

## GENERAL INFORMATION

Canada is a country with an approximate area of 9971 thousand square kilometers (UNO, 2008). The population is 33,889,747 and the sex ratio (men per hundred women) is 98 (UNO, 2009). The proportion of the population under the age of 18 years is 20% and the proportion above age 60 is 14% (UNO, 2009). The life expectancy at birth is 78 years for males and 83 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 71 years for males and 83 years for females (UNPD, 2010). The country is in the High income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 10.0% and the per capita government expenditure on health (PPP int. \$) is \$2557.4 (WHO, 2006). The suicide rate for males is 16.8 per 100,000 population and for females is 5.5 per 100,000 population. In Canada, neuropsychiatric disorders are estimated to contribute to 33.9% of the global burden of disease (WHO, 2008).

## GOVERNANCE

An officially approved mental health policy doesn't exist. However, a national mental health strategy is currently being developed by the Mental Health Commission of Canada.(see note).

Mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2009. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Funding allocation for the implementation of half or more of the items in the mental health plan.
- Shift of services and resources from mental hospitals to community mental health facilities.

Dedicated mental health legislation exists and it was initiated or most recently revised in 1990. Legal provisions concerning mental health are also covered in other laws (eg. welfare, disability, general health legislation etc.). Key legislation affecting the mental health system is governed by various provincial and territorial statutes.

Note: In 2007 the Government of Canada established the Mental Health Commission of Canada (MHCC) to act as a focal point for mental health. The MHCC is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues. The MHCC released the Mental Health Strategy for Canada: Changing Direction, Changing Lives in May 2012.

The Mental Health Strategy for Canada focuses on six strategic directions:

1. Promoting mental health across the lifespan in homes, schools, workplaces and prevent mental illness and suicide wherever possible.Mental health promotion and mental illness prevention;
2. Fostering recovery and well-being for people of all ages living with mental health problems and illnesses, and upholding their rights;.
3. Providing access to the right combination of services, treatments and supports, when and where people need them.;
4. Reducing disparities in risk factors and access to mental health services, and strengthen the response to addressing the needs of diverse communities.
5. Working with First Nations, Inuit and Métis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures; and
6. Mobilizing leadership and foster collaboration at all levels.

Data collected in 2011

UN = information unavailable, NA = item not applicable

Mental health services, as with other health services in Canada, are governed primarily by provincial and territorial jurisdictions. Many of the provincial and territorial governments have mental health and addiction strategies, as well as stand-alone suicide prevention strategies.

The Government of Canada supports mental health research, programs and services for a subset of populations under federal responsibility such as First Nations and Inuit populations, military personnel, federal inmates and public servants.

## FINANCING

Mental health expenditures by the government health department/ministry are 7.2%<sup>1</sup> of the total health budget. Mental hospital expenditures are unknown.

## MENTAL HEALTH CARE DELIVERY

### Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines. The department of health authorizes primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions.

Official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system. Official referral procedures for referring persons from primary care to secondary/tertiary care exist. Referral procedures from tertiary/secondary care to primary care do not exist.

### Mental Health Services

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	UN	UN	UN	UN
Day treatment facilities	UN	UN	UN	UN
Psychiatric beds in general hospitals	UN	UN	UN	UN
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	UN	UN	UN	UN
Mental hospitals	35	0.1	UN	UN
Beds in mental hospitals	10653	31.38	UN	UN

<sup>1</sup> The estimate for mental health financing is based on a report published in 2010 by the Institute of Health Economics: The Cost of Mental Health and Substance Abuse Services in Canada. A report to the Mental Health Commission of Canada.

Data collected in 2011

UN = information unavailable, NA = item not applicable

## Access to care

	<b>Rates per 100,000 population)</b>	<b>Females (%)</b>	<b>Under age 18 (%)</b>
Persons treated in mental health outpatient facilities	UN	UN	UN
Persons treated in mental health day treatment facilities	UN	UN	UN
Admissions to psychiatric beds in general hospitals	467.15	UN	UN
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	UN	UN	UN

Long term care in mental hospitals (% of persons staying):

Less than 1 year	UN
More than 1 and less than 5 years	UN
More than 5 years	UN

## HUMAN RESOURCES

### Workforce and training

	<b>Health professionals working in the mental health sector Rate per 100,000</b>	<b>Training of health professions in educational institutions Rate per 100,000</b>
Psychiatrists	12.61	2.1
Medical doctors, not specialized in psychiatry	UN	26.56
Nurses	65.0	0.61
Psychologists	46.56	0.33
Social workers	UN	9.11
Occupational therapists	2.89	2.07
Other health workers	UN	NA

### Informal human resources (Family and User Associations)

	<b>User</b>	<b>Family</b>
Present in the country?	Yes	No
Number of members	UN	NA
Participation in the formulation/implementation of policy/plan/legislation?	UN	NA

Data collected in 2011

UN = information unavailable, NA = item not applicable

## MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines <sup>2</sup>	UN
Medicines used for bipolar disorders <sup>3</sup>	UN
Medicines for psychotic disorders <sup>4</sup>	UN
Medicines used for general anxiety <sup>5</sup>	UN
Medicines used for mood disorders <sup>6</sup>	UN

## INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	Yes	Yes	Yes
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	Yes	Yes	Yes
Persons treated in mental health outpatient facilities	No	No	No
Contacts in mental health outpatient facilities	Yes	No	No
Persons treated in mental health day treatment facilities	No	No	No
Admissions in general hospitals with psychiatric beds	Yes	Yes	Yes
Admissions in mental hospitals	Yes	Yes	Yes
Days spent in mental hospitals	Yes	Yes	Yes
Admissions in community residential facilities	Yes	No	No

Note: A specific report focusing mental health activities in the has been published by the Health Department or any other responsible government unit in the last three years.

<sup>2</sup> N03AG01, N05A, N05B, N05C, N06A

<sup>3</sup> N03AG01, N05A, N05B, N05C, N06A

<sup>4</sup> N05A (excluding N05AN)

<sup>5</sup> N05B & N05C

<sup>6</sup> N06A

Data collected in 2011

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