

Budget promises more mental health and veterans' care

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Mental health, home care, and Indigenous and veterans' care lead the health investments in the federal government's \$305-billion budget released March 22. In total, health programs add up to more than \$4 billion over five years, over and above \$200-billion in health transfers to the provinces and territories.

The largest new investment is for capital expenditures on home care, such as dialysis clinics or improvements in technology aimed at helping people remain at home longer. The provinces and territories will share \$1 billion over four years. About 15% of hospital beds are now occupied by patients who could receive care at home or in the community, states the budget document, *Building a Strong Middle Class*.

New Indigenous health initiatives total \$828 million over five years. This covers chronic and infectious diseases (\$50.2 million); maternal and child health (\$83.2); primary care (\$72.1); mental wellness (\$118.2); home and palliative care (\$184.6); an extra \$305 million to the Non-Insured Health Benefits Program for access to mental health programs and professionals, and traditional healing; and a drug strategy/harm reduction program (\$15 million). The government did not earmark any money for a suicide strategy, [despite the urging](#) of the Assembly of First Nations and Inuit Tapiriit Kanatami leadership.

Veterans' health care programs will receive \$416 million over three to five years, including \$17.5 million for a Centre of Excellence for Post-Traumatic Stress Disorder.

For the second year running, the budget's emphasis is on expanding the middle class in Canada. Federal Finance Minister Bill Morneau touted the budget's health



Budget 2017 featured more than \$4 billion in new health spending, plus transfers.

and social investments, as well as investments in innovation intended to increase economic growth, create jobs, ensure a cleaner environment, improve access to education, foster an entrepreneurial culture and result in a healthier population.

"We believe that, whether their ailments are physical or mental, Canadians from coast to coast to coast deserve the best possible care that we can provide," Morneau said in his speech to Parliament.

Health spending includes previously announced health transfers to the provinces and territories, except for Manitoba, the only holdout for a pan-Canadian deal. The bilateral agreements also included \$6 billion designated for home care and \$5 billion for mental health care over the next 10 years.

The government's investments in mental health care prompted a bold promise from Morneau that over the next five years, Canada will "ensure that every young person under the age of 25 gets the mental health support they need."

The budget estimates that \$5 billion allocated to mental health care in the provinces and territories will help up to 500 000 Canadians under 25 who can't currently access mental health services to receive care. But half a million represents only about half the number of young Canadians who are experiencing depression, anxiety or other forms of mental illness, according to survey data.

At a news conference, Morneau did not provide any details about how the federal government will ensure access to mental

Other health measures in Budget 2017

- \$11 billion in affordable housing investments
- \$2.1 billion over 11 years to expand the Homelessness Partnering Strategy
- \$149.3 million over five years to renew food inspection programs
- \$140 million over five years to improve access to prescription medicine, lower drug prices and support appropriate prescribing
- \$100 million for a National Strategy to Address Gender-Based Violence
- \$57.8 million over five years to ensure prison inmates receive mental health care
- \$53 million over five years to the Canadian Institute for Health Information to address gaps in health data, support improved decision making, and strengthen the reporting on health system performance
- \$43.1 million over five years so that women can claim employment insurance maternity benefits up to 12 weeks before their due date
- \$9.6 million over five years to provide public education and surveillance programs surrounding marijuana
- The excise tax on alcohol, which hasn't increased since the mid-1980s, will rise 2%

health services. Health Minister Jane Philpott will work with the provinces and territories to select and evaluate programs in which to invest, he said.

“Our intent is that we really will be able to make a difference for all those young people under age 25 and we will have much more to say to that as we get through to the specific targets and outcomes with each province,” Morneau told reporters.

Canadian Medical Association (CMA) President Dr. Granger Avery said the investment in mental health is “certainly a step in the right direction, but [is] severely optimistic.”

“Having worked as a general practitioner and in remote communities, and understanding the needs especially of the Indigenous community, I won't say this is a drop in the bucket, but it's not much,” added Avery, who works on Vancouver Island.

Most disappointing, however, is the lack of support for seniors, said Avery. “Seniors were let down in this budget. There are more seniors than youth now and we really need a national seniors' strategy, a vision.”

The budget does provide extra funding for informal caregivers, including a new 15-week employment insurance benefit to allow people to stay home to care for an adult family member recovering from a critical injury or illness. The government is also creating a tax credit to help caregivers whether they live with their family member or not.

But Avery said there needs to be more support for informal caregivers. “What they've done doesn't address friends who step into the gap when sons and daughters are not available,” he said. CMA will advocate for coordination between informal caregivers, home care and long-term care, he said.

The budget's overriding innovation agenda was also applied to health. The Territorial Health Investment Fund will receive \$108 million over four years to ensure Northerners have better access to health services. Another \$51 million over three years will go to the Canadian Foundation for Healthcare Improvement to accelerate innovation in the provinces and territories. And Canada Health Infoway will get \$300 million over five years to expand e-prescribing and virtual care, and support the ongoing adoption and use of electronic medical records, including patient access to their medical records.

The government also added \$35 million over five years to its opioid action plan, which received \$65 million over five years in February, plus \$16 million for specific initiatives in Alberta and British Columbia.

Climate change initiatives are woven throughout the budget; these include \$147 million over five years to implement a national action plan to respond to health risks arising as a result of climate change. The money also includes a climate change and health adaptation program for First Nations and Inuit communities, and a pro-

gram integrating Indigenous knowledge in adapting to climate change.

Research figured less prominently in this year's budget after its windfall in 2016/17 of \$2.3 billion over three years. Initiatives for 2017/18 will include 25 new Canada 150 research chairs (\$117.6 over eight years); a secretariat for the new chief science advisor (\$2 million a year); efforts to connect Canadian researchers internationally (\$35 million over five years) through the Canadian Institute for Advanced Research; and an investment in the Stem Cell Network (\$6 million for 2018/19).

Indigenous health researchers say they are disappointed the budget didn't include an Indigenous health research fund for the Canadian Institutes of Health Research. In 2016, CIHR committed to increasing grant money for Indigenous health research to 4.6% of its budget. Without new money, it will be hard-pressed to meet its commitment, said Malcolm King, a professor at Simon Fraser University and co-chair of the Aboriginal Health Research Steering Committee.

That research is crucial to ensuring that the money the federal government is spending on First Nations, Metis and Inuit health supports evidence-based programs and achieves its outcomes, said King.

An addition of about \$20 million a year for Indigenous health research “would go a long way to helping ensure that the funding they are putting into Indigenous health is properly targeted and that there will be measurable goals and outcomes,” he said. “It's admirable that [the government] did put in these various measures for Indigenous health and social spending, but they really do need to have outcome measures and evidence to go along with it.”

In a move of special interest to some physicians, the 2017/18 budget signals an end to tax reduction strategies that individuals, including doctors, claim by operating in private corporations. The details will be announced later in 2017. In an August 2016 report, the CMA claimed physicians differ from other incorporated business owners and advocated for them to be excluded from any changes to taxation.

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