



# Running on empty

March 2022

How community mental health organizations have fared on the frontlines of COVID-19

## Summary Report



Canadian Mental Health Association  
Mental health for all



years of community

The pandemic has had a devastating impact on mental health, substance use and homelessness in Canada.<sup>1</sup> In 2021, the Canadian Mental Health Association (CMHA) undertook a federation-wide research project to understand how community mental health organizations have been impacted by and responded to the pandemic. Our research helped us formulate which federal policy responses are required so that community mental health organizations – and the people they serve – can get through and recover from the pandemic. Twenty-one participants representing 18 individual CMHA branches and/or divisions from 10 provinces and the Yukon territory were interviewed for this research, which was led by Dr. Leyna Lowe.

Our research indicates that the pandemic has:

- **Had devastating impacts on the mental health, substance use and homelessness of Canadians and highlighted the pre-existing and increasing needs for mental health, addiction and support services.**
- **Made visible the current patchwork system of care provided in the private, public and not-for-profit sectors. The vital mental health and addiction programs, services and supports delivered by not-for-profits are crucial and need to be better integrated.**
- **Laid bare the inadequate and unsustainable funding of not-for-profit mental health and addictions services delivered by charitable organizations**
- **Strained the already-overstretched community mental health sector and its workforce.**

## Key findings from the research:

**The pandemic has had devastating impacts on the mental health, substance use and homelessness of Canadians, and highlighted pre-existing and increasing needs for services.**

- There is a significant and growing need for mental health and addiction services available through the not-for-profit and public sectors, including ongoing in-person and virtual counseling and psychotherapy.

*“We're finding that our waitlists are growing, the amount of time people are waiting for services is growing and the most significant area that that's happening is for counseling.”*

---

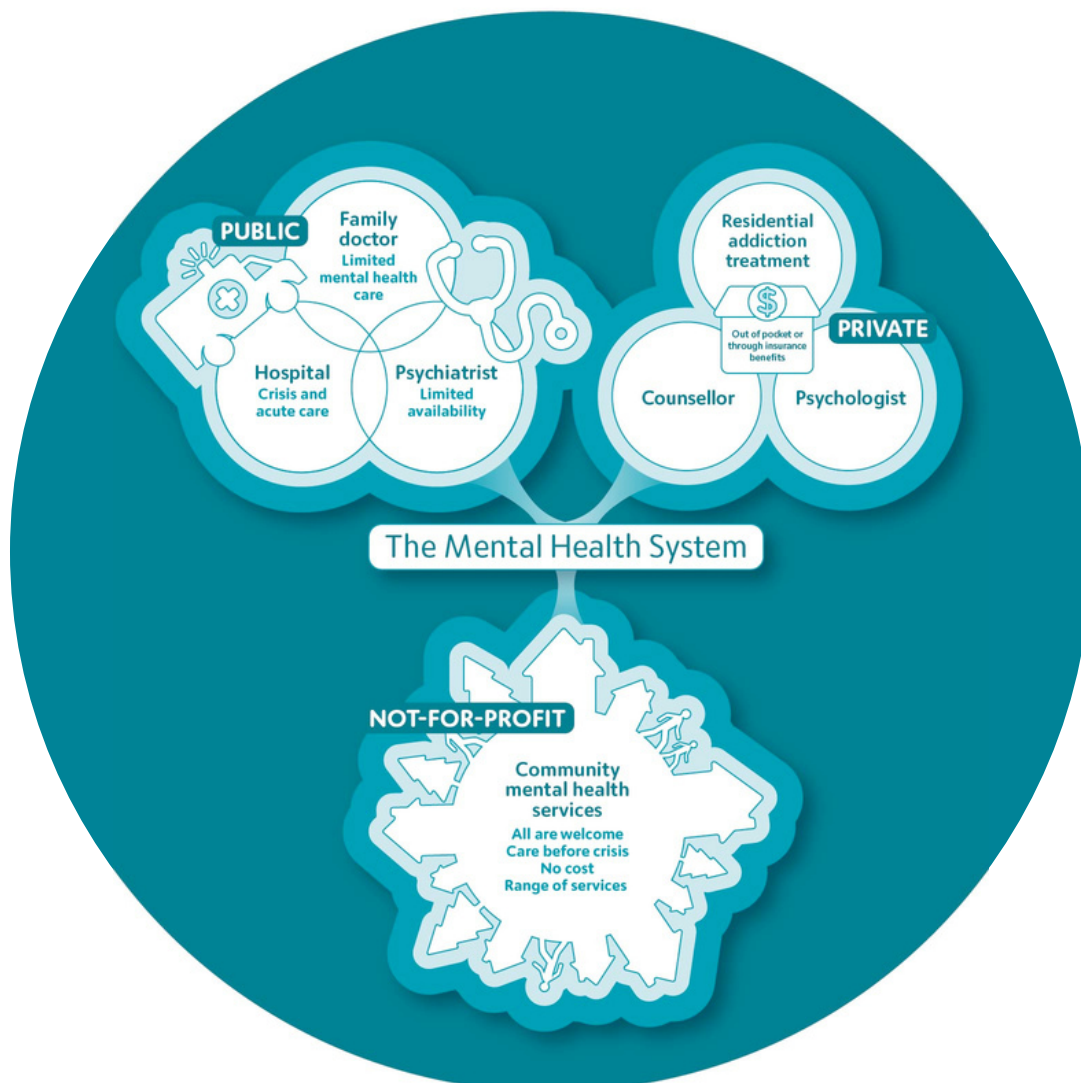
1. CMHA conducted four rounds of a cross-sectional monitoring survey on the impacts of COVID-19 on mental health in Canada led by academic researchers from the University of British Columbia (UBC) in partnership with Maru/Matchbox. Nearly half (46%) of Canadians reported being stressed or worried about coping with the prolonged uncertainty due to the pandemic, and, in the most recent round of research (late 2021), 60% of Canadians say they are stressed or worried about the emergence of new variants.

*"...actually securing a consistent, regular counselor of the kind that will actually help you, whereby you build a relationship with this person and they help you go through years of trauma, chronic illness and all, that's very, very difficult to find."*

- Virtual mental health services have improved access to mental health services for some but are a barrier for those with limited access to technology, such as seniors and people who are low-income.

*"We also heard that from folks who ... who have access to technology, that the transition to virtual services has benefited that population of people. Conversely, on the other side of the coin, transitioning to virtual services has actually created more barriers in access to mental health and addiction services for folks who are low income, who are more marginalized, who don't have access to, you know internet, computer, or telephone."*

**The current system of care is a patchwork of programs, services and supports offered by the private, public and not-for-profit sectors.**



- The mental health and addiction programs, services and supports delivered by not-for-profit organizations are crucial and need to be better integrated.

*“I think there could be some interesting work done in [...] how we move towards a more equal relationship between clinical governmental services and community-based mental health supports, because I think so long as they remain forever separated and never connecting, other than to refer to each other, people aren't necessarily going to get the type of support that they need.”*

*“I'm really tired of them [mental health and physical health] being disconnected. They are connected. We are a whole system body [...] it has to be much more holistic in our approaches to link things together. So not just have mental health over here, supports and community and diabetes over there. I think there has to be much more layering going on around community supports with mental health, connected to physical health as well...not separating [them] because it keeps the stigma going.”*

### **The current funding of not-for-profit mental health and addiction services delivered by charitable organizations is inadequate and unsustainable.**

- CMHAs feel that community mental health organizations are underfunded, as the provinces and territories currently dedicate only around 5-6% of overall healthcare spending to mental health and addictions, a portion of which goes to community mental health organizations.

*“Because community mental health has been so underfunded, everything's kind of piecemeal...together, we get a little bit of funding here for this program, we get a little bit of funding here for this program, and then you're stuck in those kind of funding agreements [...]”*

- Short-term and emergency funding should be replaced by long-term, sustainable, core funding.

*“It's these little pockets of money that are never enough to actually provide the service that is expected... contracts are always late, money never shows up on time, you're reporting on it, and then you're starting the next round of proposals again because the year is up. And it's very challenging to retain the quality employees in these programs when you can never promise them stability and it's really difficult to be strategic in your work and to make plans when you're year to year just trying to say, “how can I pay myself, my admin, how do I pay the rent, and how do I pay the team members when the dollars are never enough?”*

## **The community mental health system and its workforce are experiencing significant strain.**

Due to chronic underfunding, many mental health and addiction workers receive lower wages, higher work demands, experience compassion fatigue, are exposed to trauma and are likely to experience burnout. These effects have intensified during the pandemic.

*“It was, you know, a lot of stress, a lot of people felt that because we're a mental health organization and COVID happened that this was the time to push even harder. But that came at the expense of a lot of people who were already under stress from the pandemic themselves and in their own personal lives, then feeling it as a professional in mental health that you need to now work overtime, I guess it had that sort of dual impact.”*

*“We're finding that our waitlists are growing, the amount of time people are waiting for services is growing.”*

*“The community system cannot continue to sustain the support and respond to meet these growing needs with the current funding model.”*

## **Recommendations**

Community mental health organizations play a critical role in delivering essential mental health and addiction services and supports to Canadians. And yet, we have reached a point where these organizations and their workforce are running on empty. It is time to better fund, support and integrate our services within the healthcare system so Canadians can get the mental health care and supports they need, wherever they are and wherever they live. Their health and well-being are at stake.

Below are our recommendations emerging from the research:

### **Recommendation 1: Increase funding for and strengthen capacity of core Community Mental Health and Addictions services and supports**

Establish long-term and stable federal funding for the community mental health sector to provide key services and supports, and strengthen accountability for the integration of these services into our healthcare system planning and delivery. These key programs, services and supports include: patient navigation, peer support, recovery coaches and supports, 24/7 distress centres with handoffs to community programs, mobile crisis teams, suicide prevention programs, youth mental health outreach programs, campus mental health programs, self-guided mental health skills building (like BounceBack), Assertive Community Treatment (ACT) teams, workplace mental health programs, mental health first aid, mental health supports for caregivers, social and emotional learning programs in schools, housing and employment supports, among others.

## **Recommendation 2: Increase support for mental health promotion and mental illness and addiction prevention programs and strategies**

Increase the capacity for community mental health organizations to provide mental health promotion and mental illness prevention programs and services to reduce pressures on the acute-care system and ensure that all Canadians' mental health is supported during and after COVID-19.

## **Recommendation 3: Publicly fund community-based counseling and psychotherapy**

Allocate public funding for community-based counseling and psychological therapies, including mental health and addiction counselors, structured intervention programs (like Cognitive Behavioural Therapy and Dialectical Behavioural Therapy), ACT, crisis counseling, psychiatry services, early psychosis intervention programs and group counseling, among others.

## **Recommendation 4: Prioritize investment in housing, income supports and food security**

Greater federal leadership is needed, in collaboration with provinces, territories and municipalities, to ensure all Canadians, including people living with a mental illness or substance-use problem, have access to income supports and safe, affordable housing.

## **Recognition**

CMHA National would like to dedicate this research to the community mental health care providers and advocates who have continued to work tirelessly, before and during the pandemic, to provide mental health care and support to people across the country. We thank you for your unwavering efforts to provide your clients and communities with the mental health care and service they have needed throughout the pandemic. Thank you, and let's continue our work towards building a fully integrated mental health system, where mental health is a universal human right.

## **Acknowledgements**

The Canadian Mental Health Association, National is grateful to CMHA representatives across our wide federation who enthusiastically responded to our call to be interviewed for this research. Thank you for your time and generosity in sharing your perspectives, your work and your experiences of navigating the difficult waters of COVID-19. The research was made possible by generous support from Co-operators.

# About CMHA

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health organization in Canada. Through a presence in more than 330 communities across every province and one territory, CMHA provides advocacy and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive. For more information, please visit the CMHA website at [www.cmha.ca](http://www.cmha.ca).

The Canadian Mental Health Association National office is located in Toronto on the traditional and unceded territory of the Mississaugas of New Credit, the Haudenosaunee and the Huron-Wendat.

For more information, contact:

Sarah Kennell  
National Director, Public Policy  
416-646-5557 x24999  
[skennell@cmha.ca](mailto:skennell@cmha.ca)

Media Inquiries:

Katherine Janson  
National Director of Communications  
416-646-5557 x24923  
[kjanson@cmha.ca](mailto:kjanson@cmha.ca)