Access to Psychological Services in Canada: Getting what works on the menu for Canadians

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Dr. Cohen has prepared and presented briefs to standing committees of the Senate and House of Commons of Canada on matters pertaining to health and mental health as well held a ministerial appointment to a national advisory group on disability. She currently serves as Co-Chair of the Health Action Lobby, Chair of the mental illness awareness activities of the Canadian Alliance of Mental Illness and Mental Health (CAMIMH) and co-chair of the Mental Health Table.

Dr. Cohen completed her undergraduate work at McGill University earned her masters and doctoral degrees in Clinical Psychology at the University of Windsor. She went on to complete a post-doctoral fellowship in rehabilitation psychology and neuropsychology at the Ottawa Rehabilitation Centre.

I was most delighted to receive this invitation to share with colleagues in Aotearoa some of the issues and opportunities facing psychology in Canada. Like the New Zealand Psychological Society (NZPsS), the Canadian Psychological Association (CPA) has several mandates by virtue of its incorporation that commonly call for advocacy and promotion - promotion of the health and welfare of Canadians; promotion of psychological research, education and practice; and promotion of psychological knowledge. To address the issues or opportunities in each of these domains would far and away exceed the 2,000 words I have so generously been allotted. Accordingly, I will focus on one which directs our practice advocacy agenda for 2013/2014.

First a bit about CPA… CPA is Canada's largest national association of psychologists. We have approximately 6,800 members and affiliates whose interests and expertise span 33 areas of science and practice – each of these organized into Sections, such as clinical, developmental, industrial organizational, criminal justice psychology (to name only a few).

CPA as an organization is founded on three pillars (Science, Practice and Education) that form the foundation of our activity. Common to all three pillars is advocacy – on behalf of the discipline and profession - with government and other funders and stakeholders in psychological science and practice. It is advocacy activity that shapes the days (and a sleepless night or two) of CPA's leaders and senior staff. The organizational activities that fulfil our research, education and practice mandates, as well as the advocacy agendas attached to them, often overlap. For example, the accreditation of doctoral and internship programs in professional psychology is as relevant to education as it is to practice. Our annual convention and the publication of our three peer reviewed journals meets the needs of researchers and practitioners alike. Advocating for more research funding advances science but also helps meet the policy needs of funders and the practice needs of service providers. Although what follows focuses on our practice advocacy agenda, access to effective practice depends upon the resourcing of psychological research and training. The reader who wants to more fully understand the scope of CPA's mandate, activities and advocacy is directed to www.cpa.ca

Health and healthcare delivery in Canada…Much is said nationally and internationally about Canada's public health system. It is really a collection of systems (or some would say non-systems) that are administered separately by each of Canada's provincial and territorial governments in accordance with the Canada Health Act[1]. While it is true that Canadians' visits to their family physicians or admissions to hospital are paid for by the public purse, it is not entirely accurate to say that we have a publicly funded *health* system.

We have a publicly funded *medical* system that pays designated providers

1 http://www.cmha.ca/mental_health/myths-about-mental-illness/#.UlAnglCmg_Y

to deliver designated health services in designated venues. The services of physicians are funded for much of the service they deliver no matter the venue in which they provide it – a private office in the community, a clinic, a correctional facility or a hospital.

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The services of Canada`s other licensed health care providers – psychologists among them – are typically covered by Canada`s public health insurance plans only if that health provider is employed by a publicly funded institution such as a hospital, correctional facility or school. With funding pressures on public institutions, cuts to salaried resource are not uncommon with permanent positions becoming contracted ones or cut altogether. This has meant that over the past 10 to 20 years, more psychologists graduate to begin careers in private rather than public practice. Though psychologists in private practice in Canada are largely successful, their services are not funded by public health insurance systems and are therefore inaccessible to people of modest means or without private health insurance. Though much is said about not creating a two-tiered health system in response to the rising costs of publicly funded health care, the reality is that, at least when it comes to mental health, Canada already has a two tiered system. The services of psychologists, Canada`s largest group of licensed, specialized mental health care providers (outnumbering psychiatrists almost 4:1) are increasingly available only within the private sector.

Needs and demands in mental health…In Canada and elsewhere, awareness about the incidence and prevalence of mental illness is on the rise. One in five Canadians will experience a mental health problem in a given year[2] with a toll on the Canadian economy of approximately 51 billion dollars annually[3]. Mental health claims are the fastest growing type of disability costs with 30 to 40% of claims to major employers related to mental illness[4]. Mental illness takes a toll of about 20 billion dollars in lost productivity annually in the Canadian workplace[5].

Canada's Mental Health Commission[6], now in its 6th year of operation, has done a tremendous job mobilizing Canada's stakeholders in mental health; producing a national mental health strategy as well as standards for psychological health in the workplace, to name only two of its accomplishments. The challenge now is for Canada`s community of funders and decision makers to take up the Commission`s recommendations which include enhancing access to mental health services and supports.

Less than half of Canadians who have a need for mental health services seek them[7]. Further, of those Canadians who perceive an unmet or only partially met need for mental health service, they are most likely to cite a need for counselling or psychotherapy rather than for other kinds of treatment like medication[8].

2 http://www.mentalhealthcommission.ca/English/issues/workplace?routetoken=d1ae64fa1a81c2dd55809bed3a0c3fc4&terminitial=30
3 https://canadasafetycouncil.org/workplace-safety/mental-health-and-workplace
4 http://cpa.ca/practitioners/accesstoservice/
5 http://www.mentalhealthcommission.ca/
6 http://www.cmha.bc.ca/get-informed/mental-health-information/getting-help-md
7 http://www.statcan.gc.ca/daily-quotidien/130918/dq130918a-eng.pdf
8 http://cpa.ca/polls/

While stigma is the oft cited reason why Canadians don't seek and receive the mental health treatments they need, Canadians themselves cite expense[9]– as mentioned, psychological treatments are inaccessible to people with modest means or no private insurance.

Now what about supply..? There are approximately 18,000 licensed psychologist practitioners in Canada for a population of about 35 million. Half of this number resides in the province of Quebec which has a population of about 8 million. While the ratio of psychologists per capita nationally is one to about 2,000, it decreases to 1 to about 3,500 if we exclude Quebec, where the ratio of 1 to under a thousand is an outlier among Canadian jurisdictions.

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So how many psychologists does the country need? Benchmarks are hard to come by. The National Association of School Psychologists suggests one psychologist to every 1,000 students[10]. Given that about 70% of mental health problems begin before young adulthood and that the best return on mental health investments are investments in children and youth[11], it makes sense that ratios of psychologists to youth should be lower than ratios for the general population. At a meeting of the International Association of Applied Psychologists in 2006, the European Federation of Psychology Associations suggested

9 http://www.statcan.gc.ca/daily-quotidien/130918/dq130918a-eng.pdf
10 http://www.ucalgary.ca/apsy/files/apsy/NAS-FAGAN-07-0501-009.pdf
11 https://secure.cihi.ca/free_products/roi_mental_health_report_en.pdf

a general population ratio of one to 1,500. By either of these benchmarks, the majority of Canada's jurisdictions are under-resourced.

The question of psychology's resource, however, is not nearly as simple as its ratio per capita. As is the case in other countries, urban areas have more resource than rural areas and there isn't necessarily a correspondence between the expertise and specialization of practitioners and the needs of the populations they serve. Canada's provincial and territorial premiers are invested in health care innovation[12] – innovation that will control costs but also deliver effective care. In terms of sentinel population health needs, those in Canada are not much different from those of other developed nations: aging populations, obesity, chronic conditions such as diabetes and heart disease, mental health and health inequities of rural and aboriginal populations. Further, data suggests that there is a need for investments in health promotion, illness prevention and early intervention – in children and youth and in the workplace.

In Canada, as in other countries, psychology graduate programs do not necessarily train students to address population health needs. Not enough graduate psychology programs train in health psychology and even fewer in geriatrics. Setting a benchmark is only part of what's required of psychology to make a difference for Canada's health and wellbeing. We need to ensure that we train psychologists with the skills and expertise that our populations need of us.

What is CPA doing about need, demand and supply for psychologists..? In 2013, CPA released a commissioned report: *An Imperative for Change. Access to Psychological Services for Canadians*[13]. The report, commissioned from a group of health economists, builds and costs alternate models for Canada to provide its citizens with better access to psychological services. By commissioning this report, CPA endeavoured not just to raise awareness about a problem but to participate in its solution. We have developed an advocacy tool kit to accompany the report to help provincial and territorial associations of psychology dialogue with government and other funders about implementing its recommendations. CPA itself has embarked on a strategy to engage stakeholders in mental health inclusive of government, the insurance industry, Canada's employers and the organizations that represent them. It is also critical to raise awareness among the public, not just about the incidence and prevalence of mental illness but about the effectiveness and indications of psychological treatments and the barriers to accessing them. CPA's media pages detail our media outreach[14].

Canadians get what's on the menu (e.g. a prescription) rather than what might work best (e.g. psychological treatments)

Other of CPA's activities to address need, demand and supply include a soon to be released paper by Dr. John Hunsley at the University of Ottawa on the effectiveness of psychological treatments for three sentinel health conditions: depression, anxiety and heart disease. This is a companion piece to the access report mentioned earlier. In November of 2013, we will also host a Summit on need, demand and supply where we have invited public agencies that house information about Canada's supply of its professorial and health human resource as well as leaders from among Canada's science and practice communities. The goal of the Summit is to review and discuss indications for further investment and data gaps where more surveillance is needed so that we can more effectively chart the course of Canada's psychological resource; one that at least in my view, needs to do a better job of training its scientists and practitioners to address the questions and needs of public policy and of communities.

The horizon…At least in Canada, mental health has never been more top of mind. I would say further that recognition of the need for and barriers to accessing psychological services is garnering more and more support from our partners and the public. The Mood Disorders Society of Canada and the Canadian Mental Health Association[15] have both joined us publicly in calling for better access to psychological services for Canadians. [16] The Mental Health Commission of Canada has called for enhanced access to evidence based psychotherapy[17] and a recent report from Statistics Canada let us know that 1.5 million Canadians have a perceived unmet or partially met need for counselling and psychotherapy – the greatest barrier to which was personal circumstance such as whether individuals could afford to pay for care or had access to private insurance[18]. This finding echoes a survey done by Canada's own provincial and territorial

12 http://www.councilofthefederation.ca/en/initiatives/128-health-care-innovation-working-group

13 http://cpa.ca/practitioners/accesstoservice/

14 http://cpa.ca/mediarelations/psychologyinthenews/

15 http://laws-lois.justice.gc.ca/eng/acts/c-6/

16 http://cpa.ca/docs/file/Media/Psychology%20Month_Joint%20Release(ENFR).pdf

17 http://strategy.mentalhealthcommission.ca/

18 http://www.statcan.gc.ca/daily-quotidien/130918/dq130918a-eng.pdfhttp://cpa.ca/docs/File/Media/2013/Press%20Release%20New%20data%20confirms%20that%20the%20mental%20health%20needs%20of%20Canadians%20are%20not%20being%20met.pdf

associations of psychology in 2011 where Canadians surveyed called for better coverage for psychological services through insurance plans[19].

Awareness of mental illness and the toll that problems in mental health take on individuals, families, communities and the workplace has increased through the hard work of Canada's professional communities and alliances. These efforts have decreased stigma, or at least put the need to redress it, squarely in the minds of Canadians. The challenge is now that we have been having public conversations and encouraging people to seek mental health help, we need to make good on making that help accessible. An excellent op-ed in the New York Times[20] by Dr. Brandon Guadiano points out that psychotherapy has an image problem and that there are several barriers to its effective use. Psychotherapy, unlike pharmacotherapy doesn't have an industry advertising its effectiveness to the public. Not every mental health practitioner practices evidence-based care. CPA adds that our funding policies and practices further limit care so that when it comes to publicly funded mental health service, Canadians get what's on the menu (e.g. a prescription) rather than what might work best (e.g. psychological treatments. When it comes to mental health care, psychological treatments work. It is time to get them on the menu – funding to support research into their indications as well as their evidence-based use.

19 http://www.nytimes.com/2013/09/30/opinion/psychotherapys-image-problem.html?ref=psychologyandpsychologists&_r=2&

20 http://www.cpa.ca/mediarelations/psychologyinthenews/#NYTArticle

We bring you three books in this issue. The first is a review of a new practical text for undergrads and those amongst us who are SPSS-intolerant. The second is a book on 'salespersonship' (I am still not sure that it is allowed to just concatenate words together like that). The last book is one of the books flooding … okay, not flooding, seeping onto the bookstands about the DSM-V. You have been warned.

Remember, we are always interested to hear of books or on-line/digital resources which you think we could review. If you are willing to review something for us please get in contact through the National Office.

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SPSS step by step: Essentials for social and political science

Reviewed by Petar Milojev, School of Psychology, University of Auckland.

With this book Davis takes a pragmatic approach to providing an introductory overview of statistics and statistical analyses applicable to social sciences. By drawing on the minimum of background theory and no mathematical formulae, Davis tackles a central issue that tends to send undergraduate students and beginner audiences running for the hills. Over its three parts the book presents a concise, easy-to-grasp guide to the basic analyses within the framework of the SPSS software.

The introductory part provides a brief overview of descriptive statistics (chapter 2), including discussions of measures of central tendency and data distribution, an overview of inferential statistics and hypothesis testing (chapter 3), and briefly covers different levels of measurement and includes a brief discussion on parametric and non-parametric data (chapter 4). While these chapters do not develop a notable depth of theory, the most important concepts are clearly presented, including discussions on data distribution and principles of hypothesis testing.

Also provided is a refreshingly clear guide to data entry and basic manipulation in SPSS (chapter 5), with systematic illustrated instructions, as well as a chapter reviewing various research designs with examples and guides on exploring the descriptive statistics of real data (chapter 6). These chapters are well positioned within the introduction of data analysis in SPSS and engage the reader in data entry and developing datasets. This approach of developing datasets rather than providing pre-made ones is employed throughout the practical components of the book.

Part two of the book presents detailed guides to conducting the basic analyses. Suggesting common imperfections of data distribution in real-world research,