Canadian Psychological Association

Living Well in Health and with Illness

Brief to Standing Senate Committee on Social Affairs, Science and Technology

Canada's 2004 10-Year plan to Strengthen Health Care in Canada

November 3, 2011

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About the CPA:

The Canadian Psychological Association is a national professional association of psychologists, organized in 1939 and incorporated under the Canada Corporations Act, Part II, in May 1950. Its mandate is to

- improve the health and welfare of Canadians
- promote the excellence and innovation in psychological research, education and practice
- promote the advancement, development, dissemination and application of psychological knowledge and
- provide high-quality services to members.

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Introduction

The Canadian Psychological Association (CPA) thanks the Standing Committee for its invitation to join in its review and discussions of Canada's health needs, services and supports. The CPA is Canada's largest national professional association of psychologists dedicated to the science, practice and education of psychology in the service of our membership and the public good. There are approximately 18,000 regulated practitioners of psychology in Canada making psychologists the country's largest group of regulated, specialized mental health care providers.

In this brief, we offer our perspective on the implementation of the 2004 Accord. We further focus on the role of psychological factors in health and well-being, the impact of psychological factors on illness, and the costs and needs related to Canada's mental health.

2004 Federal/Provincial/Territorial Accord

The Accord underscores the importance of investing in the supply of Canada's health professionals. Current thinking would call upon government and other stakeholders to think about supply in relation to need. It is not just a question of needing more health care providers but of needing to train more providers to meet the specific health needs of Canadians and to practice in ways that will be maximally cost and clinically effective. As concerns mental health, several emergent needs can be identified that include the chronic conditions attendant upon an aging population and the cognitive and emotional factors that often attend upon these conditions (e.g. the incidence and prevalence of dementia, the role of depression in heart disease).

Increasing the supply of Canada's health human resource (HHR) when it comes to mental health will require an investment in teaching and training our HHR to meet specific needs of the population and to work collaboratively to meet these needs efficiently and effectively. We must invest in the infrastructure that supports a collaborative model of health care service delivery so that, as the 2004 Accord points out, the right person gets the right service, at the right time, in the right place and from the right providers.

The 2004 Accord focuses on reducing wait times and improving access to care but is silent on access issues and opportunities as concerns mental health. The barriers to accessing mental health service that Canadians face are not just related to the supply of providers whose services are funded by our provincial and territorial health insurance plans but also to those providers whose services are not publicly funded. We will speak to this issue later in this brief.

Mental health needs are identified in the 2004 Accord in relation to its home care provisions. Although community service and crisis response is critical for those dealing with chronic and persistent mental disorders, it is important to keep in mind that the 1 in 5 Canadians who face a mental disorder will not likely have the kinds of severe and persistent mental disorders that community mental health programs typically serve. They are most likely to experience depression and anxiety – the disorders which evidence-based psychological treatments and community-based services and supports (inclusive of health promotion and illness prevention programs) can best address.

Finally, we would like to underscore the importance of the Accord's continued attention to investing in research when it comes to Canada's mental health. Psychology is a science-based profession and its attention to evidence-base care is a hallmark of practice. It is critical that we support the full range of biopsychosocial inquiry into mental health issues and interventions upon which people's health and wellness depends.

Psychological factors are important to any national discussion of health promotion and illness prevention for three reasons

- What we think and feel impacts what we do and what we do affects our health.
- What we think, feel and do affects the course of illness.
- Disturbances in what and how we think, feel and behave can be health disorders in and of themselves.

Psychological Factors Impact Health. When it comes to health promotion and illness prevention, it is important to create the services and environments that support healthy behaviour (e.g., bicycle paths, recreation centers) but it is equally important to address the factors that impact health behaviour. Building the recreation centre may be easier than getting people to use it. When it comes to health and illness, the role of psychological factors and human behaviour cannot be underestimated.

Health promotion and illness prevention strategies must deliver the supports and services for people to maintain health and wellbeing. This calls for skills that support success at home and at work.

Good health is correlated with self-worth, peer connectedness, school engagement and parental nurturance as well as with healthy behaviour.[1] Poor health, on the other hand, is often correlated with poor mental health – one seminal longitudinal study found that a pessimistic world view among men at age 25 predicted physical illness decades later[2].

Psychological Factors Affect Illness. Many chronic diseases, such as heart disease, diabetes and stroke are themselves risk factors for depression.[3] Further, there is evidence that the prevalence of coronary heart disease (CHD) is lowest in adults with good mental health and higher among adults with depression or other mental health problems. [4] Depression is a risk factor for first myocardial infarction and an even stronger predictor of recurrent cardiac events and mortality in patients with known disease[5]. Stress and anger have also been shown to correlate with CHD and increased cholesterol levels[6] . Finally, concomitants of mental and physical illness may be more than additive. When depression and arthritis co-exist, the degree of disability is greater than the sum of disability attached to each condition alone[7].

Psychological Disorders. In a one year period, 20% of Canadians will experience a mental disorder and the most prevalent among these are anxiety and depression.[8] [9] Mental disorders account for more of the global burden of disease than all cancers combined[10] and by 2020, depression will be second only to heart disease in terms of disability adjusted life years for all age groups and both sexes[11].

This prevalence of mental disorders is particularly relevant to youth in that individuals under 20 years are reported to have the highest rate of depressive symptoms and those between the ages of 20 and 29 have the highest rate of anxiety symptoms[12]. Further, approximately 70% of mental disorders have their onset in childhood or adolescence[13]. This means that, persons with chronic mental conditions will be less likely to have established the personal and social resources established by those with health conditions that onset later in life.

The cost of psychological disorders. Mood Disorders Society of Canada reports that the costs of disability due to depression are the fastest growing disability costs for Canadian employers[14]. The estimated burden of mental illness to the Canadian economy in 2003 was 51 billion dollars[15]. It has been reported that in that same year, spending on mental health totaled 6.6 billion, or less than 5% of total health spending[16] – less than that spent by most developed countries[17]. This is despite the fact that mental disorders are among the most costly of chronic diseases[18].

Discussions about health care in Canada frequently focus on the unsustainability of health system costs. What these discussions do not frequently mention, however, is that while we are disproportionately underfunding services and supports for Canada's mental health and well-being, we are most certainly overpaying for it.

What we need to do to better when it comes to Canada's mental health and well-being. It is critical to the success of any health promotion and prevention strategy that we attend to the role of psychological factors and conditions that impact how well people live in health and with illness.

When looking at return on investment for services and supports geared to mental health, two key factors must be considered. First, the clinical and cost effectiveness of services and supports may be borne out over time – as much for what they prevent as for what they cure but more often manage. Second, it has been pointed out that the clinical and cost effectiveness of a service and support delivered in one sector (e.g., the school) may be borne out in another (e.g., the workplace)[19].

The strongest evidence for return on investment in mental health involve services and supports that are geared to children and youth that reduce conduct disorders and depression, deliver parenting skills, provide anti-bullying and anti-stigma education, promote health in schools, and provide screening in primary health care settings for depression and alcohol misuse[20] . We need to make health promotion and prevention investments upstream, targeting services and supports for children and youth where return on investment appears greatest.

While health promotion and illness prevention efforts can benefit people living without illness, they can also benefit people living with illness. Positive mental health and good health behaviour can help a person to manage a chronic illness and even prevent it from getting worse.

The mental health and well-being of Canadians are not being met. Though mental health services and supports at all levels of prevention and treatment are underfunded and under provided, Canada assumes a very large economic burden for its mental health.

However, there will be those among us who will need treatment services and supports for mental disorders. Psychological services are not funded by provincial health insurance plans. With cuts to the salaried resource of publicly funded institutions like hospitals, schools and correctional facilities, more and more of Canada's psychologists are practicing in the community where their services are inaccessible to Canadians without means or extended health insurance through employment. One in five Canadians will need these services and the public is calling for better access to them[21].

Psychological treatments are among the best indicated interventions for depression and anxiety, the most commonly experienced psychological disorders among Canadians. Psychological interventions (e.g., cognitive-behavioural therapy) are recommended as the first line of treatment for anxiety disorders and at least part of the treatment (combined with medication) for the treatment of depression. The United Kingdom has recognized the need for, and

effectiveness of psychological interventions. Among the deliverables of the UK's mental health strategy is an investment of approximately "…£400 million over four years to make a choice of psychological therapies available for those who need them…"[22] Australia has similarly enhanced access to psychological services through its publicly funded health insurance plans. According to the Australian Psychological Society in March 2011, two million people, in high and very high levels of psychological distress, had accessed the program which reportedly is proving to be both cost and clinically effective for Australians[23].

Mental health promotion and illness prevention, yes, but we also need to enhance access to psychological services so that early, appropriate and ongoing intervention can reach the 1 in 5 Canadians who need it. We need to support Canadians living well in health and with illness.

Health promotion and illness prevention does not stop at diagnosis and caring for Canada's mental health does not stop at prevention.

CPA's Recommendations to the Standing Committee for Canada's Health

1. CPA joins other partners and stakeholders in urging the Federal government to target transfers to the provinces and territories for mental health and that the funds spent on mental health, mental disorders and addictions are proportionate to the burden of illness in Canada. We need to join in the recognition among other countries that "there is no health without mental health"[24].

2. Health promotion and illness prevention need be delivered in communities and its efforts should be upstream with a focus on children and youth[25].

3. Intervention when necessary for mental health and illness should be collaborative and integrated across public and private sectors. Collaboration will require the commitment of all stakeholders – inclusive of the governments, employers and insurers that fund services and supports; the institutions and agencies that deliver it; the health care professionals who provide it; and most importantly those of us who receive it. Successful collaborative practice calls on health care professionals to practice differently but also calls for the changes in principle, policy and procedure, and funding upon which collaborative practice will also depend.

4. We need more research into

    1. the biological, psychological and social determinants of health and illness

    2. the biological, psychological and social interventions that best help people live well in health and with mental and physical illness.

5. We are calling on government and other funders to improve access to effective psychological services for mental health problems and disorders. Services and supports delivered by psychologists may be in the form of program development and evaluation, assessment and diagnosis, treatment and/or supervision of other personnel charged with treatment and service delivery.

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