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**Canadian Psychological Association
Presentation to House of Commons Standing Committee on Health (HESA)
Study on Best Practices and Federal Barriers:
Practice and Training of Healthcare Professionals
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Thank you for the invitation to join you today to talk about best practice and barriers for health care professionals in Canada.

The Canadian Psychological Association is the national association of Canada's scientist and practitioners of psychology. There are about 18,000 regulated psychologists in Canada. They are employed by many publicly funded institutions inclusive of health care centres, family health teams and primary care practices, schools, universities, and correctional facilities. Correctional Services Canada (CSC) is the country's largest employer of psychologists. Increasingly, however, psychologists practice in the private sector. Their scope of practice across these sectors includes the psychological assessment and diagnosis of mental disorders and cognitive functioning, the development and evaluation of treatment protocols and programs, the delivery of psychological treatments, and research.

Needs for mental health services in Canada are considerable. One in 5 Canadians will experience a mental health problem in a given yearⁱ; the most common of which are depression and anxietyⁱⁱ. The fastest growing category of disability costs is depressionⁱⁱⁱ. The annual cost of mental illness to the Canadian economy is 51 billion dollars^{iv} while the impact on productivity in workplace is estimated at tens of billions of dollars annually^v ^{vi}.

Forty percent of disability claims to Treasury Board are related to mental health^{vii}, a figure not atypical for large employers. The significance of the gaps when it comes to mental health were recently acknowledged by Treasury Board when Minister Clement announced that federal employees and retirees will see their coverage for psychological services double as of October 2014. The CPA applauds the federal government on this needed benefit enhancement, particularly for having done so within its climate of fiscal restraint.

The importance of this announcement by Treasury Board is underscored by the very significant barriers created by the way in which health care is funded in Canada, particularly when it comes to mental health. Only about one-third of those who need mental health care will receive it; this can be attributed to stigma but also to the lack of access to service.

Psychologists are Canada's largest group of regulated, specialized mental health care providers. However their services are not funded by provincial and territorial health insurance plans. In the private sector,



Canadians either pay out of pocket for psychological service or rely on the private health insurance plans provided by their employers. The coverage provided through private plans is almost always too low for a clinically meaningful amount of psychological service. Imagine cardiac care without access to cardiologists or obstetrical care without access to obstetricians and midwives. That is precisely the situation we find ourselves in when it comes to psychological services and mental health. While much has been made of not wanting to create a two tiered health care system for Canadians, when it comes to mental health service, we already have one.

Psychological treatments work for a wide range of mental disorders, as well as contribute significantly to the management of chronic health problems and conditions such as obesity, heart disease and chronic pain. They 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. Recent research suggests that combining psychotherapy with medication enhances treatment compliance, reduces the subjective burden of disease and is associated with lower suicide rates. When it comes to anxiety disorders, psychological treatments are first line interventions and, generally, are as effective as medication^{viii}.

The Council of the Federation commissioned a Health Care Innovation Working Group in which I have participated as Co-Chair of the Health Action Lobby (HEAL). It has tasked itself with three priorities; namely pharmaceutical drugs, appropriateness of care inclusive of team-based models and seniors care. CPA joins HEAL in calling on the federal government to participate in this important work. For Canada to innovate and improve the way in which it delivers health care to Canadians, we need to work as collaboratively to change the system, as we do to deliver care. If we want a health care system that will deliver cost and clinically effective care then we must re-vision policies, programs and funding structures through which health care is provided.

For its part, the CPA commissioned a group of health economists to cost out alternate models of making psychological services more accessible to Canadians^x. CPA has been bringing the findings of this report, and its recommendations, to all of Canada's stakeholders in mental health – employers, governments, and private sector insurers. We hope that like Treasury Board, stakeholders will take seriously the individual, workplace and societal cost offset of making psychological services more available to Canadians who need it. Although there may be no appetite to spend more on healthcare, little spending now means spending more later – more in health care utilization, more in absenteeism, presenteeism and disability at work, and perhaps most importantly, more in the costs borne by individuals and families.

A second issue affecting psychological practice is Chapter 7 of the Agreement on Internal Trade (AIT). AIT mandates provincial and territorial regulatory bodies to create the mechanisms necessary to support the mobility of professionals across Canada. The challenge is that while regulatory bodies have considerable responsibility for mobility they have little authority in establishing criteria for mobility. Entry to practice standards for psychologists vary across the country. What has resulted with AIT is that mobility has become based on the least rigorous of these standards rather than upon the very robust standards for



training in psychology established and maintained by the Canadian and American Psychological Associations for decades; standards which define training in psychology across North America. It is CPA's position that entry to practice standards for Canadian psychologists should be at the doctoral level and based on these accreditation standards.

Finally, there are gaps when it comes to training and recruitment and retention of Canadian psychologists. We have heard about the very significant needs for mental health services among members of the military. We know that recruitment and retention challenges are faced by public employers of psychologists like correctional and educational facilities. There are generally three factors that impact the success of recruitment and retention. First, employers need to participate in the training of the resource they want to attract and retain. We have suggested that the federal government consider the development of a federal residency program to enable doctoral students in psychology to complete practical training in federal departments where there is need. Second, employers need to pay attention to compensation. Federal employers of psychologists have historically offered salaries lower than those offered by other public sector employers for similar work. Third, employers need to pay attention to conditions of work. Work place success depends on the meaningful engagement of individual employees and teams. We have recommended to the Department of National Defence, for example, that they consider putting clinical psychologists in uniform – giving them a chance not just to work to support the delivery of health care but to lend their considerable skills in shaping its delivery as well.

Our recommendations to the Committee on Health can be summarized as follows: We urge the federal government to participate in the Health Care Innovation Working Group of the Council of the Federation. It is through collaboration that we will successfully re-vision how health care can be best delivered to Canadians. We ask that the federal government review the provisions of the Agreement on Internal Trade to permit alignment with the robust systems of training and credentialism long established by the profession. We urge the federal government to participate in the training of the resource it needs and upon which its success depends. The development of residency training programs, and careful consideration of the conditions of work, will go a long way to enhancing recruitment and retention of health care professionals. The CPA would be very glad to assist work towards these goals.

ⁱ Mental Health Commission of Canada. (2012). The Facts. <http://strategy.mentalhealthcommission.ca/the-facts/>

ⁱⁱ Standing Senate Committee on Social Affairs, Science and Technology (2004).

ⁱⁱⁱ <http://www.mooodisorderscanada.ca/documents/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%2009.pdf>

^{iv} Lim, K., Jacobs, P., Ohinmaa, A., Schopflocher, D., & Dewa, C.S. (2008). A new population based measure of the economic burden of mental illness in Canada. *Chronic Diseases in Canada*, 28 (3), 92–98.

^v Peachey, D., Hicks, V., & Adams, O. (2013). *An Imperative for Change*. Access to Psychological Services for Canada. Ottawa: Canadian Psychological Association: http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf

^{vi} <http://strategy.mentalhealthcommission.ca/pdf/case-for-investment-en.pdf>

^{vii} <http://www.canada.com/health/Government+overhauling+handling+depression+public+service/2682746/story.html>

^{viii} Hunsley, J. (2002). *The Cost Effectiveness of Psychological Interventions*. (ISBN 1896538703).

<http://www.cpa.ca/cpasite/userfiles/Documents/publications/Cost-Effectiveness.pdf>

Hunsley, J., Elliott, K., & Therrien, Z. (2013). *The Efficacy and Effectiveness of Psychological Treatments*. (ISBN 978-1-926793-09-2).

http://www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments_web.pdf

^{ix} Peachey, D., Hicks, V., & Adams, O. (2013). *An Imperative for Change*. Access to Psychological Services for Canada. Ottawa: Canadian Psychological Association: http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf