**Questionnaire on the Right of Persons with Disabilities to the Highest Attainable Standard of Health**

1. **Please provide information on existing or planned legislation and policies to ensure the realization of the right to health of persons with disabilities, including current challenges and good practices.**
* In Canada, the Constitutional responsibility for health care rests largely with the provincial and territorial governments. Each province and territory in Canada has a publicly administered and funded health care system that provides universal access to medically necessary hospital and health care services to its citizens.
* The *Canada Health Act* is Canada’s federal legislation for publicly funded health care insurance, which:
	+ requires that all medically necessary physician and hospital services be covered by provincial and territorial health insurance plans, whether they are provided in a hospital or in a facility providing hospital care;
	+ Sets out the primary objective of Canadian health care policy, which is “to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers; and
	+ establishes criteria and conditions related to insured health services and extended health care services that provinces and territories must fulfil to receive the full federal cash contribution under the *Canada Health Transfer*.
* The *Canada Health Transfer* is the largest major transfer from the federal government to provincial and territorial governments. In 2017-18, $37.1 billion was provided to provinces and territories. The amount of the transfer will continue to increase each year with the rate of Gross Domestic Product growth, with a minimum increase of at least 3% per year.
* In 2017-18, the Government of Canada worked with provincial and territorial governments to develop a multilateral *Health Accord Framework* and bilateral funding agreements, which included performance indicators and mechanisms for reporting to citizens, as well as a detailed plan on how these would be spent, over and above existing programs. The aim of the new *Health Accord* is to support system transformation with a focus on key priority areas where there is the greatest potential to create meaningful results for Canadians, supported by targeted federal funding and other federal levers (e.g., pan-Canadian health organizations). The development of a new *Health Accord*, including a new long-term agreement on funding will:
	+ support the delivery of more and better home care services, including more access to high quality in-home caregivers, financial supports for family care, and, when necessary, palliative care;
	+ make high quality mental health services more available to Canadians who need them;
	+ advance pan-Canadian collaboration on health innovation to encourage the adoption of new digital health technology to improve access, increase efficiency and improve outcomes for patients; and
	+ improve access to necessary prescription medications. This will include joining with provincial and territorial governments to buy drugs in bulk, reducing the cost governments pay for these drugs, making them more affordable for Canadians, and exploring the needs for a national formulary.
* The Government of Canada believes that accessibility measures are integral to the health and well-being of persons with disabilities. Under the leadership of the Minister of Science and Minister of Sport and Persons with Disabilities, the Government of Canada plans to introduce new federal accessibility legislation in Parliament in spring 2018 that will increase the inclusion and participation of Canadians who may have disabilities or functional limitations and promote equality of opportunity by increasing accessibility and removing barriers in areas of federal jurisdiction. Increased accessibility is expected to enhance opportunities for persons with disabilities to participate in social and economic life, which could improve their standard of living, and consequently, their health and well-being.

# The Government of Canada is committed to address mental health issues among Canadians. Canada funded the Mental Health Commission of Canada (MHCC) to develop the first mental health strategy for Canada. Included in the Strategy is a recommendation for Canada to review and, where necessary, update legislation and revise policies across jurisdictions and sectors to achieve alignment with the United Nations *Convention on the Rights of Persons with Disabilities*. The MHCC Mental Health and the Law Advisory Committee has supported the first phase of the development of *the Mental Health and Human Rights Evaluation Instrument*, which is usedto evaluate the extent to which existing mental health legislation, standards and policies in Canada are aligned with the United Nations *Convention on the Rights of Persons with Disabilities*. At this time, it has been piloted across Canada and a second round of tool refinement is underway based on findings of the evaluation.

# In 2013, the MHCC, in collaboration with the Canadian Standards Association and the Bureau de normalisation du Québec, published the *National Standard of Canada for Psychological Health and Safety in the Workplace*. The Standard is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work. It provides a comprehensive framework to help organizations of all types guide their current and future efforts in a way that provides the best return on investment.

# In addition, the MHCC’s *Opening Minds* program addresses stigma associated with mental illness. This program works with organizations and established anti-stigma programs to evaluate their effectiveness and to promote best practices. The initiative has multiple goals, ranging from improving health care providers’ understanding of the needs of people with mental health problems to encouraging youth to talk openly and positively about mental illness. Opening Minds has been evaluating more than 70 of these projects to identify those that most effective at reducing stigma so they can be replicated across Canada. Evidence gathered through these evaluations will reveal best practices that will contribute to the development of anti-stigma toolkits and other resources, to be released soon.

* The *Federal Framework for Suicide Prevention* was developed in recognition of those lost by suicide and the many Canadians who continue to struggle with thoughts of suicide. This Framework focuses on raising public awareness and reducing stigma associated with suicide, disseminating information and data to help prevent suicide and promoting the use of research and evidence-based practices in suicide prevention.
* The Government of Canada is working to help public safety officers and veterans access mental health supports. Canada is developing a coordinated Action Plan on post-traumatic stress injuries, which will help to tackle key gaps and challenges, and position Canada at the forefront of addressing the impacts of post-traumatic stress injuries on public safety officers. The Action Plan is organized around three priority areas for action: Research and Data Collection; Prevention, Early Intervention and Stigma Reduction; and Support for Care and Treatment. It will help to ensure that public safety officers, the organizations that employ them, and the mental health professionals that support them, are equipped with the knowledge and resources they need to support the mental health of our public safety officers.
* In order to improve overall health and quality of life, the Government of Canada recognizes the importance of ensuring that all Canadians, including persons with disabilities, have access to sexual and reproductive health information and programs that are relevant and sensitive to their needs. The *Canadian Guidelines for Sexual Health Education* provide a framework for the provision of comprehensive evidence-based sexual health education. The Guidelines are based on the understanding that effective sexual health education is broadly-based and reflects the diverse needs and realities of all persons in ways that are inclusive of youth with physical disabilities, age-appropriate, evidence-based, culturally sensitive and respectful. In addition, the Government of Canada has developed a “question and answer” style document, *Questions and Answers: Sexual Health Education for Youth with Physical Disabilities*, to supplement the Guidelines. The goal of the document is to assist in the creation of supportive and healthy learning environments for school-aged youth with physical disabilities and in providing them with sexual health education.
* The Government of Canada is committed to working jointly with Indigenous leaders to respond to and address the unmet needs of First Nations children with special and unique needs and their families. An important initiative that seeks to address these needs is Jordan’s Principle, which is a child-first principle intended to ensure there are no gaps in government services to them by removing barriers caused by jurisdictional disputes over payment and service provision. Full implementation of Jordan's Principle is the third Call to‎ Action made by the Truth and Reconciliation Commission, which is a component of the Indian Residential Schools Settlement Agreement.
* In July 2016, the Government of Canada announced up to $382.5M in new funding to implement Jordan’s Principle. Since this time, more than 36,139 requests have been approved for a range of products and services, including supports services, such as respite care and assisted living services; home or building safety accessibility modifications, such as wheel chair ramps; and mobility supplies, such as ceiling lifts and adaptive seats. In 2016, approximately $177 million of this funding was made available to help fund the needed products and services for First Nations children.
* Jordan’s Principle is a legal obligation not a program and thus there will be no sun-setting of Jordan’s Principle. Canada is committed to ensuring that all First Nations children can access the government services they need, when they need them, including health, educational, and social services or products. Work is underway to co-develop the future direction of Jordan’s Principle, through a national engagement process that seeks to ensure that First Nations children have access to the services and supports they need.
* In addition, Health Canada collaborated with the Assembly of First Nations, community mental health leaders, and other government departments to develop the *First Nations Mental Wellness Continuum Framework*. The Framework was endorsed and released by the Assembly of First Nations in January 2015. Implementation is underway with First Nations partners at regional and national levels, testing service integration and moving toward culturally safer practices.
* The Canada Border Service Agency (CBSA) remains fully engaged and committed to providing the highest possible standards of physical and mental health services to detainees held in Immigration Holding Centres (IHC). Government policy stipulates that, with respect to persons with a disability or an illness, detention is to be avoided or considered only as a last resort where the safety or security of Canadians may be compromised. However, if detention is required, government policy emphasizes that detention should be for the shortest time possible.
* Correctional Services Canada (CSC) has currently in place the *Corrections and Conditional Release Act (CCRA), Section 86 and 87,* and the *Commissioner’s Directive 800, Health Services,* to ensure the realization of the right to health of persons with disabilities. CSC Health Services also provides physical mobility aids for persons with disabilities (hearing aids, dentures, prosthetic leg, etc.) as per the *National Essential Health Services Framework* (September 2017). CSC plans to put into effect the Intellectual Disability Guidelines, which are currently being finalized. CSC Health Services is also currently developing an Aging Offender Strategy to better align services with age specific health and social care needs.
* In the province of Quebec, Section 61.1 of the *Act to Secure Handicapped Persons in the Exercise of Their Rights with a View to Achieving Social, School and Workplace Integration* states that government departments and agencies employing at least 50 persons and municipalities with a population of 15,000 or greater shall adopt an action plan annually for persons with disabilities. The Quebec Ministère de la Santé et des Services sociaux, integrated centres and unmerged facilities are subject to this provision. The action plans are designed to reduce barriers to the social participation of persons with disabilities in the areas of activity of the organizations involved. They set out the measures taken in the past year and the actions being considered for the coming year to reduce the barriers identified.
* As well, in Quebec, the 2015-2019 government commitments plan (GCP) aims to support the implementation of the policy *Equals in Every Respect: Because Rights Are Meant to Be Exercised* (2009) and to ensure consistency across programs for people with disabilities and their families. Commitment 40 of the GCP focuses on access to health care: “[translation] Support the autonomy and functional independence of people with disabilities through the provision of coordinated, integrated, high-quality home support services consistent with the assessment of their needs, their independence profile and their individualized service and service allocation plan (ISSAP).”It aims to develop an intervention or service plan (with the ISSAP tool) for each person assessed, while respecting the preferences of the person and their loved ones, and to update the plan when the person is reassessed.
* In the province of Ontario, mental health initiatives in all sectors are guided by *Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy*. Ontario is working closely with Indigenous partners and Franco-Ontarian organizations to effect culturally and linguistically appropriate implementation of the strategy. Moreover, the justice system in Ontario is responding to the unique needs of accused persons and inmates living with mental illness. Additionally, Ontario has resourced school boards to develop locally appropriate mental health initiatives, and supports helplines and on-campus projects for post-secondary students. Over 121,000 children and youth are served by Ontario-funded community-based child and youth mental health agencies annually.
* In 2016, Ontario enacted legislation creating a presumption that post-traumatic stress disorder (PTSD) diagnosed in first responders is work-related. This presumption allows for faster access to benefits, resources and timely treatment under the province’s *Workplace Safety and Insurance Plan*. The presumption applies to police officers, firefighters, paramedics, certain workers in correctional institutions and secure youth justice facilities, dispatchers of police/fire/ambulance services and emergency response teams.
* This Act also allows the Ontario Minister of Labour to ask employers of the designated first responders to provide information regarding the employer’s plans to prevent PTSD and authorizes the Minister to publish the information submitted. Collecting this information is intended to encourage the development of prevention plans and assess progress in the prevention of PTSD in these workplaces.
* The Government of Ontario has implemented a number of initiatives including laws and policies to ensure accessibility and equity for persons with disabilities within the healthcare system.
	+ *Health - Standards Development Committee*: The Minister of Health and Long-Term Care and the Accessibility Directorate of Ontario are working together to establish a Standards Development Committee to begin work on developing a health standard under the *Accessibility for Ontarians with Disabilities Act*. This work is currently underway.
	+ *Patients First: Action Plan for Health Care (2015):* The plan strengthens the government’s commitment to put people and patients first by improving the health care experience and their health outcomes (including improving access, connecting services, and providing information and transparency).
	+ *Excellent Care for All Act, 2010* (ECFAA): The ECFAA strengthens the health care sector’s focus and accountability to deliver quality patient care that is accessible and equitable.  A recognized principle is that a high quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focused, and safe.
	+ The Ontario Minister of Health and Long-Term Care (MOHLTC) recently amended home and community care regulations to ensure home and community care services are accessible to persons with disabilities. For example, effective October 1, 2015, the ministry increased the maximum number of nursing visits or hours that a client of Community Care Access Centre (CCACs) may receive. CCACs are now permitted to provide nursing services above the maximum to clients in extraordinary circumstances. The amendments enable persons with disabilities to live at home and in the community with additional supports.
	+ In February 2017, the Ministry posted its intent to amend Ontario Regulation 367/94 – Grants for Persons with Disabilities under the *Ministry of Community and Social Services Act* on the Ontario Regulation Registry. The goal is to expand the eligibility criteria to ensure that persons with cognitive disabilities are still eligible for grant programs if a substitute decision-maker is capable of directing services and managing funding*.* The proposed amendment seeks to expand the eligibility criteria to ensure persons are still able to access services regardless of disability.
	+ In addition, the Ontario MOHLTC is reconvening the Provincial Liaison Committee for Persons with a Physical Disability to provide strategic advice to the ministry about priorities for health and service delivery issues related to individuals with physical disabilities.
* Other jurisdictions in Canada have mental health strategies, including:
	+ New Brunswick: “The Action Plan for Mental Health in New Brunswick 2011-18”
	+ Newfoundland and Labrador: “The Way Forward - Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador”
	+ Nova Scotia: “Together We Can: The plan to improve mental health and addictions care for Nova Scotians”
	+ Prince Edward Island: “**Moving Forward Together:** Mental Health and Addiction Strategy 2016-2026”
1. **Please provide any information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the exercise of the right to health of persons with disabilities in general, as well as with particular focus in the following areas:**

**Availability of barrier-free general healthcare services and programmes, which take into account all accessibility aspects for persons with disabilities**

* Through the 2018 Federal Budget, the Government of Canada will provide a contribution to the province of Ontario to build a new hospital and ambulatory care facility to serve the health needs of remote and isolated James Bay communities, such as Attawapiskat, Fort Albany and Kashechewan. This contribution is part of Canada’s commitment under the Weeneebayko Area Health Integration Framework Agreement to continue the process of devolving health service delivery to the Nishawbe Aski Nation. The creation of new health care infrastructure in this area will give people in these communities better access to quality public health, mental health and long-term care closer to home—and under First Nations control.
* The Canada Border Services Agency (CBSA) is responsible for providing persons detained under the Immigration and Refugee Protection Act (IRPA) with care for the preservation of life and health. Under the National Immigration Detentions Framework, funding was provided through the Interim Federal Health Program (IFHP) to expand access to health services to immigration detainees held in Immigration Holding Centres (IHCs). Each IHC in Toronto, Laval and Vancouver will have a dedicated doctor, nurse, psychiatrist and psychologist available to provide health services on-site. As well, detainees will continue to receive health-care coverage under the Interim Federal Health Program (IFHP) for health services outside of IHCs identical to other IFHP beneficiaries. With the ongoing implementation of initiatives under the National Immigration Detentions Framework, significant improvements will be made to Canada’s IHCs to ensure that safe, secure, humane accommodations will be provided to detainees with special needs. The upgraded IHCs will have living spaces that accommodate the needs of persons with disabilities. For example, some bedrooms will have lowered shelving and light switches along with appropriate furniture. Some showers will be accessible by wheelchair and will have the necessary bars, stool, and a detachable shower head.
* Veterans Affairs Canada (VAC) provides Programs of Choice as part of their Treatment Benefit Programs to ensure eligible clients are provided with reasonable and timely health care benefits that respond to their needs. Some of the benefits and services available through the Programs of Choice include financial assistance for daily living aids and special equipment (vehicle modifications, in-home lifting and transporting devices etc.). Vehicle modifications financially assist clients who require special features on their vehicles which are not considered to be standard equipment and are necessitated by clients’ health conditions. Another Program of Choice includes In-Home Lifting and Transporting Devices, which include stair glides, elevators, ceiling lifts and other types of in-home transporting or lifting devices, as well as the installation charges associated with the equipment. The devices may be approved as a treatment benefit where they are considered to reasonably address the client’s medically-based and functional needs and will assist the client in remaining independent in the home.
* Additional statistical information can be found in:
	+ The First Report of Canada on the Convention on the Rights of Persons with Disabilities: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G15/150/62/PDF/G1515062.pdf?OpenElement>
	+ the results of the 2012 Canadian Survey on Disability: <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2015001-eng.htm#a6> ; and
	+ the annual reports of the Mental Health Commission of Canada: <https://www.mentalhealthcommission.ca/English/annual-report>.
* The Government of British Columbia’s *Guidelines for Collaborative Service Delivery* provides direction and support to regional providers in the development of policies and processes to meet the needs of adults with developmental disabilities in an integrated and sustainable manner. These guidelines reaffirm the commitment to provide appropriate specialized services for adults with developmental disabilities, and define the roles and responsibilities of the service partners.
* British Columbia’s *Residential Care Regulation*, established under the *Community Care and* *Assisted Living Act,* prescribes the requirements to be followed by all licensed residential care facilities in the area of licensing, facility requirements (e.g. directional assistance, accessibility, emergency equipment, furnishings, etc.), staffing, operations (admission, services, general care, nutrition, medication, etc.) and records.
* In Quebec, all residents are covered by the public health insurance plan. Drug coverage under a private or public plan is mandatory for all. The government interacts with professional associations, particularly those involved in health care, so that their interventions are tailored to the needs of people with disabilities. Many technical aid programs support the autonomy and social participation of people with disabilities, namely the following:
	+ Departmental communication aid program;
	+ Program for assistance with daily living and household chores;
	+ Mobility Assistance Dog Reimbursement Program;
	+ *Regulation Respecting Hearing Devices and Insured Services* under Quebec’s *Health Insurance Act;*
	+ *Regulation Respecting Insured Visual Aids and Related Services* under Quebec’s *Health Insurance Act;*
	+ *Regulation Respecting Devices Which Compensate for a Physical Deficiency and Are Insured Under the Health Insurance Act;*
	+ Orthotic shoes and footwear program;
	+ Toileting products and equipment (incontinence aids) program;
	+ Walker program;
	+ Three- and four-wheel electric scooter program; and
	+ Modified tricycle and bicycle program.
* In Ontario, all Ontarians have access to home and community care services.  People with disabilities make up a significant portion of those receiving support at home. Programs and services include:
	+ *Community Care Access Centre (CCAC) Services* – CCACs are responsible for helping the public access government-funded home care and long-term care services, as well as helping clients and their families navigate the array of supports available in a particular community. Services that CCACs arrange for on behalf of eligible clients include the following: nursing, personal support and homemaking, physiotherapy, occupational therapy, speech-language pathology, social work, dietetics, pharmacy, respiratory therapy and social service work. Services are based on a person’s individual need for a specific service. All clients are assessed and prioritized for each service for which they are eligible. CCAC home care services are 100% funded by the province; there is no client co-payment or income testing.
	+ *Self-Managed Attendant Services - Direct Funding Program* – The program is designed for adults with physical disabilities who require assistance with routine activities of daily living. The Program is administered by the Centre for Independent Living Toronto (CILT) and funded by the Ministry of Health and Long-Term Care (the ministry) through the Toronto Central Local Health Integration Network (LHIN). CILT provides funding to eligible individuals to purchase their own attendant care services.
	+ *Community Support Services (CSS)* - Services are accessed directly by the client and help the frail elderly and persons with disabilities live in the community safely and independently. CSS agencies provide a range of support services including services for persons with blindness or visual impairment and services for persons with deafness, congenital hearing loss or acquired hearing loss.
	+ *ABI Services* - Services are specialized community behavioral support services for adults (over the age of 16). ABI services may include specialized day programs, independence training, ABI outreach services and Assisted Living Services in Supportive Housing.
	+ *Ontario Disability Support Program (ODSP)* – The ODSP offers income support to people with disabilities and their eligible family members to help with the costs of basic needs (food, clothing, shelter), as well as costs of medication and vision care. It also provides services and supports to help people with disabilities find and keep employment.
	+ *Home and Vehicle Modifications Program* - Provides home and vehicle modifications to eligible individuals and families to enable children and adults with restricted mobility to continue living safely in their homes, avoid job loss and participate in their communities.
	+ *Assistive Devices Program (ADP) -* Provides funding support to eligible individuals who have long-term physical disabilities, to obtain personalized assistive devices appropriate for their basic needs.  ADP funded mobility devices include manual and power wheelchairs, walkers and power scooters.

**Access to free or affordable general healthcare services and programmes, including mental health services, services related to HIV/AIDS and universal health coverage**

* In Canada, provincial and territorial governments have primary jurisdiction in the planning and delivery of mental health services. The Government of Canada also plays a vital role, including funding mental health research and mental health promotion, mental illness surveillance and suicide prevention.
* The federal government is also responsible for the delivery of mental health and addictions services to several federal populations, including First Nations on-reserve and Inuit, federal inmates, veterans and military personnel.
* The Government of Canada is committed to strengthening Canada’s publicly-funded universal health care system and this includes enhancing the affordability, accessibility, and appropriate use of prescription drugs. The federal government is working with the provinces and territories as an active member of the pan-Canadian Pharmaceutical Alliance, which negotiates lower drug prices on behalf of public drug plans. As well, through the Patented Medicine Prices Review Board, the Government of Canada regulates maximum allowable prices of patented drugs. The Board has been consulting with Canadians on changes to its guidelines that would make patented drugs more affordable. The 2017 Federal Budget earmarked $140.3 million over five years, starting in 2017–18, with $18.2 million per year ongoing, for Health Canada, the Patented Medicine Prices Review Board and the Canadian Agency for Drugs and Technologies in Health in order to improve access to prescription medications, lower drug prices and support appropriate prescribing. This funding will help to build on the ongoing collaboration with P/T’s and other partners to make prescription drugs more affordable and accessible to Canadians.
* The Government of Canada has demonstrated its commitment to improving access to necessary prescription medications, by taking concrete steps to lower drug prices, streamline regulatory processes for drug approval, support better prescribing practices and explore a national drug formulary. These steps will significantly improve the accessibility and affordability of prescription medications, but there is an opportunity to do even more. As part of the 2018 Federal Budget, Canada has announced the creation of an Advisory Council on the Implementation of National Pharmacare to begin a national dialogue and work closely with experts from all relevant fields as well as with national, provincial, territorial and Indigenous leaders. The Advisory Council will report to the federal Minister of Health and the Minister of Finance and will conduct an economic and social assessment of domestic and international models, and will recommend options on how to move forward together on this important subject.
* The Government of Canada also supports the mental well-being of Canadian children. The *Community Action Program for Children (CAPC)* is a community-based children's program that promotes the healthy development of young children (0-6 years). Since 1993, CAPC projects have been supporting children and their families facing challenging life circumstances. The program also seeks to promote the creation of partnerships within communities and strengthen community capacity to increase support for vulnerable children and their families. Through this initiative, the Public Health Agency of Canada funds 415 CAPC projects serving over 223,000 vulnerable children and parents/caregivers in over 3,000 communities across Canada each year. Programming offered by CAPC projects varies by location; however they generally offer child health and development activities, parenting skills programs, nutritional support and collective kitchens, physical activity programs, outreach and home visits.
* The Government of Canada also supports the mental health well-being of public safety officers and veterans. Veterans Affairs Canada (VAC) works to ensure eligible veterans, retired Royal Canadian Mounted Police members and their families have the mental health support they need, and provides access to a wide range of mental health services and information. VAC funds a network of 11 operational stress injury clinics across Canada, as well as satellite clinic services closer to where veterans live. These clinics are complemented by the Canadian Armed Forces (CAF) network of seven Operational Trauma and Stress Support Centres.
* VAC also has a well-established national network of around 4,000 mental health professionals who deliver mental health services to veterans with operational stress injuries. VAC also has the VAC Assistance Service phone line which is available 24 hours a day, 365 days a year that provides counselling for difficulties that affect well-being. Difficulties may include work-related issues, health concerns, family and marital problems, psychological difficulties and other problems.
* Veterans have access to the Operational Stress Injury Social Support Program, which provides confidential peer support to Canadian Armed Forces (CAF) members, veterans and their families, as well as online and mobile applications such as “Post-traumatic stress disorder coach” and the “Operational Stress Injury Resource for Caregivers”.
* Caregiver mental health and well-being is also a priority for Veterans Affairs Canada (VAC). In 2016, the Government of Canada announced the development of a new on-line tool that will help caregivers of veterans who are dealing with physical and mental health conditions. This tool will include discussion boards, peer support, facilitation and real-time engagement of participants, and will provide additional support to veterans and their families, recognizing the integral role of the caregiver.
* The Government of Canada will invest $10 million over 5 years, starting in 2018-19, for Public Safety Canada to work with the Canadian Institute for Public Safety Research and Treatment to develop an Internet-based Cognitive Behavioural Therapy pilot as a means of providing greater access to care and treatment for public safety officers across Canada.
* Canada will also provide the Royal Canadian Mounted Police (RCMP) with $21.4 million over five years, starting in 2018-19, to support the mental health needs of its officers.
* Through the 2017 Federal Budget, the Government of Canada took an important step towards the goal of ensuring that offenders with mental health needs in federal correctional facilities receive the appropriate level of care. This year’s federal budget builds on the investments made in the 2017 Federal Budget, proposing $20.4 million over five years, beginning in 2018–19, and $5.6 million per year ongoing, for the Correctional Service of Canada to further support the mental health needs of federal inmates. Funds would largely be targeted towards providing enhanced mental health supports for women in federal correctional facilities across Canada.
* The Government of Canada’s 2017 Budget proposed to invest $828.2 million over five years to improve the health outcomes of First Nations and Inuit. This funding was directed towards chronic and infectious diseases; maternal and child health; home and palliative care; harm reduction measures as well as the Non-Insured Health Benefits Program. The *Non-Insured Health Benefits (NIHB)* Program provides eligible First Nations and Inuit people with coverage for drugs, dental care, vision care, medical supplies/equipment, mental health counseling, and medical transportation to access medically-required health services not available on-reserve or in the community of residence. Most of these investments will improve the availability of health services and care in First Nations and Inuit communities. While not specifically directed towards people with disabilities, the services improvements that will result from these investments will have a positive impact on people with disabilities.
* Most of the funding for health supports to Indigenous communities comes from Indigenous Services Canada. The department is:
	+ Funding primary health care services, including access to emergency services twenty-four hours a day, in 79 remote and isolated First Nations communities, serving approximately 91,000 individuals.
	+ Funding important mental wellness services with an investment of $350M in 2017-18.
	+ Supporting the *Fetal Alcohol Spectrum Disorder (FASD) Program*, which supports First Nations and Inuit communities to undertake activities that will educate and raise awareness about the impacts of FASD; develop mentoring programs that support women to stop or reduce alcohol use while pregnant; facilitate access to earlier diagnosis; and build capacity in front-line staff and families to develop successful prevention and intervention programs and services.
	+ Supporting the *Home and Community Care* which currently serves 98% of First Nations communities and 100% of Inuit communities. In 2013-14, 2.3 million hours of service were provided to 35,391 clients in 686 First Nations and Inuit communities; employing 681 registered nurses, 298 licensed practical nurses, 1,164 personal care/home support workers, and 348 program support workers.
	+ Funding the *Assisted Living* program for non-medical social support services to low-income seniors, adults with chronic illness, and children and adults with disabilities (mental and physical) who are ordinarily resident on reserve so that they can maintain functional independence and greater self-reliance.
	+ Funding for the *Disability Initiative* comes from the *Assisted Living* program. The Initiative provides funding for projects and activities that increase awareness of disability issues and available supports; and/or improve the coordination and accessibility to these programs and supports among individuals with disabilities living on reserve. Funded initiatives have provided support for persons with disabilities to navigate eligible programs across Federal-Provincial/Territorial jurisdictions, including men, women, elders, children, and youth. Increasing access to programs helps to support residents on reserve who may be socially isolated or have limited experience navigating social services.
* In addition, Health Canada collaborated with the Assembly of First Nations, community mental health leaders, and other government departments to develop the *First Nations Mental Wellness Continuum Framework*. The Framework was endorsed and released by the Assembly of First Nations in January 2015. Implementation is underway with First Nations partners at regional and national levels, testing service integration and moving toward culturally safer practices.
* In the 2016 Budget, the Government of Canada announced funding of $69 million over three years, to improve access to mental health and suicide prevention services and programs for First Nations and Inuit. In the 2017 Federal Budget, the Government of Canada proposed an additional $204.2 million over five years to increase support for mental health services for First Nations and Inuit. Of the total funding, $118.2 million was targeted towards mental health programming and $86 million was allocated for the *Non-Insured Health Benefits Program* to expand access to mental health professionals and make available the services of traditional healers to address mental health needs.
* For many survivors of Indian residential schools and their families, the healing process has been long and very difficult. In light of this, the *Indian Residential School Settlement Agreement* committed to providing survivors and their families with mental health and emotional support services to help them as they heal. Through the 2018 Federal Budget, the Government of Canada proposed to provide $248.6 million over three years for services, including mental health and emotional supports to survivors and their families for the duration of the *Settlement Agreement*.
* Additionally, to continue improving the health outcomes of Indigenous populations, the Government of Canada will provide $490 million over two years to preserve access to medically necessary health benefits and services through the *Non-Insured Health Benefits Program*. This is a national program that provides coverage to First Nations and Inuit for specified medically necessary items and services that are not covered by other plans and programs. The major benefit categories are: dental care; eye and vision care; medical supplies and equipment; drugs and pharmacy products; mental health counselling; and assistance with medical transportation to access medically necessary services.
* The Government of Canada recognizes the important role that psychiatric service dogs can play in helping Canadians cope with conditions like post-traumatic stress disorder. Through the 2018 Federal Budget, the Government of Canada proposed to expand the Medical Expense Tax Credit to recognize costs for these animals. The costs of many service animals are already recognized, including the cost of a specially trained animal to help a person who is blind; is profoundly deaf; has a severe and prolonged physical impairment that markedly restricts the use of their arms or legs; is severely affected by autism or epilepsy; or has severe diabetes. In addition to the cost of the animal, the care and maintenance (including food and veterinarian care) are eligible expenses. Reasonable travel expenses for the person to go to a school, institution, or other place that trains them in handling such an animal (including reasonable board and lodging for full-time attendance at the school) are eligible expenses.
* The Government of Canada also supports programming that promotes the sexual health of persons with disabilities. For example through the *Federal Initiative to Address HIV/AIDS in Canada,* the Government of Canada supported a project by the AIDS Coalition of the Deaf in Quebec (Coalition Sida des Sourds du Québec) to increase knowledge about sexual health and prevention of HIV, Hepatitis C and other sexually transmitted and blood-borne infections, focusing on both the deaf population and professionals that play key roles in their access to care. The funding ended March 31, 2018.
* The 2018 Federal Budget announced the expansion of the eligibility criteria under the *Thalidomide Survivors Contribution Program*, which was established in 2015 to provide financial assistance for thalidomide survivors. The program includes a tax-free, lump sum payment to each survivor to help cover urgent health care needs and ongoing annual payments based on level of disability. It also includes an *Extraordinary Medical Assistance Fund* to support survivors with extraordinary medical expenses such as specialized surgery not otherwise covered by provincial/territorial health care plans or home or vehicle adaptations. The Government of Canada recognizes that it can be difficult for claimants to obtain documentary proof that they are survivors. To address this concern, the program will be expanded to help ensure that all eligible thalidomide survivors receive the financial support they need.
* As a first step toward recognizing the significant and unique challenges faced by Black Canadians, the Government of Canada will provide $19 million over five years that will be targeted to enhance local community supports for youth at risk and to develop research in support of more culturally focused mental health programs in the Black Canadian community.
* The Government of Alberta, in partnership with Alberta Health Services, assists adults with intellectual/developmental disabilities and mental health concerns/illnesses plus complex service needs receive the care they need through a coordinated and integrated support system and implements the cross-ministry policy framework for adults with complex service needs.
* The Government of Alberta also has a *Psychological Health and Safety Committee* that develops programs and supports for all occupational stress injuries including Post-Traumatic Stress Disorder (PTSD) for first responders in the public *Emergency Medical Services* system (paramedics). There is also a *Critical Incident Stress Manageme*nt (CISM) program and *Road to Mental Readiness* (R2MR) program.
* In February 2017, the Government of British Columbia announced $165 million over three years to improve access and target key mental health and substance use initiatives. The new resources will focus on prevention and early intervention, housing, enhanced treatment and supports, overdose prevention, research and better integration and access to services.
* In the September 2017 Budget Update, British Columbia announced $322 million over three years towards actions that save lives, end stigma, and improve access to treatment and recovery services.
* In Manitoba, fifteen First Nations communities currently receive regular child and adolescent mental health and psychiatric consultations via the province’s enhanced Telehealth initiative. The three remote First Nation communities of Bunibonibee (Oxford House), Mithkwamepin Thaakkahikan (Red Sucker Lake), and Mishi-baawitigong (Little Grand Rapids) were added in March 2017. Non-emergency mental health services are also provided on-site to students attending Southeast Collegiate in and are followed via Telehealth as needed after they return to their community, as many students from remote and northern First Nation communities attend Southeast for secondary education.
* The Government of Newfoundland and Labrador initiatives to assist first responders and military veterans dealing with PTSD include:
	+ Mental health and addictions counselling is available in 59 outpatient counseling offices located throughout the province.
	+ A regional health authority, Eastern Health, offers a Traumatic Stress Service as part of their mental health and addictions programming.
	+ Individuals can also access the Mental Health Crisis Line which offers 24/7 telephone crisis intervention services or the Warm Line which offers pre-crisis peer support 12/hours a day, 7 days a week (11 am-11 pm).
* The Government of Prince Edward Island has established a *Critical Incident Stress Management Network* of trained providers available to all first responders to seek to prevent and mitigate response to trauma. Improvements have been made to link local military veterans to the Regional Operational Stress Injury Clinic through telehealth, facilitated by provincial Community Mental Health.
* Military veterans in Saskatchewan can access services related to PTSD through the health regions. How PTSD impacts individuals varies considerably, and so there are a range of mental health supports available. For example:
	+ Adult Mental Health Clinics in the Regina area, which were delivered by the Regina Qu’Appelle Health Region (RQHR) prior to the establishment of a single province-wide health authority are part of a continuum of treatment and support services available for adults age 18 and over. They provide a wide range of community-based services for people who are having significant problems related to their mental health and well-being. All services are provided free of charge.
	+ The *Wellness and Support Program* focuses on relapse prevention and provides assistance maintaining health and wellbeing through a variety of services including individual sessions and a weekly wellness group.
	+ The *Wellbeing Program* is an online therapy program offered in partnership with the University of Regina. It assists individuals in managing symptoms of anxiety and/or depression more effectively.
	+ More generally, the Extended Care/Veterans Program, located at the Wascana Rehabilitation Centre in Regina, provides specialized supportive and long term care services to 259 residents on seven units.
* The Government of Ontario’s *Assisted Living Services in Supportive Housing (ALSSH)* provides on-site personal support or attendant services to frail elderly, persons with physical disabilities, persons with acquired brain injury, or persons living with HIV/AIDS who do not need 24-hour nursing care and can reside at home with support; but, whose care requirements cannot be met solely on a scheduled visitation basis. This program provides a combination of personal support and essential homemaking services, security checks or reassurance services, and care coordination.
* In the province of Ontario, mental health initiatives in all sectors are guided by *Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy*. Ontario is working closely with Indigenous partners and Franco-Ontarian organizations to effect culturally and linguistically appropriate implementation of the strategy. Moreover, the justice system in Ontario is responding to the unique needs of accused persons and inmates living with mental illness. Additionally, Ontario has resourced school boards to develop locally appropriate mental health initiatives, and supports helplines and on-campus projects for post-secondary students. Over 121,000 children and youth are served by Ontario-funded community-based child and youth mental health agencies annually.
* Ontario is funding up to nine integrated youth service hubs (one-stop shops for mental health and other supports for youth aged 12-15) and almost 17,000 supportive housing units for Ontarians living with mental illness or addictions and other vulnerable persons. Ontario funds the *Mental Health Helpline*, which provides information about mental health services in Ontario. It also funds the *Drug and Alcohol Helpline* and *Ontario Problem Gambling Helpline*. Ontario is funding the renovation of hospitals and treatment centres to add inpatient beds and expand emergency and outpatient services.
* In 2016, Ontario enacted legislation creating a presumption that post-traumatic stress disorder (PTSD) diagnosed in first responders is work-related. This presumption allows for faster access to benefits, resources and timely treatment under the province’s *Workplace Safety and Insurance Plan*. The presumption applies to police officers, firefighters, paramedics, certain workers in correctional institutions and secure youth justice facilities, dispatchers of police/fire/ambulance services and emergency response teams.
* This Act also allows the Ontario Minister of Labour to ask employers of the designated first responders to provide information regarding the employer’s plans to prevent PTSD and authorizes the Minister to publish the information submitted. Collecting this information is intended to encourage the development of prevention plans and assess progress in the prevention of PTSD in these workplaces.
* The Ontario Ministry of Labour is taking steps to bring the issue of mental health in the workplace to the forefront. These steps include the province’s *PTSD Prevention Strategy,* launched in February 2016, to help reduce the risk of PTSD among first responders. A free online PTSD toolkit was developed with resources tailored to meet the needs of employers, including information and supports for developing PTSD prevention plans that include prevention, intervention, recovery and return to work practices. Another element of this strategy included a campaign aimed at increasing awareness about PTSD among first responders, their families and communities and eliminating the stigma that too often prevents those in need from seeking help. As part of the Strategy, the Ministry of Labour hosted the Making Progress on Prevention Summit in October 2016, to highlight best practices, recognize leaders, and monitor progress in dealing with PTSD. The Summit brought together workers, employers and experts to discuss shared experiences and workplace best practices in mitigating and preventing PTSD. The Strategy also provides research grants to support the prevention or mitigation of PTSD.

**Access to free or affordable disability-specific healthcare services and programmes**

* Through the Canadian Institutes of Health Research (CIHR), Canada is supporting researchers who are advancing the scientific knowledge for the development of new diagnostic tools and treatments for those living with autism. The Government of Canada, through CIHR, has invested $40 million in autism research between 2012-13 and 2016-17. This investment includes support for a research chair in Autism Spectrum Disorders, who focuses on the prevention and treatment of mental health problems in persons with Autism Spectrum Disorders. In addition, CIHR, in collaboration with the Natural Sciences and Engineering Research Council and the Social Sciences and Humanities Research Council committed an investment of $39.1 million between 2009 and 2019 to support the Kids Brain Health trans-Canadian network, which focuses on improving diagnosis, treatment and support for families raising children with brain-based disabilities, such as autism.
* In the 2018 Federal Budget, the Government of Canada proposed to provide $20 million over five years, beginning in 2018-19, to support a new national research consortium between the Canadian Institutes of Health Research and the Canadian Institute for Public Safety Research and Treatment. This new consortium will work to address the incidence of post-traumatic stress injuries among public safety officers.
* In the 2018 Federal Budget, the Government of Canada proposed to provide $20 million over five years for two new initiatives to better support the needs of Canadians experiencing autism spectrum disorder and their families. This will include the creation an *Autism-Intellectual-Developmental Disabilities National Resource and Exchange Network* (AIDE) to develop online resources, an inventory of services, employment opportunities and local programming for families across the country, based on their specific needs. The Network would be led by the Pacific Autism Family Network and the Miriam Foundation. Funding of $9.1 million will also be provided to the Public Health Agency of Canada to support community-based projects that will support innovative program models, help reduce stigma, and support the integration of health, social and educational programs to better serve the complex needs of families.
* The 2018 Federal Budget also proposed to provide $20 million over five years, and $4 million per year ongoing, to the Public Health Agency of Canada to support community-based projects that address the challenges of dementia. Projects could include programs that provide mental health supports and information about self-care for family caregivers, or initiatives that help Canadians locate resources in their communities quickly, including information about best practices for providing care for people living with dementia. This new funding will help to improve the quality of life of people living with dementia and ensure that caregivers—who are predominantly women—have access to the resources they need, including mental health supports.
* The 2018 Federal Budget also proposed a renewed funding of $23.6 million over four years to support the Rick Hansen Foundation’s efforts to achieve breakthroughs in spinal cord injury research and care.
* Veterans Affairs Canada (VAC) provides health care programs under the *Veterans Health Care Regulations*, which include the provision of Treatment Benefits Programs, the Veterans Independence Program, and Long Term Care to eligible veterans. To be eligible for one of the main programs, eligibility is based on being in receipt of a VAC Disability Benefit (a disability pension and/or award for a service-related injury) or in some instances, veterans, such as Special Duty Service pensioners, may also receive treatment benefits for any health condition, where it is not already provided either through provincial or private health coverage.
	+ Treatment Benefits consist of a full range of medical, surgical, dental services, or treatment provided by health professionals; surgical or prosthetic devices or aids and their maintenance; home adaptations to accommodate the use of devices or aids; preventative health care; and prescription drugs. Recipients may be eligible to receive supplementary benefits such as costs of travel to receive treatment and travel costs for escorts, treatment allowances, and costs associated with medical examinations when requested by the Department. It is important to note that VAC is not a direct health care provider. Treatment benefits and services are delivered by registered health care providers approved by the Department.
	+ The Veterans Independence Program provides financial assistance so that eligible veterans, their primary caregivers and survivors may receive home and support services to remain independent and self-sufficient in their homes and communities, and when care in the home in no longer practical, long term care in a community facility. The program is considered to be a top-up to other federal, provincial/territorial, municipal and non-government organization that provide benefits to support the care, treatment and independence of individuals. Some of the services available are Home Care Services which include grounds maintenance, housekeeping, access to nutrition, ambulatory health care, and home adaptions. The program is designed so that clients can obtain care in their principal residence, maintain their independence for as long as possible, and be able to gain access to the more costly care in a health care facility only when absolutely necessary.
	+ Long Term Care is a health care program that provides benefits along a continuum of care from support at home to care in long term care facilities. The programs works with provincial health authorities and long term care facilities to financially support eligible veterans in a facility which meets their assessed health care needs. VAC covers the cost of veterans’ long-term care for a service-related disability in one of a network provincially licensed community facilities located across the country.
* The Government of Alberta funds the health services provided through the *Assured Income for the Severely Handicapped* program that is administered by the Government of Alberta’s Community and Social Services department. Assistance provided may cover health needs for the individual with a disability, their spouse or partner and their dependent children.
* Also in Alberta, children and adults with autism have access to a variety of community-based services which support them to be included in community life, education, post-secondary education and employment, through the Family Support for Children with Disabilities (FSCD) and Persons with Developmental Disabilities (PDD) programs.
* In 2003, the Government of British Columbia established the *BC Autism Assessment Network* for the assessment of children who may have a diagnosis of autism. The provincial government supports two core autism programs that provide funding for autism-specific intervention services for children and youth diagnosed with Autism Spectrum Disorder (ASD):
	+ Autism Funding: Under Age 6 ($22,000 per year)
	+ Autism Funding: Ages 6-18 ($6,000 per year).
* In the province of Manitoba, *Autism Outreach* provides consultation and training to parents and caregivers to help them support their child with autism in a way that meets the unique needs of the child and the family. A total of five Autism Early Intervention Specialists were hired between 2012 and 2015 in order to make this service more accessible across Manitoba and to provide a valuable support to families in their home community. In 2015/16, $982.3 was allocated to *Autism Outreach* and an estimated 210 children received service across the province.
* The Government of Saskatchewan’s *Framework and Action Plan for Autism Spectrum Disorders Services* serves as an action plan in the province’s health regions. It provides evidence-supported intervention options including behavioural, visual or social strategies through individual programming developed by the client’s service team and family. The action plan builds on and joins with other services available in the health region and community to meet the needs of the clients it services.
* The Government of Prince Edward Island has established a “Children with Complex Needs” initiative. Delivered through the provincial health authority, this initiative aims at improving family centered care and engagement, prevention and early intervention, establishing standards to improve integrated care.
* For children with a diagnosis of autism spectrum disorder, the Government of Newfoundland and Labrador delivers several intervention programs:
	+ *Direct Home Services Program:* A provincially funded program, delivered by the regional health authorities, this voluntary, home-based early intervention program is provided at no cost to the family. It is offered to families with infants and preschool-aged children who display or are at risk for significant developmental delay. The goal of the program is to develop and implement individualized skill teaching and behavioural strategies with the family to achieve positive gains in the child’s development.
	+ *Intensive Applied Behavioural Analysis Program:* Applied behavioural analysis utilizes well studied learning principles in a systematic way to teach skills that are meaningful for the child and the family. There is a focus on increasing positive behaviours and reducing or eliminating challenging behaviours through the use of positive programming principles.
	+ *Community Behavioural Services (CBSP):* This provincially funded service is also delivered through the regional health authorities. The Community Behavioural Services Program is a voluntary, community-based behavioural support program that provides intervention and support to individuals with a developmental disability and significant behavioural concerns. The intervention is provided within the home and community environments in which behavioural difficulties occur. Regional health authority staff known as behaviour management specialists (BMS), visit the individual on a regular basis to complete a functional analysis/assessment and to develop and monitor a suitable approach to address behavioural concerns.
* The province of Ontario is transforming the way children and youth with Autism Spectrum Disorder (ASD), and their families, receive services through the *Ontario Autism Program (OAP)*. Families began to enter the OAP in June 2017. The vision of the OAP is to give children and youth with ASD access to the timely and effective services they need to achieve their goals at home, at school, in the community, and as they transition into adulthood. The OAP provides all families of children and youth with ASD with flexible, family-centered services based on each child’s unique needs.

**Access to free or affordable health-related habilitation and rehabilitation goods and services, including early identification and intervention**

* To support veterans with disabilities, the 2017 Federal Budget proposed additional improvements to programming and services for Canada’s veterans and their families, including having no time limit for access to vocational rehabilitation for veterans or survivors. Applicants would no longer have to deal with the pressure of applying for the rehabilitation program while dealing with the disability or death of a loved one. Currently, Veterans Affairs Canada (VAC) offers a *Rehabilitation and Vocational Assistance Program* to veterans and their families, which provides comprehensive medical, psycho-social, and vocational rehabilitation services and vocational assistance to enable individuals to successful transition to civilian life by restoring their ability to function in the home, community and workplace.
* Correctional Services Canada (CSC) is legislatively mandated to provide inmates with essential health care and reasonable access to non-essential mental health care that will contribute to the inmate’s rehabilitation and successful reintegration into the community. CSC Health Services is currently developing an Aging Offender Strategy to better align services with age specific health and social care needs. CSC National Formulary (March 2018) is a list of medications which CSC will fund when providing essential medical care to federal offenders. CSC provide Pre-Exposure Prophylaxis (PrEP) medication on the formulary as “open benefit” so physician can prescribe PrEP at their discretion. CSC is in the process of developing a guidance document for PrEP. CSC provides all new all oral medications for Hep C regardless of fibrosis level. CSC will also provide access to physio therapy as per the *National Essential Health Services Framework* (September 2017), as well as access to dental as per the *National Essential Health Services Framework* (September 2017)
* Provincial and territorial governments have a variety of supports and services available to individuals with disabilities to assist them with issues such as mobility, communication, and other aspects of daily living.
* The Government of British Columbia provides funding support for medical equipment and devices for disability assistance clients to assist with mobility. This may include scooters, power or manual wheelchairs, hearing aids, eyeglasses, orthoses, a guide dog supplement for individuals who are blind, etc. It also funds the *Communication Assistance for Youth and Adults* (CAYA) program. The CAYA project began operating in 2005 with the goal of addressing the needs of young adults with severe communication disabilities as they were leaving the education system where tools and support had been provided. For individuals aged 19 or older, CAYA provides equipment and services, free of charge, to enable them to communicate.
* The Government of Alberta’s *Alberta Aids to Daily Living* program (AADL) assists Albertans with a long-term disability, chronic illness or terminal illness, in maintaining independence in their community. AADL provides funding for basic medical equipment and supplies to meet clinically assessed needs. The Government of Alberta’s *Special Needs Assistances for Seniors* (SNA) Program provides support to eligible low-income seniors in Alberta to provide assistance with some items, including health and personal supports. Some of the items that are funded include foot orthotics and a lift chair.
* The Government of Manitoba provides financial support to children in care with disabilities. In 2016-2017, the *Exceptional Circumstances* budget, which covers disability aids for children in care, was over $10.4 million. Manitoba’s *Employment and Income Assistance* (EIA) Program provides financial support for mobility/disability aids for its clients. In July 2014, the provincial government established the Disability and Health Supports Unit to centralize and standardize the assessment and procurement of medical supplies, equipment, and therapeutic diet/nutritional supplement needs required by participants of EIA, Community Living disABILITY Services, and Children’s disABILITY Services.
* The Government of Saskatchewan’s *Saskatchewan Aids to Independent Living* (SAIL) program provides assistance to people with physical disabilities to live a more active and independent lifestyle. It also helps people in the management of certain chronic health conditions. The *Universal Benefits Program* offers a variety of supports to individuals, including the *Mobility and Assistive Devices (Special Needs Equipment) Program*. First Nations individuals in Saskatchewan are not eligible to access SAIL programs.
* In Prince Edward Island, various technical aids and assistive devices may be cost shared with individuals and families to help address unmet needs with the recommendation of a Health Care Practitioner such as an Occupational Therapist, Physiotherapist, Audiologist, Speech Language Pathologist, etc.
* The Government of Newfoundland and Labrador’s *Special Assistance Program* provides basic medical supplies and equipment to assist with activities of daily living for individuals living in the community who meet clinical and financial eligibility criteria for the program. Benefits of the program include medical supplies, oxygen and related equipment and supplies, orthotics such as braces and burn garments; and equipment such as wheelchairs, commodes or walkers.
* The Government of Northwest Territories, through the Labour Market Agreement for Persons with Disabilities and the Small Community Employment Program, provides supports to those requiring disability aids if it is the barrier to their employment.
* The Ontario Disability Support Program, in the province of Ontario, may help with: purchasing of hearing aids, hearing related items and services and alerting systems, repairing a hearing aid and/or replacing a battery for a hearing aid or device. The Ontario Disability Support Program can also provide help with the cost of batteries and repairs for mobility devices, such as manual or electric wheelchairs and scooters, if no other funding is available. Financial assistance for mobility devices is available through the Assistive Devices Program (ADP) of the Ministry of Health and Long-Term Care. ADP will pay for 75% of the cost of the device. ODSP will cover the remaining 25%. Additionally, the Home and Vehicle Modifications Program, administered on behalf of the Ministry of Community and Social Services by the Ontario March of Dimes, provides home and vehicle modifications to eligible individuals and families to enable children and adults with disabilities that restrict mobility to continue living safely in their homes, avoid job loss and participate in their communities.
1. **Please provide information on discrimination against persons with disabilities in the provision of healthcare, health insurance and/or life insurance by public or private service providers.**
* Canadian law provides strong protections against discrimination for persons with disabilities, including in the provision of health care.
* The *Canadian Charter of Rights and Freedoms* guarantees equality before and under the law and equal protection and benefit of the law, without discrimination based on mental or physical disability and other grounds.
* The *Canadian Human Rights Act* and similar provincial and territorial laws prohibit discrimination in employment, access to goods and services, housing, and other areas, in both public and private sectors.
* A cornerstone of Canadian anti-discrimination law is the duty to accommodate the needs of persons with disabilities. This duty recognizes the right of persons with disabilities to the same opportunities as those without disabilities, and requires employers and service providers to do whatever is reasonably possible to accommodate this right. Accommodation must be tailored to individual needs. It might take the form of physical changes to buildings and workspaces, sign language interpretation, and scheduling adjustments, to give a few examples.
* Canadian law also prohibits discrimination on multiple or intersecting grounds. Courts have recognized that when multiple grounds of discrimination are present, their combined effect may be more than the sum of their individual effects.
* Human rights commissions in Canada take an active role in assisting employers and service providers with understanding their duties under anti-discrimination laws and preventing discriminatory practices.
* In the event of a successful discrimination complaint, the law can provide four kinds of remedy:
	+ an order to stop the discrimination;
	+ an order to take systematic measures to prevent such discrimination from happening in the future;
	+ an order to grant rights or privileges that were lost or inaccessible, such as reinstatement into a lost job; and
	+ monetary awards for lost income, pain and suffering, and expenses.
* Bill S-201, *An Act to prohibit and prevent genetic discrimination* was recently passed in Canada. The Bill will:
	+ Enact a stand-alone *Genetic Non-Discrimination Act* (GNDA) to prohibit requiring individuals to undergo genetic testing or to disclose genetic test results as a condition of providing goods or services or of entering into and maintaining a contract. Exceptions are provided for health care practitioners.
	+ Amend the *Canada Labour Code* (CLC) to protect federal employees from being required to undergo or to disclose the results of genetic tests, and to prohibit disciplinary action by an employer as a consequence of such refusal.
	+ Amend the *Canadian Human Rights Act* (CHRA) to prohibit discrimination on the ground of “genetic characteristics.”
* In Canadian prisons, Correctional Services Canada (CSC) is legislatively mandated to provide inmates with essential health care and reasonable access to non-essential mental health care that will contribute to the inmate’s rehabilitation and successful reintegration into the community.
* In the province of Ontario, the Ontario Human Rights Commission's (OHRC) mission is to promote and enforce human rights, to engage in relationships that embody the principles of dignity and respect, and to create a culture of human rights compliance and accountability. The OHRC accomplishes this by exposing, challenging and ending entrenched and widespread structures and systems of discrimination through education, policy development, public inquiries and litigation. One of the policies developed by the OHRC is the *Policy on ableism and discrimination based on disability* in 2016.
* In Quebec, a number of measures to fight discrimination against persons with disabilities and the violation of their right to be protected from exploitation are provided for in Quebec’s *Charter of Human Rights and Freedoms.* The charter prohibits any form of discrimination based on a disability or the use of any means to palliate a disability (section 74).
1. **Please provide information on the observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services.**
* In Canada, detainees held in Immigration Holding Centres (IHCs) have access to legal counsel, and educational services (for minors), as well as access to a qualified religious representative upon request. When required, interpretation services are provided to detainees who have a limited understanding of Canada’s official languages or who require assistance with sign language. Detainees that have medical appointments outside of IHCs are escorted by the Canada Border Services Agency (CBSA) officers and/or CBSA contracted guard services to their appointments. All IHCs have monitoring systems in place designed to prevent any occurrence of exploitation, violence or abuse of detainees.
* The observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services is legislated under the *Corrections and Conditional Release Act* (*CCRA), Section 86 and 87.* Further, the CCRA requires that treatment shall not be given to an inmate unless the inmate voluntarily gives informed consent, and an inmate has the right to refuse treatment or withdraw from treatment at any time. Where an inmate does not have the capacity to understand, the giving of treatment to an inmate shall be governed by the applicable provincial mental health legislation, as well as the *Commissioner’s Directive 800, Health Services* CSC’s Guidelines, entitled *Consent to Health Service Assessment, Treatment and Release of Information* assist health staff regarding issues related to consent.
* Canadian law presumes that everyone should have the greatest possible autonomy in decision-making over matters such as health. Both supported decision-making and substitute decision-making regimes exist under P/T legislation. The vast majority of people with disabilities in Canada have full decision-making authority in respect of all aspects of their lives. Substitute decision-making arrangements are resorted to in only a small number of cases. They are considered a measure of last resort and are subject to significant procedural safeguards and judicial oversight. The determination that an individual has a need for support in decision-making, up to and including the appointment of a substitute decision-maker, is based only on evidence of the individual's actual decision-making ability, rather than on the existence of a disability. The relevant legal regimes provide for extensive regulation and safeguards in order to protect against abuse and ensure consideration of the perspective and interests of the individual concerned. The following are examples of such regimes:
	+ In Alberta, under the *Personal Directive Act*, individuals may choose a representative to make personal, non-financial decisions on their behalf. The *Adult Guardianship and Trusteeship Act* provides options and safeguards to protect vulnerable adults who require support in making decisions.
	+ In Manitoba, the *Vulnerable Persons Living with a Mental Disability Act* supports and regulates both supported and substitute decision-making for adults with a mental disability.
	+ In Nunavut, the *Guardianship and Trusteeship Act* recognizes the legal capacity of adults to make decisions about their personal care, health care, and financial matters. While court-appointed guardianships may be ordered under the *Guardianship and Trusteeship Act*, the Department of Family Services offers services to help protect individuals with a mental or physical disability who require support in making decisions.
	+ In Ontario, there is no legislated supported decision making, however, a person with a disability who may lack the mental capacity to make their own decisions often has people able to assist them with daily life and no substitute decision maker is usually required. Friends and family frequently help with things such as lease negotiations, buying groceries and routine health care decisions. Where informal supported decision making fails a mentally incapable person, and there is no less intrusive solution, then a substitute decision maker may be required.
	+ In Ontario, there is no global finding of “mental incapacity”. In order for a substitute decision maker to be appointed, a person must be found to be incapable of making certain kinds of decisions and this must be done in a context specific manner. The law presumes that people are capable in all domains unless there has been a specific finding of incapacity in that domain. For example, a person who has a substitute decision maker for property may still be legally capable of making his or her own health care decisions. A substitute decision maker must, by law, encourage the incapable person to participate, to the best of his or her abilities, in any decisions. When a substitute decision maker is appointed, the incapable person retains ownership of his or her property. The substitute decision maker for property becomes a fiduciary (trustee) and has no beneficial rights to the property.
	+ In Ontario as well, a community treatment order (CTO) is a doctor’s order for a person to receive treatment or care and supervision in the community. The treatment or care and supervision is based on a community treatment plan which outlines the medications, medical appointments and other aspects of care that the doctor believes is necessary to allow the person to live in the community rather than a hospital.
	+ The *Mental Health Act* sets out the criteria that must be met before a doctor will issue or renew a CTO. For example, a CTO may only be issued to a person who has been a patient in a psychiatric facility on two or more occasions for a combined total of 30 or more days in the past three years or who was the subject of a previous CTO. The person who is subject to the order (or his or her substitute decision-maker) must also consent to the community treatment plan. The person or substitute decision maker must consent to the CTO. A CTO lasts up to six months. After this time, it expires unless a physician renews it. The CTO can be renewed for a period of six months at any time it is still in effect, or within a month of its expiry.
1. **Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of health policies, programmes and services.**
* The Government of Canada recognizes the importance of meaningful involvement with the disability community to help develop more informed and more effective policies and programs for Canadians with disabilities.
* To increase awareness and engagement, the Government of Canada created a website that lists all consultations being led by the Government of Canada. Canadians can search for a specific consultation, or by subject, including the subject of “persons with disabilities”. The website also provides reports of what was heard for all consultations that have been held since 2015.
* Also in 2016, the Minister of Sport and Person with Disabilities launched a national consultation on proposed federal accessibility legislation. During the 8 month consultation:
	+ Approximately 1200 Canadians attended public sessions held in cities across Canada;
	+ More than 4000 Canadians participated in an online consultation;
	+ Approximately 200 stakeholders from the private and public sectors participated in nine thematic roundtable discussions; and
	+ 115 youth from across the country attended a one-day National Youth Forum in Ottawa.
* In addition to these consultations, the Government of Canada provided $2 million over two years to help stakeholder organizations engage their members on the planned federal accessibility legislation. This funding is supporting five partnerships of disability organizations and three Indigenous organizations, who are undertaking various activities to engage their members and communities.
* Input from these consultations will help to inform the development of future Government of Canada policies and programs. Input on matters of provincial/territorial jurisdiction, including on health and health services, was shared with provincial/territorial governments.
* When preparing a policy for promulgation, Correctional Services Canada (CSC) engages a variety of stakeholders, including internal CSC staff that work with inmates, inmate committees that are comprised of inmate representatives, as well as external stakeholders that include inmate representative organizations. It is through this consultation that CSC is able to ensure health policies, programs and services are better tailored to inmate’s needs. Most recently, CSC has been engaged in developing intellectual disability guidelines. This process included engagement with all the groups listed above.
* The Government of Ontario’s *Autism Program* was informed by organizations representing people with disabilities and families of children and youth with autism. Families, experts and organizations were consulted through several initiatives:
	+ Ministry of Children and Youth Services Autism Services Review in 2013;
	+ Parliamentary Assistant to the Minister of Children and Youth Services engagement with families in 2012;
	+ Autism Spectrum Disorder Clinical Expert Committee report 2014;
	+ Select Committee on Developmental Services in 2014; and
	+ Ontario Autism Program Advisory Committee (current).
* The Government of Prince Edward Island has increased its efforts to include the disability community’s perspective in policy and legislative planning. For example:
	+ an Advisory committee on the development of the provincial Mental Health and Addictions Strategy includes non-governmental organizations representing people experiencing mental health disabilities;
	+ standing meetings are held between the provincial government and the Autism Society of PEI; and
	+ a standing Disability Advisory Committee brings together governmental and non-governmental organizations to identify and address policy-related issues.
* In addition to information found in Canada’s First Report, Canada noted the following information in its response to the List of Issues published by the United Nations Committee on the Rights of Persons with Disabilities:
	+ Many P/T governments have established advisory councils to include the community perspective in support of their efforts to enhance the rights of persons with disabilities. These include advisory committees in Nova Scotia, Prince Edward Island, Newfoundland and Labrador and British Columbia. In Ontario, municipalities with a population of 10,000 or more are required to establish accessibility advisory committees to seek advice on the accessibility for persons with disabilities to a building, structure or premises (complete or partial). Further examples of F-P/T consultations with disability organizations, include those conducted by:
		- Manitoba in 2016 on the development of a new provincial housing strategy, to which disability organizations, tenants of Manitoba Housing and persons with disabilities were invited to provide input;
		- An External Panel on Options for a Legislative Response to the Supreme Court of Canada’s ruling in *Carter v. Canada* in 2015 and a special joint Parliamentary committee in 2016 on the subject of medical assistance in dying that included disability organizations and experts and online consultations with the public;
		- Saskatchewan in 2015 on safeguards to protect vulnerable persons, conscience protection for healthcare providers, policy consistency in the provision of medical assistance in dying and on the development of a Disability Strategy, *People Before Systems: Transforming the Experience of Disability in Saskatchewan*;
		- British Columbia in 2014 leading to *Accessibility 2024* — a ten-year action plan towards the progressive realization of increased accessibility and reduction of barriers for persons with disabilities; and
		- Quebec in 2013 with trade unions, community and business organizations, and education, health and social services networks towards the development of the second phase of the *National Strategy for Labour Market Integration and Maintenance of Handicapped Persons* adopted in 2008.