

Canadians need accessible mental-health services, not a fight over who can claim responsibility for those programs

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opinion

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“Just give us the money,” is what the provinces demand when the federal government initiates new programs in the care sector, which encompasses a range of health and social services, from child and senior care to pharmacare.

The most recent expression of this comes from the NDP government in B.C. and the UCP government in Alberta, in response to the federal government’s attempts to develop a national approach to mental health. Ottawa has proposed creating a dedicated stream of transfers to the provinces to be spent directly on mental-health issues. The provinces want the money rolled into general health care transfers, so they can spend it however they want.

B.C. Health Minister Adrian Dix has argued that a federal attempt to have dedicated mental-health funding undermines the “fundamentals” of the federal health-transfer system and creates a debate over which level of government can take credit for funding mental-health services. A spokesperson for Alberta Health Minister Jason Copping said Ottawa should support shared goals “rather than prescribing priorities or specific solutions with conditional funding or earmarked transfers.”

But what Canadians need are accessible mental-health services consistently available across the country, not a fight over which government gets to claim responsibility for those programs.

Fundamentals are important, but that does not, as Dix implies, give provincial governments unfettered power over spending federal transfers. Rather, what is important is the long-held fundamental that specific and enforced standards of care need to be adhered to across the country.

This principle of common standards was fundamental to our shared ability to receive public medical care, whether in a rich or poor province. Throughout the country people do not have to pay for basic and specialist doctor and hospital care. If federal money had not been conditional on provinces providing accessible services to everyone without fees for medically necessary services, from the outset we would have had critical variation in such coverage across Canada, as we do on other health services.

In the early 1980s, this hard-won right to care was initially tested and defied by the big provinces, but then health minister Monique Begin refused to just give them money, giving us Canada's best-loved social program.

For provinces that agree on almost nothing else, this remarkable unity when it comes to avoiding common standards in all future care programs erodes a sense of a nation. A feeling of inclusion comes from knowing that despite political differences among the provinces, people can count on specific standards of care wherever they are in the country.

Over time, and as different political parties have come into power, the federal government has seriously reduced its commitment to adequately fund our medical system or enforce common standards, something that has encouraged provincial demands for total control over health care spending. Both the initial success of medicare and its gradual decline provide critical lessons for moving forward.

A great deal is at stake in the post-pandemic attempts to remedy serious health care and other social spending deficits. Canada significantly underfunds social services and spends about 2 per cent less each year of GDP on such services than the average for OECD countries, or underspends by about \$46-billion a year. COVID-19 showed how crucial is the need for adequate childcare, pharmacare, long-term care, mental-health care, addictions care and affordable housing. The federal government knows these serious deficiencies have to be rectified.

Clear and firm federal standards that apply across the country (and not negotiated separately with each province) are crucial to ensuring decent care not just for now, but for long into the future. Most of all, this requires firm leadership from the federal government.

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