resources and services for individuals looking for help, available at [durham.ca](https://durham.ca).
- 5.6 All Durham Region elementary and secondary schools have an assigned public health nurse to deliver health promotion and support comprehensive school health, which could include strategies related to substance use and mental health. Strategies are based on school needs and planned in collaboration with school communities.
- 5.7 Data and local trends related to mental health indicators are available on DRHD's [Health Stats](#) webpage.

## 6. Previous Reports

- 6.1 Report [2022-INFO-67](#) provided an update on the report: [Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry](#).
- 6.2 Report [2023-INFO-60](#) provided an update on the report: [Opioid Toxicity and Access to Treatment among Adolescents and Young Adults in Ontario](#).
- 6.3 Report [2023-INFO-74](#) provided information on DRHD's school-based health promotion services, including mental health promotion and substance use prevention.
- 6.4 Report [2023-INFO-83](#) provided an update on the report: [Characteristics of Substance-Related Toxicity Deaths in Ontario: Stimulant, Opioid, Benzodiazepine, and Alcohol-Related Deaths](#).
- 6.5 Report [2024-INFO-16](#) provided an update on the report: [Prescribing Patterns, Substance Use Disorder Diagnoses, and Access to Treatment Prior to Substance-Related Toxicity Deaths in Ontario](#).
- 6.6 Report [2024-INFO-43](#) provided an update on the report: [Opioid-Related Toxicity Deaths Within Ontario Shelters: Circumstances of Death and Prior Medication & Healthcare Use](#).
- 6.7 Report [2024-INFO-44](#) provided an update on the report: [The Opioid Crisis: A Municipal Perspective](#), one of two reports released by the Association of Municipalities of Ontario (AMO).
- 6.8 Report [2024-INFO-79](#) provided an update on the report: [A Time for Urgent Action: The 2024 Report of the National Advisory Council on Poverty](#).

## **7. Relationship to Strategic Plan**

7.1 This report aligns with the following strategic goal and priorities in the Durham Region Strategic Plan:

a. Goal 2: Community Vitality

- 2.3: Enhance community safety and well-being
- 2.4: Influence the social determinants of health to improve outcomes for vulnerable populations

## **8. Conclusion**

8.1 CMHA's report shows that millions of people in need of MHASU healthcare in Canada are not receiving it. It also provides decision-makers with a roadmap to fix the mental health system by addressing issues in governance and investment, equity, and data.

Respectfully submitted,

Original signed by

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