



**Canadian Psychological Association:** The Canadian Psychological Association (CPA) is the national professional association of the country's psychologists and represents a discipline and profession that includes researchers and academics as well as a range of applied or practicing psychologists who work in industry, health and health care settings, a number of government departments like corrections and national defence, as well as in educational systems and in private practice. There are approximately 18,000 licensed psychologists in Canada. Canada's psychologists outnumber psychiatrists almost four to one making us the country's largest group of licensed, specialized mental and behavioural health care providers. CPA's mandate is to promote the science, practice and education of psychology in the service of the profession and the health and well-being of the Canadian public.

**Issue:** CPA and Canadian psychologists have been very concerned about the mental health and wellbeing of Canadians. Our concern centres on the incidence and prevalence of mental and behavioural disorders among Canadians, the toll problems and disorders take on individuals, families and the workplace, and the barriers that Canadians face in accessing needed psychological services and supports. Psychological services are largely provided in the private sector where they are not covered by the country's public health insurance plans. When covered by private health insurance plans offered by employers, the caps on service are almost always too low to afford a clinically meaningful amount of treatment.

Mental health problems and disorders impact individuals, economies and the workplace:

- 1 in 5 Canadians will experience a mental health problem in a given year (Mental Health Commission of Canada, 2011). The most common of these are depression and anxiety.
- Over 1 million Canadians surveyed in 2002 reported depressive episode in preceding year and 7/10 employed (Statistics Canada, 2002)
- The fastest growing category of disability costs is depression (Mood Disorders Society Canada )
- Annual cost of mental illness to the Canadian economy is 51 billion dollars (Lim et al., 2008 )
- Impact on productivity in workplace – tens of billions of dollars annually (Peachey et al. , 2013; Mental Health Commission of Canada )
- 40% disability claims to federal Treasury Board are related to mental health
- 2004-2009 700% increase in court awarded settlements due to mental injury in Canadian workplaces (Mood Disorders Society Canada )
- Can save 5k to 10k in average wage replacement, sick leave and prescription drug costs for every employee who gets mental health treatment (Mood Disorders Society Canada).
- Employers could expect to recover \$6 to \$7 billion of the \$20 billion in annual costs of mental disorders in the workplace if they helped support prevention, early identification and treatment of mental health problems for their workers. With timely and meaningful insurance coverage that delivers effective psychological services, insurers also stand to reduce disability costs (Peachey et al., 2013).

**When individuals have a mental condition or disorder, psychological treatment works:** Reports commissioned by CPA from Dr. John Hunsley in 2002 and 2013 show that:

- Psychological treatments have proven effective for a wide range of mental health disorders, as well as the management of chronic health problems and conditions such as heart disease and chronic pain.
- Psychological treatments are less expensive than, and at least as effective as medication for a number of common mental health conditions.
- People with depression who are treated with psychological therapy tend to relapse less frequently than those treated with medication.
- Successful treatment with psychological therapies results in decreased use of other health care services, with the costs of treatment being more than mitigated by reduced costs attached to those services.
- Psychotherapy works as well or better for people with severe depression as it does for people with its milder form.

- When combined with medication for bipolar disorder, patients function better and relapse less than when they receive medication alone.
- More recent research suggests that combining psychotherapy with medication enhances treatment compliance, reduces the subjective burden of disease and is associated with lower suicide rates.
- Psychotherapy is a first line treatment for a range of anxiety disorders and is, generally, as effective as medication.

## What Canada can do

**Make psychological care accessible:** At the end of 2013, CPA commissioned a report from a group of health economists that created and costed out several models of delivering enhanced access to psychological services. The report, authored by David Peachey, Vern Hicks and Orvill Adams provides a business case for improved access to psychological services based on demonstrating positive return on investment and proposed service that yields desired outcomes.

The report recommends four alternate models:

1. UK's Improved Access to Psychological Therapies (IAPT) – could be adopted provincially/territorially. These programs are designed to deliver care for people with the most common of mental health problems such as depression and anxiety, staffed by teams of psychologists and low intensity therapists (e.g. peer support, self-help, counselors) using a stepped care approach.
2. Collaborative primary care models that include psychologists should become an accepted fact in the evolution of collaborative care in Canada. Administrative structures and funding methods need to support the range and ratios of health professionals who can meet the needs of populations served and recognize the importance of professional and client decision making. Incentives should be provided for best practices with demonstrated improved patient outcomes. These models should follow a stepped care approach to mental health care with psychologists' roles focusing on assessment and diagnosis, consultation and education with health team members, program and service development and evaluation, treatment of complex and chronic co-morbid conditions involving mental health and addictions and supervision of other providers as appropriate.
3. Collaborative specialist care models should be implemented and/or expanded in hospitals and other sites offering secondary and tertiary care for conditions where psychological services are core to effective care (i.e. mental health conditions) and/or have been shown to improve outcomes (i.e. health conditions such as heart disease, cancer, obesity, diabetes, and chronic pain). As concerns tertiary care of mental health conditions, psychologists can carry out most or all of the responsibilities presently assigned to psychiatrists in psychiatric inpatient or outpatient care. The removal of referral bottlenecks to psychological assessment and care in tertiary care mental health facilities could enhance the provision of timely and appropriate care to those in need of mental health services.
4. Fee-for-service models continue to be the preferred funding method for insurers, social security funds (WCB and publicly funded liability insurance), and for individuals who prefer to use private practice psychologists' services. Mental health, and the provision of appropriate mental health service, needs to be chief among the workforce concerns of Canadian employers given that lost productivity resulting from mental illness and addiction is estimated at \$20 billion annually. Employers could expect to recover \$6 to \$7 billion of this amount annually with attention to prevention, early identification and treatment of mental health problems. With timely and meaningful insurance coverage that delivers effective psychological services, insurers also stand to reduce disability costs – given that approximately 30% of long term disability claims made to Canadian employers are for mental conditions.

**Create psychologically healthy workplaces.** The Mental Health Commission of Canada, the Standards Council of Canada, and le Bureau de normalisation du Quebec released its Psychological Health and Safety in the Workplace Standard in 2013. Implementing psychological safety programs prevents harm and promotes wellbeing for workers. Such programs mitigate risk, are cost effective, enhance recruitment and retention, and support organizational excellence and sustainability.

That Treasury Board recently doubled the coverage provided to employees for psychological service (effective October 2014) is a tremendous step but more can be done to enhance the economic and personal health and wellbeing of employees and the workforce.

- Remove need for medical referral to access the psychological service benefit. This requirement places a burden on the public health system and requires a general practitioner to make a mental health determination he or she may not

have the time or skills to assess. This is not a requirement of licensed psychological practice – psychologists are autonomously regulated health practitioners, can accept self-referrals and function fully independently of medical oversight.

- Make session and plan caps meaningful. Research into the efficacy and effectiveness of psychological treatment suggests that courses of treatment are 15 to 20 sessions. A cap that would afford a meaningful amount of service would be approximately \$3000, based on \$150 per session.
- Consider employee-directed plans. Assign a dollar amount to a basket of services (e.g. psychological services, physiotherapy, optometry) and let the employee decide how he or she wants to direct coverage annually.

**Address the needs of special populations.** CPA has been liaising with the Department of National Defence about the needs for psychological services within military populations. In order to augment its psychological resource, it is important that government departments create job and work conditions that support recruitment and retention. When it comes to the practice of psychology, this is typically achieved institutionally through the organization of services and departments led by a Chief of Psychology. Recruitment and retention can be enhanced by:

- Creating federal residency placements for doctoral-level psychology graduate students. Such programs not only help train a needed resource, but help with recruitment since psychology residents often stay to work in the jobs or jurisdictions where they train.
- Create the opportunity for clinical psychologists to more fully engage in the development of policy and programming and decision-making when it comes to mental health – this kind of engagement speaks to the conditions of work which enhance recruitment and retention for any employer.
- Ensure that the benefits and remuneration of psychologists are competitive with those in other public sectors like corrections, health and education. It is our understanding that currently they are not.

**Remove barriers to accessing services.** Budget 2013 (Pg. 375) makes changes to the HST/GST attached to reports and services for non-health care purposes. It is noted that services provided solely for non-health care purposes, even if supplied by health care professionals, are not considered to be basic health care and are not intended to be eligible for the exemption. It goes on to state that taxable supplies would include reports, examinations, and other services performed solely for the purpose of determining liability in a court proceeding or under an insurance policy.

CPA is concerned that this change will lead to unintended consequences for Canadians seeking mental health treatment and that Canadians will now have to pay taxes on certain some psychological services that were once exempt.

Because psychological assessments and treatment are not covered by provincial health insurance plans, patients often cannot afford to access these services without funding support. This means that when psychological services are provided outside of publicly funded facilities, an insurance policy is often involved. When limits on coverage are too low, or there is no coverage at all, patients either live without needed service or pay out of pocket for it.

Psychological assessments, even those that determine liability in a court proceeding or under an insurance policy, must be considered a basic health service. Medical legal assessments and insurance assessments are used to determine the nature of a health problem and to recommend the type and length of the treatment required. These assessments are necessary to demonstrate that the person has met the eligibility criteria to access the service and to receive the funds to pay for it.

The federal government can:

- Deem psychological assessments and interventions, when delivered even in a medical/legal context, or when privately insured, a necessary basic health service that are exempt from HST/GST.
- Work with the CPA to determine and clarify exempt psychological services. The CRA has had more than a year to issue clarification documents and/or technical interpretation bulletins but has yet to do so.