

The State of Mental Health in Canada **Pockets of funding**

for mental health, addiction and substance use health care

In Canada, funding for mental health, addiction and substance use health (MHASU) care comes from diverse sources. This brief outlines what the federal, provincial and territorial governments are spending on MHASU.

FEDERAL RESPONSIBILITY

The federal government transfers funding to provinces and territories through the Canada Health Transfer for the delivery of health care services. Provinces and territories received over \$52 billion in 2024 through the Transfer, which increases by five percent annually.

The federal government gave provinces and territories annual funding for mental health care through short-term agreements signed in 2017 and 2023.¹

	2024-2025	2025-2026	2026-2027	2027-2028
2017 bilateral health agreements	\$600 M	\$600 M	\$600 M	0\$
2023 bilateral health agreements	\$301 M	\$301 M	\$301 M	\$301 M
Total	\$901 M	\$901 M	\$901 M	\$301 M



Although the federal government identified mental health as one of four spending priorities in the 2023 bilateral health agreements, it did not oblige provinces and territories to dedicate any new funding to mental health and substance use health services.



Bilateral funding is short term so it doesn't tackle the crisis in mental health care.



Substance Use and Addictions Program: **\$144 million**

over five years, ending in 2027-2028



Youth Substance Use Prevention Program: **\$20.2 million**

over five years, ending in 2027-2028



Wellness Together Canada:

\$240 million from 2021-2024 for free mental health supports. This service was not renewed.



9-8-8 Crisis Helpline:

\$158.4 million

over three years, ending in 2026-2027, to operate the national three-digit helpline.



Mental Health Promotion Fund:

\$46.3 million

over 10 years, ending 2029 to promote mental health for children, youth and their caregivers.



Youth Mental Health Fund: announcement of \$500 million over five years



Emergency Treatment Fund:

announcement of **\$150 million** over three years for critical needs related to the opioid crisis.

1 For a detailed breakdown of the bilateral agreements, see SM Leduc. (2024). Overpromised, Underdelivered: Analysis of Federal Mental Health Care Investments in the 2023 Working Together Health Bilateral Agreements. Toronto, ON: Canadian Mental Health Association. <u>cmha.ca/brochure/overpromised-underdelivered/</u> 2 The 2003 bilateral agreements are surrently signed for three years (2005) after which are increased and toritoria agreement being and but more funding in

2 The 2023 bilateral agreements are currently signed for three years (2023 -2026), after which provinces and territories could amend their action plans and put more funding in MHASU services. CMHA assumes the same funding of \$310M annually is transferred beyond 2026.

3 These offer a snapshot of recent programs initiated by the federal government to fill gaps in access to care and improve outcomes. It is not meant to be a comprehensive outlook of all federal programs that touch upon mental health, addiction and substance use health.

On average, the provinces and territories will spend only about **6.3%** of their healthcare budgets on mental health (2024-2025), below many peer countries and well short of the recommended **12%**.⁴



MENTAL HEALTH FUNDING ESTIMATES AS PART OF OVERALL HEALTHCARE BUDGETS (2024-2025)

BC	AB	SK	MB	ON	QC	NB
Insufficient data	5.5% (\$1.55 B)	7.5% (\$574 M)	5.6% ⁵ (\$439 M)	5.9% (\$2 B)	Insufficient data	6% (\$229 M)
NS	PEI	NU	VT	NT	NU	CANADA
NO	PCI	NL	YT			CANADA



4 Canadian Mental Health Association (2022). Act for Mental Health White Paper https://www.actformentalhealth.ca/wp-content/uploads/2022/11/AfMH-White-Paper-EN-FINAL.pdf

5 Based on 2023-2024 spending as 2024-25 was unavailable.