

# Neoliberal Canada's Failures to Address Mental Health During the COVID-19 Pandemic:

## COVID-19's Exposure of Canada's Mental Healthcare Failures

Author: Reese Simoneau

Discipline: Political Science

**ABSTRACT:** Mental health has been a widely discussed topic throughout the pandemic as a result of lockdowns and other COVID-19 measures. Widening cracks in Canadians' mental health during the pandemic demonstrate that Canada has long had a largely inaccessible mental health care system, showcasing Canada's lacking adequate public coverage, which was especially detrimental to Canadians during the pandemic. This paper discusses the need for comprehensive mental health coverage, among other transformations, as part of Canada's public health system, specifically drawing on mental health research from Canada's experience with the COVID-19 pandemic. Furthermore, this paper highlights the difficulty in instating mental health coverage in Canada, even during COVID, due to a backslide to residualism and a refusal to expand the welfare system under Canada's neoliberal leadership and governmental value system.

---

**KEYWORDS:** Canada, COVID-19, health, mental health, neoliberalism

## Introduction

In spring 2021, Statistics Canada reported that 1 in 4 Canadian adults “screened positive for symptoms of depression, anxiety or post-traumatic stress disorder” with rates of depression and anxiety rising 4 and 2 percentage points, respectively, and 5 percentage points each in young adults from fall 2020 (2020, 1). Further, 94% of Canadians who screened positive for one of these mental health conditions “reported being negatively impacted by the pandemic” (Statistics Canada 2021, 2). Moreover, the opioid crisis and substance abuse as a whole were exacerbated during the COVID-19 pandemic (Canadian Centre for Addiction and Mental Health 2020). All of these widening cracks demonstrate that Canada has long had a largely inaccessible mental health care system, lacking adequate public coverage, which was especially detrimental to Canadians during the pandemic. While a number of politicians and public figures in Canada lambasted lockdowns over their supposed concerns for the mental health of citizens, mental health access and coverage made insufficient progress from 2019 to 2021 (Smart 2022; Miller 2022). In this paper, I will demonstrate the need for comprehensive mental health coverage, among other transformations, as part of Canada’s public health system, specifically drawing on mental health research from Canada’s experience with the COVID-19 pandemic. Furthermore, I argue that the difficulty in instating mental health coverage in Canada, even during COVID, is due to a backslide to residualism and a refusal to expand the welfare system under Canada’s neoliberal leadership and governmental value system.

## Definitions

Mental health is something that we all have and does not equate to mental health issues. Everyone has a level of mental health just as everyone has a level of physical health. It refers to “the state of your psychological and emotional well-being” (“About Mental Health” 2020) and is “more than the absence of mental disorders” (World Health Organization 2018). Mental disorders are “[disturbances] in your thought, perception and emotions that affect your ability to think, make decisions, and function on a day-to-day basis” (Mood Disorders Society of Canada 2019). Examples of mental illnesses include mood disorders such as depression and bipolar disorder, anxiety disorder, personality disorders, schizophrenia, and substance use disorders (SUDs) (National Institute on Drug Abuse 2021b).

Substance use disorders involve psychological dependence (Centre for Addiction and Mental Health n.d.) and are “mental [disorders] that [affect] a person’s brain and behaviour, leading to a person’s inability to control their use of substances” (National Institute on Drug Abuse 2021b). The opioid crisis or epidemic refers to “the [mass] misuse of and addiction to opioids” which has led to thousands of deaths and hospitalizations (National Institute on Drug Abuse 2021a). The opioid crisis in Canada took the lives of 22,828 people between January 2016 and March 2021 and hospitalized 26,134 in the same time period (Public Health Agency of Canada 2021). While “96% of opioid-related deaths are accidental,” (Canadian Centre on Substance Use and Addiction 2021) substance use addictions can both contribute to and result from other mental disorders (National Institute on Drug Abuse 2021b). The harms of substance use disorders are often mitigated with harm reduction policies and practices.

According to Harm Reduction International, “harm reduction refers to policies, programmes and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws” (n.d.). Harm reduction practices and policies are aimed at “respecting people who use drugs,” following evidence-based approaches, and avoiding stigma (Harm Reduction International n.d.). With this definition and aim in mind, harm reduction includes developing safe consumption and overdose prevention sites, bolstering access to counselling and mental health services, the provision of free naloxone kits, and much more.

Neoliberalism is a political and economic ideology in which people are consumers first and citizens second; it holds the idea that market solutions are always superior to public or planned ones (Monbiot 2016). Under neoliberalism, “inequality is recast as virtuous” as “the market ensures that everyone gets what they deserve” (Monbiot 2016). Neoliberalism favours decreased government spending and increased individualism as opposed to government dollars supporting people through public and welfare systems. In the context of healthcare, this has meant difficulty in expanding public healthcare to fund things like mental healthcare, dental care, and pharmaceuticals. Furthermore, under neoliberalism, provinces have seen a push by governments, especially conservative ones, to privatize aspects of the healthcare system in order to reduce public expenditures (Press Progress 2020; Hudes 2020). Moreover, under neoliberalism, ideas and terms of reform are “co-opted by the interests of capital” (Thomas 1998 as cited in Carney

2008, 111). Thus, while the language of “deinstitutionalization, mainstreaming of mental health, and community-based care” (Carney 2008, 111) sounds appealing, under neoliberalism they are utilized to justify the reduction of state funding and the offloading of responsibility to communities and individuals.

This insistence on the ideal of individualism and market solutions, then, can be seen as a return to a residualist welfare system, a pre-welfare state system “which maintains that assistance should be provided only when traditional means of meeting daily needs (e.g. family or the labour market) fail to” (Jacob, Willits, & Jensen 1996, 151). This approach to social welfare emphasizes “work, individualism, localism, and private rather than public solutions” (151). A direct ancestor of neoliberal ideology, residualism holds that “socioeconomic disadvantage is somehow the individual’s fault” (Jacob, Willits, and Jensen 1996, 152). Residualist welfare, as defined here, is what is being sought after by neoliberals who see it as an ideal system.

### **Mental Illness and Substance Use Disorders in Canada**

In Canada, the number one cause of disability is mental illness (Center for Addiction and Mental Health as cited in Mood Disorders Society of Canada 2019, 10). According to Statistics Canada, 1 in 3 people living in Canada will experience a mental illness or substance use disorder at some point in their lives (Statistics Canada as Cited in Mood Disorders Society of Canada 2019, 10). Mental illnesses and substance use disorders have led to billions of dollars of economic burden and increased unnecessary pressure on the acute healthcare system—the “branch of healthcare where a person receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery,” (Alberta Health Services n.d.) and contributed to thousands of lives lost every year.

Mental illnesses, while not always visible or immediately evident, create profound economic burdens on industry, government, and individuals -- especially when not adequately covered by publicly funded mental healthcare. A report by the Mental Health Commission of Canada showed mental illness in Canada costs the Canadian economy upwards of \$50 billion annually (2017, 6). The economic burden in Canada due to mental illnesses consists of both direct and indirect costs (Mental Health Commission of Canada 2017, 16). Direct costs are those “incurred in providing services and supports in the illness treatment, care, and recovery process” while

indirect costs refer to those “absorbed by the economy” such as costs to employers due to absenteeism of employees, disability insurance, unemployment insurance, lost tax revenue, and “costs incurred by caregivers” (Mental Health Commission of Canada 2017, 16). Likewise, substance use disorders come with extraordinary economic consequences. In 2014 alone, substance use cost Canada \$38.4 billion in lost productivity, healthcare costs, criminal justice, and other direct costs (Canadian Substance Use and Harms Scientific Working Group 2018, 1). Moreover, while Canada’s public healthcare system is applauded for preventing people from paying massive out-of-pocket fees for medical services, 30% of the \$950 million that Canadians spend every year on counselling services is out-of-pocket (Benefits Canada 2018).

Beyond the financial consequences of Canada’s weak mental healthcare system, thousands of people visit the hospital or die every year as a result of mental illness and substance use disorders (Public Health Agency of Canada 2019a; Special Advisory Committee on the Epidemic of Opioid Overdoses 2022). According to the Public Health Agency of Canada, 11 people die by suicide per day, amounting to around 4,000 people every year (2019b), the ninth leading cause of death in Canada in 2016 (Public Health Agency of Canada 2016). The destruction wrought by substance use disorders, namely as a result of the opioid crisis in recent years, is similarly appalling. In fact, in 2017 the rate of opioid-related deaths was also around 11 per day (Health Canada 2019), increasing to about 12 per day for a total of 4,395 opioid-related deaths in 2020 (Canadian Centre on Substance Use and Addiction 2021). The vast majority of these deaths were accidental, but many were nonetheless resultant of mental health issues as unmet mental health needs can often contribute to opioid abuse (Cruden & Karmali 2021; National Institute on Drug Abuse 2021b). Further, the overlap of negative outcomes from substance use disorders and mental illnesses is significant as over 320,000 people visited the emergency room between 2017 and 2018 for mental illness or addiction-related issues with 50% of those visits being made for a combination of the two categories (Palster et al. 2020, 11).

Marginalized people and people who exist in intersections of multiple marginalized groups are more likely to develop mental illnesses and substance use disorders, creating a socioeconomic gradient of mental health. In a 2017 report, the Mental Health Commission of Canada noted that

“Some populations are more likely than the general population to be exposed to the social determinants that increase the likelihood of developing a mental health problem or illness, such as food insecurity, inadequate housing, unemployment, low income, racism, and poor access to healthcare” (Mental Health Commission of Canada 2017, 13).

People who experience these social determinants are also less likely to be able to access mental illness and substance use disorder treatments due to cost, geography (e.g., difficulty getting to appointments due to lack of access to a private vehicle in automobile-dependent cities, lack of access to mental health services in rural and isolated Indigenous communities (Boksa, Joobler, and Kirmayer 2015, 364)), language barriers, and more. Further, “mental illness hospitalization is 5.5 times higher among Canadians living in the most materially and socially deprived areas than among Canadians living in the least materially and socially deprived areas” (Public Health Agency of Canada 2019a).

Indigenous people in Canada face many of these social determinants that lead to mental health and substance abuse issues and more. This is “a direct result of colonial policies and practices that included massive forced

relocation, loss of lands, creation of the reserve system, banning of Indigenous languages and cultural practices, and creation of the residential school system” as well as “unaddressed intergenerational trauma” (Public Health Agency of Canada 2019a). These colonial processes are not isolated from the past but are both historical and ongoing.

### **Lack of Mental Illness and Substance Use Disorder Resources in Canada**

While Canada often boasts about the aspects of its healthcare system that are public and universal, there are a number of branches in the healthcare system, including mental healthcare, that remain two-tiered and thus inaccessible to many people (Bartram, 2019). As Mary Bartram writes:

under this two-tier system, two-thirds of Canadians are estimated to have access to employment-based benefits that provide at least some degree of coverage for non-physician mental health services such as psychotherapy. The remaining third either seek services that are available to varying degrees through publicly funded clinics across the country, pay out-of-pocket despite being least likely to be able to afford to do so, or go without (2019, 396).

As Bartram explains, one tier of Canadians must rely upon whatever, often inadequate, employer or publicly-funded options that are available to them, pay expensive private prices to the best of their ability, or suffer without care (2019). The other tier of Canadians -- those who can afford to pay high prices for private mental healthcare -- have their mental health issues addressed and receive care (Bartram, 2019). This dynamic creates what we know as Canada’s two-tier mental healthcare system. Former Canadian Senator and first chairman of the Mental Health Commission of Canada, Michael Kirby, has also argued that Canada needs to reform its mental health system, at least for youth, calling Canada’s youth mental health system “the ultimate example of two-tier medicine,” arguing that “the single most important thing to be done in children and youth mental health is to start paying for services,” and acknowledging that “if you could treat [mental health] problems early then the serious problems disappear” (Crawford 2016).

Although mental health issues continue to increase in prevalence across Canada, only 7% of Canada’s annual healthcare budget is attributed to it (Bartram and Lurie 2017, 5). The lack of public funding



means that Canada's two-tier mental healthcare system creates inequitable access to psychotherapy, medication, and other treatments for mental illnesses. As a large percentage of Canadians are forced to pay out-of-pocket for mental healthcare, failing to provide comprehensive public coverage creates a system of class-dependent gatekeeping of mental healthcare, disproportionately affecting those who cannot afford to pay these expenses. People in lower socioeconomic, racialized, and other marginalized groups are both more at risk of developing mental illnesses and less likely to be able to access support if they do.

While the minority of primary care physicians feel "well prepared to care for patients with severe mental health problems" or "substance use-related issues," 80% of Canadians seek mental health help from them (Canadian Institute for Health Information 2019, 61). Further, access to specialized care is strained as, in the case of psychiatrists, "demand [...] in Canada continues to exceed the supply" (Canadian Psychiatric Association n.d.). Supply may decline even further due to cultural and geographic barriers (Canadian Mental Health Association 2018 as cited in Moroz, Moroz and D'Angelo 2020, 282). As with other healthcare occupations, "fewer mental health workers [operate] in rural areas" (Canadian Institute for Health Information 2019, 25). Language and cultural barriers provide yet another challenge (Moroz, Moroz, and Solvinec 2020, 282).

Given the vast social and economic impacts of mental health and substance use issues and the inequality inherent in two-tier mental healthcare systems, Canada must invest more heavily in mental health services and move toward a universal system. Further, the indirect costs of mental illnesses and substance use disorders can be offset by investing in "evidence-based direct services and upstream interventions" (Mental Health Commission of Canada 2017, 20). Neoliberal solutions, however, do not allow for such planned tax-funded options. Neoliberal ideologues call for market-based, individualistic solutions, even as they tend to be less effective in both outcomes and cost (Mental Health Commission of Canada 2017; Monbiot 2016)

### **How Has COVID-19 made Mental Illness and Substance Abuse Worse?**

While Canadians have long dealt with the consequences of a weak mental healthcare system, the onset of the COVID-19 pandemic illuminated and exacerbated them. While many neoliberal politicians were quick to co-opt the language of mental health

to justify fewer government-mandated COVID-19 policies, they stalled in making effective improvements to mental healthcare and substance abuse services (Press Progress 2020; Hudes 2020). In fact, throughout the pandemic, Alberta went so far as to cut substance use disorder options, namely safe injection sites (Perrin 2020). The consequences of the governments' inaction and attacks were predictable and deadly.

Compared to years prior to the pandemic, Canadians of every age group had significantly lower self-perceived mental health in 2020, with younger age groups reporting the lowest levels (Findlay & Arim 2020). Those who needed to quarantine during the pandemic due to contact or infection with COVID-19 were more likely to have worsened mental health (Daly et al. 2021). While mental health declined across the board for Canadians, access to mental healthcare worsened significantly. The Canadian Psychological Association reported that during COVID-19 over half of Canadians who receive psychological services found it more difficult to access them (n.d.).

While many studies on mental health during COVID-19 urged policymakers to "balance the risk of infection with the deterioration [...] in mental health" (Cost et al. 2020), neoliberal policymakers such as Alberta Premier Jason Kenney co-opted this language in order to resist COVID-19 measures without pushing for increased accessibility and equity of mental healthcare (Kenney 2020). This co-opting led to much debate in Canada over the benefits of lockdowns at the cost of mental health without much push to better the mental health system, thus playing into neoliberal hopes of reduced public COVID measures and a residual mental healthcare system.

In Canada, opioid-related overdoses and deaths reached their highest point yet in the midst of the COVID-19 pandemic (Government of Canada 2021). Furthermore, while deaths and overdoses rose, Alberta's UCP government repeatedly unleashed unfounded attacks on substance use disorder harm reduction solutions, including a major report falsely linking the presence of safe consumption sites to increased crime (Livingston 2021). The UCP government closed a number of safe injection sites including Calgary's only safe injection site and froze funding to a number of others (Smith 2021). Cutting this funding correlated with a steep rise in opioid-related overdoses in Alberta.

### **Preparing Canada's Mental Healthcare System for the Future**

In order to prepare Canada's mental healthcare system to avoid the failures that were witnessed during the COVID-19 pandemic, policymakers and treatment providers must work to make treatment more accessible and equitable, and work to address the causes of mental illness and substance abuse instead of simply reacting when they worsen.

First and foremost, the province of Alberta must reinvest funding to safe injection sites. While this is not a fix-all solution, these sites are proven to save lives and prevent overdoses and neglecting them kills people with substance use disorders (Rapid Response Service 2014; Ng, Sutherland, and Kolber 2017). Given that Alberta has one of the highest opioid-related overdose rates in the country, it is paramount that these services be reinstated and appropriately funded immediately (Special Advisory Committee on the Epidemic of Opioid Overdoses 2022).

The lack of mental health professionals is not an unheard-of problem in Canada as residents have long struggled to find family doctors for many of the same reasons that they struggle to find mental health support. One solution to this issue is to train primary care practitioners accordingly to feel well prepared in dealing with patients with mental illnesses and substance use disorders (Moroz, Moroz, and Slovynec 2020, 284). Given that most Canadians with these issues will seek help from primary care physicians for these issues and "only 1.5% of the population with a mental health disorder requires access to specialty care," (Moroz, Moroz, and Slovynec 2020, 284) primary physicians should be able to deal with less complex mental illness and substance abuse issues.

One improvement to the mental healthcare system in Canada as a result of COVID-19 was the expansion of virtual counselling. Services delivered in this fashion have the potential to decrease both geographic and cultural barriers by connecting patients with a more diverse selection of mental health professionals. However, most Canadians who see a psychologist noted that they still preferred face-to-face counselling (Canadian Psychological Association n.d.). Thus, while this service can be incredibly beneficial to some populations and should continue to be utilized, it also has the potential to decrease the quality of care for others. Therefore, after COVID-19, mental health professionals should keep providing virtual services to clients while ensuring that they do not

rely on virtual over in-person appointments.

As the pandemic has revealed, younger age groups' mental health levels are disproportionately affected by events such as pandemics that reduce socialization (Loades et al. 2020). Thus, ensuring that mental healthcare is available and accessible to younger people in Canada is essential. The first step in this direction must be the education of young people on the importance of mental healthcare while they are in school (Malla et al. 2018, 219). This can work to eliminate stigma as well as to build healthy mental health relationships early in life.

As I have noted, social determinants that can lead to mental illness and substance use disorders disproportionately affect lower socioeconomic classes and marginalized people (Mental Health Commission of Canada 2017, 13). Therefore, it is necessary not only to transform and improve the mental healthcare system in Canada, but to also address causal factors for mental illness and substance use disorders. Ensuring access to housing, healthy food, childcare, financial support, school, and other necessities (Gadermann et al. 2020, 10) alongside mental healthcare is necessary to reduce levels of mental illness and substance use disorders and give people more equitable access to mental healthcare when it is required.

In order to address the disproportionately high rates of mental health and substance abuse issues among Indigenous people living in Canada, the Federal and Provincial governments must move towards reconciliation in accordance with the Truth and Reconciliation Calls to Action. Specifically, governments must work to address health-related Calls to Action, calls 18 through 24. This includes but is not limited to funding research to close gaps between Indigenous and non-Indigenous communities, providing funding for Indigenous healing centres and practices, and increasing the training of Indigenous healthcare professionals (Truth and Reconciliation Commission of Canada 2015, 2-3). However, all 94 Calls to Action must be met as the health and well-being of Indigenous people residing in Canada continues to be negatively affected by the causal factors of violent colonial practices and policies (Public Health Agency of Canada 2019a). Moreover, Indigenous voices and knowledge holders must be centred and upheld moving forward in addressing mental health and substance abuse issues.

What COVID-19 has revealed about Canada's mental healthcare system most of all is that the current

two-tier system is ineffective, inefficient, and inequitable. Even before the onset of the pandemic, Canada faced a mental health crisis that a public-private system that required Canadians to pay 30% out-of-pocket was not suitable to solve (Benefits Canada 2018). In order to abolish the two-tier mental health system and provide accessible and equitable mental health care, a fully public, universal system is necessary. A universal system would help to eliminate the cost barrier of mental healthcare, ensure that all Canadians, regardless of socioeconomic class, receive the same level of mental healthcare, and help to provide mental healthcare to underserved populations. Above all, providing equitable and accessible mental healthcare to all Canadians will save countless lives once we begin to return to normal and in the event of another pandemic.

### **Conclusion**

In order to begin addressing the mental health and opioid crises in Canada, the country must make extensive changes to its mental healthcare system. We must first reject the neoliberal values of residualism and market solutions for healthcare. Further, Canada must embrace the idea of harm reduction, look to address the root causes of mental illness and substance use disorders, and expand access to mental health practitioners. Canada must abandon its current inequitable two-tier mental healthcare system in favour of a truly universal system. By making these systematic and critical changes, the past failures of Canada's two-tier mental healthcare system can be avoided.

# Work Cited

- Alberta Health Services. n.d. "Continuing Care Glossary." <https://www.albertahealthservices.ca/cc/Page15500.aspx>
- Bartram, Mary. 2019. "Income-based Inequities in Access to Mental Health Services in Canada." *Canadian Journal of Public Health* 110 (4): 395-403. <https://doi.org/10.17269/s41997-019-00204-5>
- Bartram, Mary and Steve Lurie. 2017. "Closing the Mental Health Gap: The Long and Winding Road?" *Canadian Journal of Community Mental Health* 36 (2): 5-18. <https://doi.org/10.7870/cjcmh-2017-021>
- Benefits Canada. 2018. "85% of Canadians Agree Mental-health Services are Underfunded: Survey." September 17, 2018. <https://www.benefitscanada.com/news/bencan/85-of-canadians-agree-mental-health-services-are-underfunded-survey/>
- Boksa, Patricia, Ridha Joobar, and Laurence J. Kiramyer. 2015. "Mental Wellness in Canada's Aboriginal Communities: Striving Toward Reconciliation." *Journal of Psychiatry & Neuroscience* 40 (6): 363-365. <https://doi.org/10.1503/jpn.150309>
- Canadian Centre for Addiction and Mental Health. 2020. "Mental Health in Canada: Covid-19 and Beyond." <https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/covid-and-mh-policy-paper-pdf.pdf>
- Canadian Centre for Addiction and Mental Health. n.d. "Opioid Addiction." <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/opioid-addiction>
- Canadian Centre on Substance Use and Addiction. 2021. "Canada's Opioid Crisis: What You Should Know." Poster. <https://www.ccsa.ca/sites/default/files/2021-06/CCSA-Canada-Opioid-Crisis-What-You-Should-Know-Poster-2021-en.pdf>
- Canadian Institute for Health Information. 2019. "Health System Resources for Mental Health and Addictions Care in Canada." Chartbook. <https://www.cihi.ca/sites/default/files/document/mental-health-chartbook-report-2019-en-web.pdf>
- Canadian Psychiatric Association. n.d. "FAQs." <https://www.cpa-apc.org/faqs/>
- Canadian Substance Use Costs and Harms Scientific Working Group. 2018. "Canadian Substance Use Costs and Harms (2007–2014)." *Canadian Centre on Substance Use and Addiction*. <https://www.ccsa.ca/sites/default/files/2019-04/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2018-en.pdf>
- Carney, Terry. 2008. "The Mental Health Crisis of Neoliberalism – An Antipodean Perspective." *International Journal of Law and Psychiatry* 31 (2): 101-115. <https://doi.org/10.1016/j.ijlp.2008.02.001>
- Crawford, Blair. 2020. "End 'two-tier' mental health care system, Michael Kirby urges." *Ottawa Citizen*, June 3, 2020. <https://ottawacitizen.com/news/local-news/end-two-tier-mental-health-care-system-michael-kirby-urges>
- Cruden, Gracelyn and Ruchir Karmali. 2021. "Opioid Misuse as a Coping Behavior for Unmet Mental Health Needs Among U.S. Adults." *Drug and Alcohol Dependence* 225 (108805): 1-10. <https://doi.org/10.1016/j.drugalcdep.2021.108805>
- Daly, Zachary, Allie Slemmon, Chris G. Richardson, Travis Salway, Corey McAuliffe, Anne M. Gadermann, Kimberly C. Thomson, Saima Hirani, and Emily K. Jenkins. 2021. "Associations Between Periods of COVID-19 Quarantine and Mental Health in Canada." *Psychiatry Research* 295 (113631): 1-9. <https://doi.org/10.1016/j.psychres.2020.113631>
- Findlay, Leanne and Rubab Arim. 2020. "Canadians Report Lower Self-Perceived Mental Health During the COVID-19 Pandemic." *Statistics Canada*. [https://epe.lac-bac.gc.ca/100/201/301/weekly\\_acquisitions\\_list-ef/2020/20-17/publications.gc.ca/collections/collection\\_2020/statcan/45-28/CS45-28-1-2020-3-eng.pdf](https://epe.lac-bac.gc.ca/100/201/301/weekly_acquisitions_list-ef/2020/20-17/publications.gc.ca/collections/collection_2020/statcan/45-28/CS45-28-1-2020-3-eng.pdf)
- Gadermann, Anne C., Kimberly C. Thomson, Chris G. Richardson, Monique Gagné, Corey McAuliffe, Saima Hirani, and Emily Jenkins. 2021. "Examining the Impacts of the COVID-19 Pandemic on Family Mental Health in Canada: Findings from a National Cross-sectional Study." *BMJ open* 11 (1): 1-11. <https://doi.org/10.1136/bmjopen-2020-042871>
- Government of Canada. 2020. "About Mental Health." <https://www.canada.ca/en/public-health/services/about-mental-health.html>
- Government of Canada. 2021. "Modeling Opioid-related Deaths During the COVID-19 Outbreak." <https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/modelling-opioid-overdose-deaths-covid-19.html>
- Harm Reduction International. n.d. "What is harm reduction?" <https://www.hri.global/what-is-harm-reduction#>
- Health Canada. 2019. "Canada's Opioid Crisis." *Government of Canada. Infographic*. <https://www.canada.ca/en/health-canada/ser>



vices/publications/healthy-living/canada-opioid-crisis-fact-sheet.html

Hudes, Sammy. 2020. "We deserve to live": AISH Recipients with Mental Health Disabilities Sound Alarm Over Cuts." *Calgary Herald*, September 17, 2020. <https://calgaryherald.com/news/politics/we-deserve-to-live-aish-recipients-with-mental-health-disabilities-sound-alarm-over-cuts>

Jacob, Steve, Fern K. Willits, and Leif Jensen. 1996. "Residualism and Rural America: A Decade Later." *The Journal of Sociology and Social Welfare* 23 (3): 151-162. Retrieved December 3, 2021 from <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=2357&context=jssw>

Kenney, Jason. 2020. "We decided not to proceed with a lockdown because of the profound damage it would cause to Albertans, thereby deepening the mental health crisis and leaving many in despair." Facebook, November 25, 2020. <https://www.facebook.com/29829307640/posts/we-decided-not-to-proceed-with-a-lockdown-because-of-the-profound-damage-it-would-10158774161482641/>

Livingston, James D. 2021. "Supervised Consumption Sites and Crime: Scrutinizing the Methodological Weaknesses and Aberrant Results of a Government Report in Alberta, Canada." *Harm Reduction Journal* 18 (4): 1-5. <https://doi.org/10.1186/s12954-020-00456-2>

Loades, Maria Elizabeth, Eleanor Chatburn, Nina Higson-Sweeney, Shirley Reynolds, Roz Shafran, Amberly Bridgen, Catherine Linney, Megan Niamh McManus, Catherine Borwick, and Esther Crawle. 2020. "Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19." *Journal of the American Academy of Child and Adolescent Psychiatry* 59 (11): 1218-1239. <https://doi.org/10.1016/j.jaac.2020.05.009>

Malla, Ashok, Jai Shah, Srividya Iyer, Patricia Boksa, Ridha Joobar, Neil Andersson, Shalini Lal, and Rebecca Fuhrer. 2018. "Youth Mental Health Should Be a Top Priority for Health Care in Canada." *The Canadian Journal of Psychiatry* 63 (4): 216-222. <https://doi.org/10.1177/0706743718758968>

Mental Health Commission of Canada. 2017. "Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations." [https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2017-03/case\\_for\\_investment\\_eng.pdf](https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2017-03/case_for_investment_eng.pdf)

Miller, Adam. 2022. "2 Years into the Pandemic, Canada's Mental-health System is at a Crisis Point." CBC, March 11, 2022. <https://www.cbc.ca/news/health/canada-mental-health-crisis-covid-19-pandemic-1.6382378>

Monbiot, George. 2016. "Neoliberalism – the Ideology at the Root of All our Problems." *The Guardian*, April 15, 2016. <https://www.theguardian.com/books/2016/apr/15/neoliberalism-ideology-problem-george-monbiot>

Mood Disorders Society of Canada. 2019. "Quick Facts: Mental Illness & Addiction in Canada." [https://mdsc.ca/docs/MDSC\\_Quick\\_Facts\\_4th\\_Edition\\_EN.pdf](https://mdsc.ca/docs/MDSC_Quick_Facts_4th_Edition_EN.pdf)

Moroz, Nicholas, Isabella Moroz, and Monika Slovinc D'Angelo. 2020. "Mental Health Services in Canada: Barriers and Cost-effective Solutions to Increase Access." *Healthcare Management Forum* 33 (6): 282-287. <https://doi.org/10.1177/0840470420933911>

National Institute on Drug Abuse. 2021a. "Opioid Overdose Crisis." *National Institutes of Health*, March 11, 2021. <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis>

National Institute on Drug Abuse. 2021b. "Mental Disorders." *National Institutes of Health*, March 2021 <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>

Ng, Jennifer, Christy Sutherland, and Michael R. Kolber. 2017. "Does Evidence Support Supervised Injection Sites?" *Canadian Family Physician* 63 (11): 866. <https://www.cfp.ca/content/cfp/63/11/866.full.pdf>

Paltser, Geoff, Christina Lawand, Alexey Dudevich, Dennis Christy, Xi-Kuan Chen, Chantal Couris, and Vanita Gorzkiewicz. 2020. "Measuring Access to Home and Community Care and to Mental Health and Addictions Services in Canada." *Healthcare Quarterly* (Toronto, Ont.) 22 (4): 10-12. <https://doi.org/10.12927/hcq.2020.26090>

Perrin, Benjamin. 2020. "Alberta's War Against Safe Injection Sites." *Macleans*, March 12, 2020. <https://www.macleans.ca/opinion/albertas-war-against-safe-injection-sites/>

Press Progress. 2020. "Doug Ford is tweeting about 'Bell Let's Talk Day.' Here Are the Cuts to Mental Health Services He Made as Premier." *Press Progress*, January 29, 2020. <https://pressprogress.ca/doug-ford-is-tweeting-about-bell-lets-talk-day-here-are-the-cuts-to-mental-health-services-he-made-as-premier/>

Public Health Agency of Canada. 2016. "Suicide in Canada." *Government of Canada. Infographic*. <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/healthy-living-vie-saine/suicide-canada-infographic/alt/infographic-infographique-eng.pdf>

Public Health Agency of Canada. 2019a. "Inequalities in Mental Illness Hospitalization in Canada." *Government of Canada. Infographic*. <https://www.canada.ca/en/public-health/services/publications/science-research-data/inequalities-mental-illness-hospitalization-infographic.html>

- Public Health Agency of Canada.** 2019b. “Suicide in Canada: Key Statistics.” *Government of Canada*. Infographic. <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html>
- Public Health Agency of Canada.** 2020. “Mental Illness in Canada.” *Government of Canada*. Infographic. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/mental-illness-canada-infographic.html>
- Public Health Agency of Canada.** 2021. “Opioid- and Stimulant-Related Harms in Canada.” *Government of Canada*. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>
- Rapid Response Service.** 2014. “Rapid Response: What is the Effectiveness of Supervised Injection Services?” *Ontario HIV Treatment Network*. <https://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR83-Supervised-Injection-Effectiveness.pdf>
- Smart, Amy.** 2022. “COVID-19 Pandemic Highlights Problems in Access to Mental Health, Psychological Services.” *CTV News*, February 7, 2022. <https://www.ctvnews.ca/health/coronavirus/covid-19-pandemic-highlights-problems-in-access-to-mental-health-psychological-services-1.5770659>
- Smith, Alanna.** 2021. “Defies logic’: UCP to Close Supervised Consumption Site at Sheldon Chumir and Replace with Two Locations.” *Calgary Herald*, May 28, 2021. <https://calgaryherald.com/news/local-news/it-is-going-to-kill-people-ucp-to-close-calgarys-only-supervised-consumption-site>
- Special Advisory Committee on the Epidemic of Opioid Overdoses.** 2022. “Opioid- and Stimulant-Related Harms in Canada.” *Public Health Agency of Canada*. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/maps>
- Statistics Canada.** 2021. “*Survey on COVID-19 and Mental Health, February to May 2021*.” <https://www150.statcan.gc.ca/n1/daily-quotidien/210927/dq210927a-eng.pdf>
- Truth and Reconciliation Commission of Canada.** 2015. “Truth and Reconciliation Commission of Canada: Calls to Action.” [https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls\\_to\\_action\\_english2.pdf](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf)
- World Health Organization.** 2018. “Mental Health: Strengthening our Response.” <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>