



Mood Disorders Society of Canada  
Société pour les troubles de l'humeur du Canada

# Strategies to Address Gaps in Assessment of Drug Therapies for Mental Illness

Mood Disorders Society of Canada Health System Roundtable Recommendations

## Executive Summary

Mood Disorders Society of Canada (MDSC) commissioned a recent report with a key finding that medications for mental illnesses face a dramatically higher rate of negative reimbursement recommendations from Canada's Drug Agency (CDA-AMC, formerly CADTH) compared to those for other disorders. To address this gap, MDSC led a roundtable of health system experts, including the CDA-AMC and other stakeholders, which resulted in three recommendations, listed below, for the path forward. Improvement in the front-line voice within the reimbursement review process is at the core of the recommendations. MDSC is actively collaborating with the CDA-AMC to address this gap.

- Increasing and enhancing representation of front-line voice (People With Lived/Living Experience (PWLE) and Psychiatrists) in the reimbursement review process
- Creating guidance and education for reimbursement review expert committees on "clinically meaningful endpoints" for mental illness
- Improving transparency around the reimbursement review process and final decisions



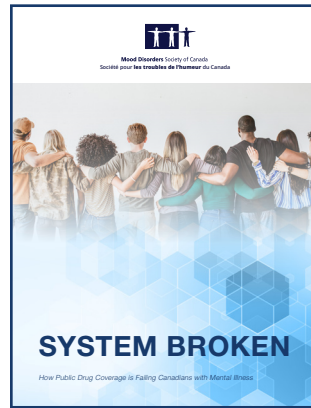
## Addressing Gaps: MDSC Health System Roundtable

MDSC hosted a first-of-its-kind **Health System Roundtable** in May 2024 where participants, including the CDA-AMC, discussed ways to amplify the front-line voices of PWLE and clinicians within the reimbursement process to ensure equal access to publicly funded medications for mental illnesses. A set of three clear recommendations stemmed from the roundtable, as outlined on page 2.

## Additional Background

Medication is a crucial part of mental illness recovery (as part of a holistic approach\*), but Canadians face access issues, impacting treatment effectiveness and societal wellbeing. Since mental illnesses vary for each person, successful treatment requires an individualized trial-and-error approach, making accessibility to all medications essential. To address these issues, MDSC collaborated with a steering committee of mental health stakeholders to commission the *System Broken* report, published in November 2023. The report examined Canada's public reimbursement review process for psychiatric drugs approved by Health Canada between 2012 and 2022. A health system roundtable, involving diverse perspectives from the CDA-AMC, PWLE, patient organizations, psychiatrists, government, public drug plan representatives, academia, and industry, discussed solutions to the gaps identified. Additionally, MDSC engaged with the CDA-AMC throughout 2023 and 2024 and participated in its 2023 Mental Health Listening Tour, which separately sought to understand the perspectives of patients, clinicians, and industry partners. CDA-AMC has initiated work on changes aligned with addressing the recommendations from the MDSC roundtable, including increased clarity and transparency in reports, and in PWLE & clinician input and involvement in the reimbursement review process. MDSC and the CDA-AMC agreed to continue to work collaboratively to address issues related to front-line voice in the reimbursement review process.

\*MDSC emphasizes the importance of timely access to effective medicines alongside holistic care, including psychotherapy, peer support, education, exercise, sleep, nutrition, housing security, and addressing other social determinants of health.



## The Evidence: MDSC Commissioned Report

The expert-led report, **System Broken: How Public Drug Coverage is Failing Canadians with Mental Illness**, found a significantly higher rate of negative reimbursement recommendations for mental illness medications compared to medications for other medical disorders (54% vs 17%), substantial delays (average 2.5 years), and an inequality of publicly funded medications (38% not publicly reimbursed) across Canada's most populated provinces ([accessmedication.mdsc.ca](https://www.accessmedication.mdsc.ca)). Central to addressing these gaps, MDSC will work with the CDA-AMC as they improve the front-line voice in the reimbursement review process.



We need to ensure that the decisions about which drugs are covered are informed by those who understand the day-to-day realities of treating mental illnesses.

Roundtable Participant



## Health System Roundtable Recommendations

To create meaningful improvements in the Canadian reimbursement process, MDSC is establishing a pan-Canadian, multi-stakeholder working group (WG) to advance the Health System Roundtable Recommendations. MDSC will continue to collaborate with the CDA-AMC in achieving the goals of the WG.

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### Increase and enhance representation of front-line voice (PWLE and Psychiatrists) in the reimbursement review process. Some ideas from the roundtable:

- The creation of a new, stand-alone or integrated, tailored mental health committee to leverage in the reimbursement process
- The use of a panel of experts, with regional and direct disease experience, each time a psychiatric medication is reviewed
- Developing and implementing education and support for PWLE, patient organizations that represent them, and psychiatrists with direct experience
- Providing fair compensation for participant's time in the process
- Also establishing realistic conflict of interest parameters, particularly given clinicians' connections to research and education with pharmaceutical companies



**We need to appreciate the unique challenges in measuring outcomes in mental health. Traditional outcome measures do not always capture the full impact of these medications.**

Roundtable Participant

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### Create guidance and education for reimbursement review expert committees on “clinically meaningful endpoints” for mental illness. Some ideas from the roundtable:

- Developing a “clinical meaningful outcomes in mental health” charter; facilitate dialogue sessions around an international (e.g., HTAi) conference to develop best practices across regions; include medication adherence, which is a major issue in mental health
- More targeted education for individuals involved in the reimbursement review process on the unique needs and benefits of mental illness medications at both the individual and societal level, with the inclusion of any factors that can be weighed as evidence of efficacy in real-world use, such as tolerability, side effect profile, adherence, quality of life, patient-reported outcome (PROs) measures, caregiver impact, as well as the economic impact of the disease

- Developing a comprehensive evidence document on the true impact of mental illness – to individuals, families, communities, employers/workplaces and society at large; including the economic impact of mental illnesses (prevalence, incidence, indirect & direct costs [individual, caregiver & societal, including social determinants of health]), direct health system (hospitalization, ER visits, physician visits, outpatient care) and medication cost, workplace-related costs (presenteeism, absenteeism, opportunity costs around achieving full potential)
- Given the heterogeneity of mental illnesses, increasing choice/availability of psychiatric medications across each mental illness to facilitate individualized treatment plans, and applying a more unified approach across provincial formularies to reduce disparities in medication access

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### Improve transparency around the reimbursement review process and final recommendations. Some ideas from the roundtable:

- Developing and applying a rubric to increase information sharing in the reimbursement review process outputs/reports allowing for increased understanding of why a drug was/was not recommended for reimbursement by the PWLE and clinicians who contribute to the process
- Increase transparency around criteria for who/which/why clinicians and PWLE were engaged in the process ensuring direct experience with the specific disease/medication in question



**I think persons with lived experience speaking to these committees are often tokenized. There is a disconnect between the medical perspective and our lived experience perspective. So, we often don't feel like our opinions are valued as much as they could be, yet we bring to the table the urgency, the nuanced experience of what we've been through, and the challenges we face.**

Roundtable Participant



**Mood Disorders Society of Canada (MDSC)** is a national, not-for-profit, Lived-Experience driven, health charity committed to ensuring Canadians impacted by mental illness, their family members and caregivers are heard on issues relating to mental illness and mental health. MDSC advocates to improve access to treatment, inform research, and shape program development and government policies to improve the quality of life for people affected by mood disorders.

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