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What do psychology practitioners do for Canada's mental health?

Focus on service provided to children and youth and clients diagnosed with CVD or diabetes

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Agenda

- History of the project
- S1 and S2 data
- Focus groups (Summer 2010)
- S3 results
- S4 results
- Future plans

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Brief history of the project

- Psychologists are the largest regulated providers of mental health services
- Psychological services provided in a public institution are often "rolled up"
- Often, public health information systems target "medical", not "health" activity
- PHAC recognized the gap and partnered with CPA

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Web-based Sampling

- Modeled in part from web-based technology developed by the Practice Directorate of the American Psychological Association (PracticeNet)
- Web delivery allows for maximum distribution of survey; minimum time/cost/energy to deliver
- Reduces missing or bad data through validation of responses
- Adaptable for future surveys

CPA - Survey Tool - Windows Internet Explorer

https://qaserver10.cpa.ca/survey/index.php/indexscreen

CPA - Survey Tool

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Survey of Mental Health Service Providers

Review of Responses

Introduction

Review Answers

Login

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[Français]

- 1) What is your age? [\[Change answer\]](#)
35
- 2) What is your gender? [\[Change answer\]](#)
Male
- 3) Degree upon which your registration is based: [\[Change answer\]](#)
Master's
- 4) Area of psychology in which you obtained your highest degree: [\[Change answer\]](#)
Counselling psychology
- 5) Length of time for which you have been registered for the addressed practice of psychology: [\[Change answer\]](#)
20+ years
- 6) What percentage of your professional time is spent in: (Please ensure that your total equals 100%) [\[Change answer\]](#)
Assessment: 10
Intervention: 50

Done

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Recruitment

- Emails sent to regulatory bodies across Canada
- ~1000 practitioners expressed interest
- All provinces represented (but no respondents from the three territories)

Survey 1: $N = 540$ Survey 3: $N = 137$
Survey 2: $N = 140$ Survey 4: $N = 92$

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Previous phases of the project

Survey 1: Demographic and practice characteristics of Canadian psychologists

- Age, gender, degree, specialization, province, years of experience
- Distribution of professional time, practice context, practice hours, consultation services, theoretical orientation
- # clients, client age range, types of services, presenting problems, method of payment

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Highlights of Survey 1

- Modal practitioner
 - Female, PhD, clinical psychologist, less than 10 years of experience
- Practice characteristics
 - Approximately 25% in private practice, 50% in public/private, 15 clients per week, broad range of services, time spent most often in intervention
 - Consultation with health organizations and education institutions
 - Young adult and adult clients
 - Treating mood and anxiety disorders, inter/intrapersonal issues

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Previous phases of the project

Survey 2: Demographic and clinical characteristics of clients

- Gender, age, ethnicity, language, marital status, sexual orientation, living arrangements, education, employment status
- Risk factors, presenting problems, chronic disorders, changes/impacts of problems, health status, DSM diagnosis, substance abuse
- # sessions, location, service recipient, service setting, method of payment, types of services, other health services, referrals, medication

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'Real-time' Sampling

- In Survey 1, psychologist participants were asked to provide their practice schedules (e.g., I see patients between 9:00 am and 2:00 pm; M, T, W, Th)
- Using the parameters of schedule provided, a program generates a random time.
- The participant is sent an email at the random time indicating that he or she is invited to respond to Survey 2, and has 48 hours to complete it.

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Why 'Real-time'?

- Affords more random sampling of practitioners' caseload
- Questions provide means of convergent validity for database (e.g., is patient seen representative of practice characteristics for that provider documented in database)

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Survey 2 Procedure

- Bootstrapping
 - Selected a sub-sample of approximately 150 participants from Survey 1
- Two waves of data
 - Verify the reliability of the surveillance tool
 - Practitioners are reporting on a different randomly selected client for each wave

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Highlights of Survey 2

Client demographics

- Female: 65% (wave 1), 54% (wave 2)
- 86% White (wave 1 and 2)
- 79% Heterosexual (wave 1 and 2)
- Average age of 32-33 years old (wave 1 and 2)
- 34-37% Employed full-time (wave 1 and 2)

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Highlights of Survey 2

Client psychosocial function

- 51%, 38% Intrapersonal issues
- 41%, 36% interpersonal issues
- 41%, 31% mood disorders
- 37, 34% anxiety disorders
- 96%, 91% daily functioning affected greatly
- 2/3 improved health status
- ~1/2 presence of chronic disorder
- More than half with DSM diagnoses
 - More diagnoses of mood and anxiety disorders

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Highlights of Survey 2

Psychological service

- Average of 14 and 24 sessions, requiring 11 and 14 additional sessions
- 38%, 37% paid through public institution
- 31%, 41% paid directly
- ~half provided CBT
- More than half of sessions were in a private setting

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What can we say about reliability?

- Moderate consistency, consistent with research on event sampling
- Remain cautious in generalizing about client characteristics

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Development of Survey 3 and 4

- Focus groups held in Summer 2010
 - Ottawa: Practitioners who provide service to children and youth
 - Feedback from Survey 1 and 2 participants indicated that these surveys did not lend themselves easily enough to assessing practice activity with child clients
 - Halifax: Public practitioners
 - Vancouver: Private practitioners

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Focus groups

- Goal
 - Find out from practitioners what are the sentinel events or the issues/concerns psychologists come across in their practice
 - Develop two additional surveys that target sentinel events
 - Get feedback on survey experience – what could we change in format or content to better get the information we want

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What did we learn?

- **Ottawa (pediatric practitioners)**
 - Changing roles: consultation and collaboration (bottle necks, time), attention to outcomes
 - Prominent presenting problems: family issues and divorce, parenting issues, technology-related (cyber-bullying), achievement boys, increasing severity, more self-harm, psychoses, younger children, MI in parents
 - Sentinel survey ideas: divorce, collaborative practice

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What did we learn?

- **Halifax (public practitioners)**
 - Changing roles: less service delivery more supervision students and other providers; more triage; conditions of work increasingly less appealing than private sector; public practice workforce is early or late career; with prompter discharge more outpatients; higher demand; need for but barriers to telehealth; match between need and supply
 - Prominent presenting problems: impact of lifestyle on health; depression and anxiety, management of more complex and severe illness with which people live, aging populations
 - Sentinel survey ideas: complex and comorbid conditions, knowledge transfer and education

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What did we learn?

- **Vancouver (private practitioners)**
 - Changing roles: more couple demand and earlier, client identifying treatment rather than problem, more anxiety than depression, different kinds of addictions (e.g. internet), environmental stresses (work, economy), need for models that support collaborative practice
 - Prominent presenting problems: depression, anxiety, relationships, specialized service or technique, adolescents, couples, coping with other chronic health conditions
 - Sentinel survey ideas: psychological issues and functioning rather than mental illness

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Survey 3

- Description of the survey
 - Demographic and clinical characteristics of child and youth clients
- Development strategy
 - Word changes adapted to client group
 - Added response options
 - Added questions specific to school, family

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Survey 3

- Recruitment
 - From the master list of 1000 interested participants
 - Over 200 practitioners responded with interest
- Real-time sampling
 - Technology problems
 - Invitations sent manually
 - Random numbers table used to select a random time to complete the survey

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Survey 3: Eligibility Survey

Practitioner demographics

N = 137

Age	42.7	(<i>SD</i> = 9.6)
Gender	80%	female
Degree	49%	PhD

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Survey 3: Eligibility Survey

Specialization in psychology	51%	clinical
	22%	school
Provides services to children and youth	88%	

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Survey 3: Eligibility Survey

Province

West	32%
Ontario	15%
Quebec	31%
East	23%
Primarily private practice	32%
Primarily public practice	68%

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Survey 3: Results

Client demographics

Client age	11.9	(<i>SD</i> = 3.8)
Gender	51%	female
Ethnicity	82%	White
Language	65%	English
Sexual orientation		
Heterosexual	39%	
Unknown	57%	

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Survey 3: Results

Family structure

Two parents	50%
Single parent	18%
Blended family	10%
Foster care	6%
Joint custody	5%
Other	20%

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Survey 3: Results

Living arrangements

Single residence	78%
Multiple residences	12%
Foster care	7%
Work	
Part-time	7%
No	71%
Not applicable	20%

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Attend school	87%
Type of school	
Publicly funded	77%
Privately funded	10%
Not school-aged	13%
Median school grade	6 th

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Attending a special program	
Learning disorders	28%
"Slow learner"	44%
Behaviour	19%
Does not attend	47%
Held back a grade	14%

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Client service characteristics

Language of service	72% English
Services provided	
Assessment	56%
Treatment	56%
Consultation	29%

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Consulted within school system	
Teacher	47%
Education assistant	15%
Principal/VP	28%
Other psychologist	21%
Guidance counselor	4%

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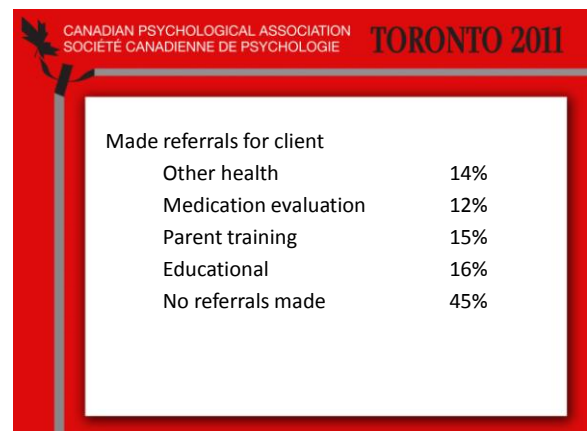
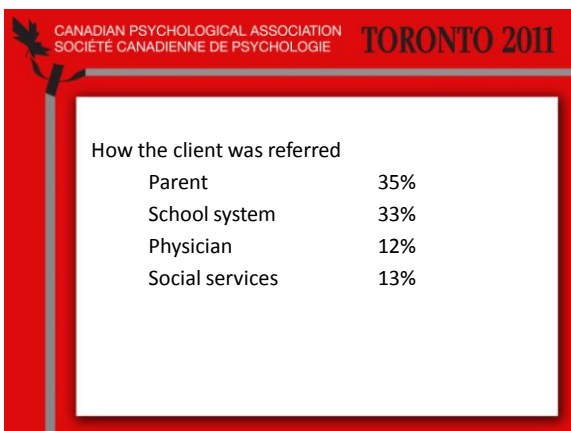
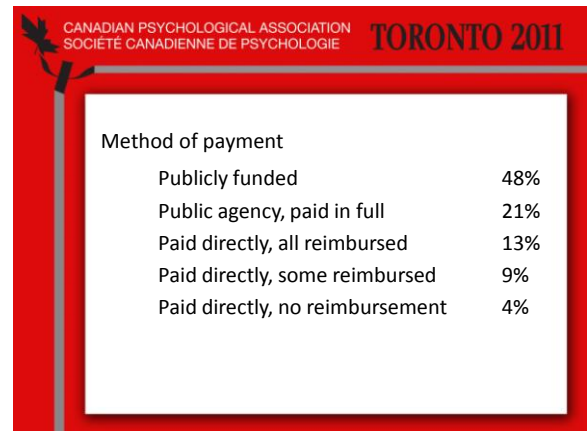
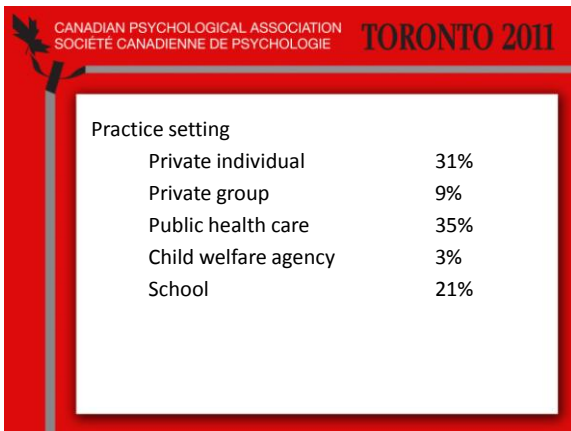
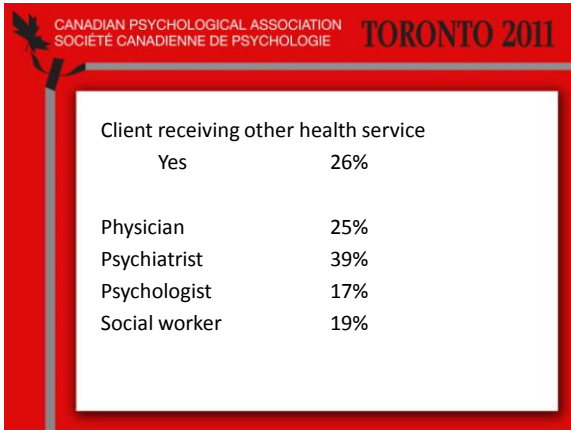
Who else is *generally* involved in treatment?

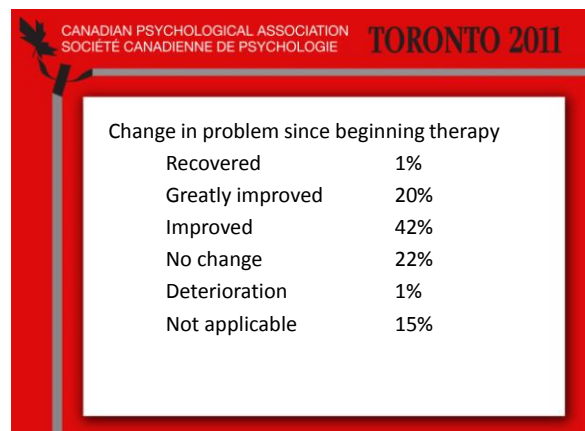
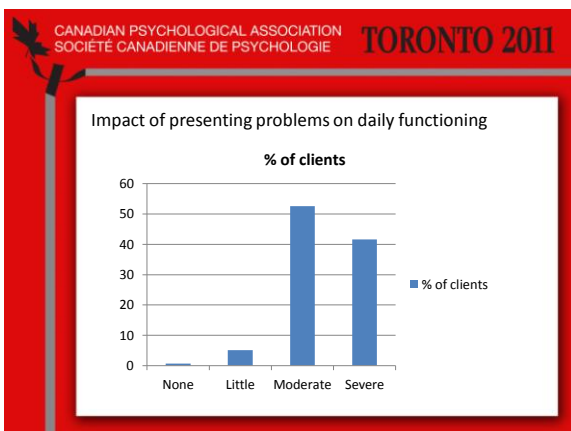
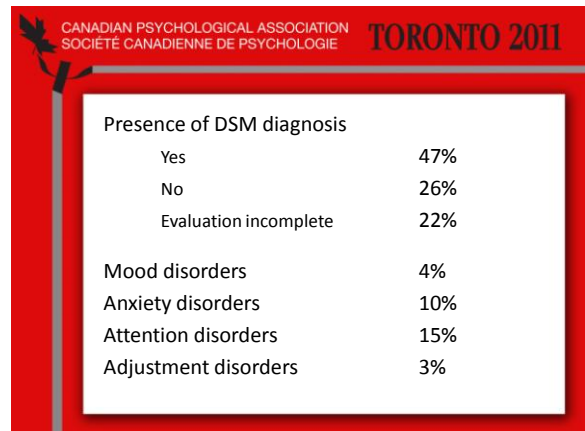
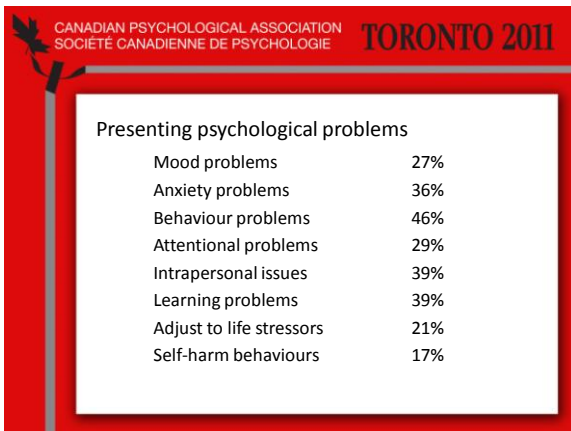
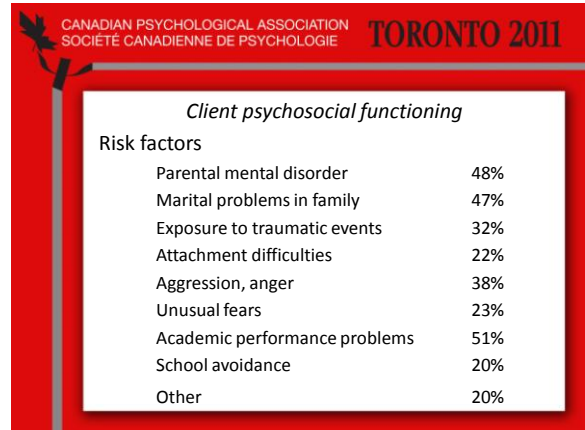
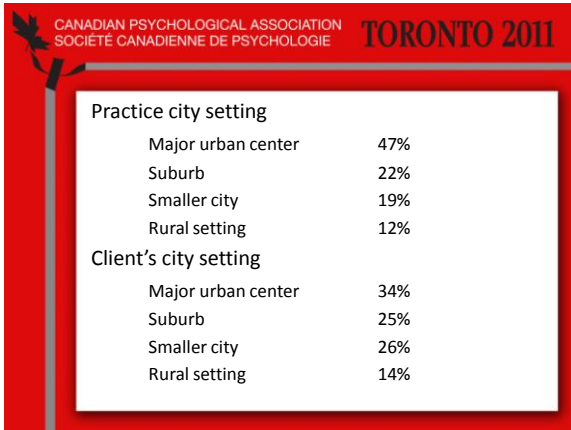
Parents	80%
Family members	14%
Physician	10%
Community support staff	8%
Social worker	5%
Specialist physician	4%
Other	11%
No one	5%

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This session, who else was included?

Client only	58%
Parents	35%
Family members	4%
Other caregivers	4%
Other service provider	5%
Other	9%





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Client's/parent's appraisal of health status	
Excellent	15%
Very good	28%
Good	30%
Fair	14%
Poor	4%
Unknown	9%
Substance use	5%

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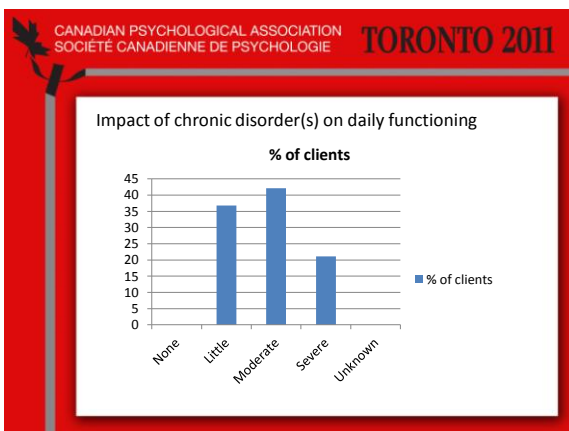
Taking medications	
Anti-depressants	39%
Anxiolytics	7%
Antipsychotics	37%
Stimulants	51%
Prescribed by	
Physician	22%
Psychiatrist	59%
Pediatrician	20%

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Does the client take medication for a health problem which is <i>related</i> to the presenting problem?	23%
Does the client take medication for another health problem <i>unrelated</i> to the presenting problem?	10%

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Presence of chronic conditions	
Yes	14%
No	83%
Unknown	3%
Body process affected	
Mental	26%
Gross and fine motor	21%
Gastrointestinal	21%
Other	26%



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Survey 3: *Between group comparisons*

Differences between Masters and Doctorate practitioners

DSM diagnosis

$\chi^2 = 6.59, p = .01$
Cramer's $V = .26$

*60% of Doctorate level practitioners had clients diagnosed with a DSM disorder, compared to 40% of Masters' practitioners.

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Differences between public and private practitioners

DSM diagnosis

$\chi^2 = 7.16, p = .007$
Cramer's $V = .27$

**74% of public practitioners had clients diagnosed with a DSM disorder, compared to 26% of private practitioners.*

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Risk factor: Academic performance problems

$\chi^2 = 8.17, p = .004$
Cramer's $V = .24$

**79% of public practitioners had clients diagnosed with a DSM disorder, compared to 21% of private practitioners.*

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Survey 3: *Within client differences*

Differences between clients with different family structures

Total # risk factors

$F(2,133) = 20.97, p < .001$

**Clients from two parent homes ($M = 2.7, SD = 1.9$) had significantly fewer total risk factors than clients from single parent homes ($M = 5.0, SD = 2.84$) and "other" family structures ($M = 5.48, SD = 2.79$).*

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Differences between female and male clients

Risk factor: parental mental disorder

$\chi^2 = 7.67, p = .006$
Cramer's $V = .24$

**Present in 64% of females vs. 36% of males*

Risk factor: academic performance problems

$\chi^2 = 10.75, p = .001$
Cramer's $V = .28$

**Present in 62% of males vs. 38% of female clients*

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Differences between female and male clients

Presenting problem: anxiety

$\chi^2 = 12.22, p < .001$
Cramer's $V = .30$

**Present in 71% of females vs. 29% of males*

Presenting problem: behaviour

$\chi^2 = 8.41, p = .004$
Cramer's $V = .25$

**Present in 62% of males vs. 38% of female clients*

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Presenting problem: attention

$\chi^2 = 10.46, p = .001$
Cramer's $V = .28$

**Present in 70% of males vs. 30% of females*

Presenting problem: learning

$\chi^2 = 26.91, p < .001$
Cramer's $V = .45$

**Present in 76% of males vs. 24% of female clients*

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Differences between clients attending a special program and clients not attending a special program

DSM diagnosis

$\chi^2 = 9.63, p = .002$
Cramer's V = .31

**60% of clients who attended a special program in school had been diagnosed with a DSM disorder, compared to 40% of clients who did not attend.*

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Risk factor: aggression problems

$\chi^2 = 11.93, p = .001$
Cramer's V = .29

**Present in 71% of clients who attend a special program vs. 29% of clients who do not attend.*

Risk factor: academic performance problems

$\chi^2 = 21.96, p < .001$
Cramer's V = .40

**Present in 72% of clients who attend a special program vs. 28% of clients who do not attend.*

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Risk factor: school avoidance

$\chi^2 = 9.55, p = .002$
Cramer's V = .26

**Present in 79% of clients who attend a special program vs. 21% of clients who do not attend.*

Presenting problem: learning

$\chi^2 = 13.83, p < .001$
Cramer's V = .32

**Present in 72% of clients who attend a special program vs. 28% of clients who do not attend.*

Family challenges	Exacerbation of client's problems Lack of family involvement in client care Parental mental and physical health problems Negative family environment Family image concerns
Client challenges	Client demographic factors Severity of mental health problem Client is uncooperative
Lack of resources, funding, services	Lack of private funding Lack of public funding Lack of resources Lack of services available Lack of support and services in schools
Lack of communication/collaboration with partners in care	Lack of collaboration with social services Among other professionals involved in the case Lack of information Lack of collaboration from the school Difficulty harmonizing various treatment approaches Lack of access to collaborative partners
Challenges in social services	Lack of support for families Inability to provide follow-up care Lack of knowledge Lack of adequate services
Access issues	Geographic barriers Program restrictions Long wait lists and high demand Scheduling conflicts
Professional interferences	Unstable client care No professional supervision Providing fair client evaluation

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Survey 4

- Description
 - Demographic and clinical characteristics of clients diagnosed with cardiovascular disease (CVD) or diabetes
- Development strategy
 - Guided by incidence and prevalence rates, reports on chronic conditions
 - Targeted two of most prevalent
 - Brainstormed list of questions with which to understand psychologists' activity

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- Recruitment
 - Same procedure as Survey 3: sent emails to the master list of practitioners
 - Very challenging to reach practitioners who provide services to this group
 - Broader recruitment through other fraternal organizations (e.g., provincial associations)
- Procedure
 - No real-time sampling
 - Used random numbers table to choose a random day only

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Survey 4: Eligibility Survey

Practitioner demographics

N = 92

Age	46 (<i>SD</i> = 10.5)
Gender	75% female
Degree	54% PhD
Specialization in psychology	69% clinical 15% counseling

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Province	
West	27%
Ontario	26%
Quebec	33%
East	14%
Primarily private practice	35%
Primarily public practice	65%

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Provides services to clients with CVD	86%
Provides services to clients with diabetes	89%
Total % of clients with a chronic disorder	36% (<i>SD</i> = 32.8)

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Survey 4: Results

Client demographics

Client age	48.2 (<i>SD</i> = 15.5)
Gender	55% male
Ethnicity	87% White
Sexual orientation	90% heterosexual
Marital status	
Married/Common law	50%
Single	30%

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Living arrangements	89% private res.
Education	
Less than high school	24%
High school diploma	18%
College/Trades	20%
Some university or more	38%

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Work	
Full-time	30%
Part-time	16%
Not working	30%
Disability	21%

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Diagnosis

CVD		36%
Acquired	90%	
Present at birth	10%	
Diabetes		48%
Type 1	25%	
Type 2	75%	
Both		16%

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Time of diagnosis

Within last year	12%
1-5 years ago	35%
5-10 years ago	31%
+10 years ago	22%

Disease change status

Deteriorated	46%
Unchanged	23%
Improved	17%
Greatly improved	3%

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Client service characteristics

Average # sessions	33.7 (SD = 43.04)
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Services provided

Assessment	37%
Treatment	76%
Consultation	23%

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Consulted with other health professionals

Family physician	35%
Medical specialist	26%
Dietitian	23%
Did not consult	26%

Frequency of collaboration with primary care provider

Regularly	28%
Once or twice	55%
Never	16%

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Collaborate with non-medical providers

Yes	61%
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Client receiving other health service

Yes	55%
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Medical specialist

Psychiatrist	25%
Psychiatrist	19%
Nurses	19%

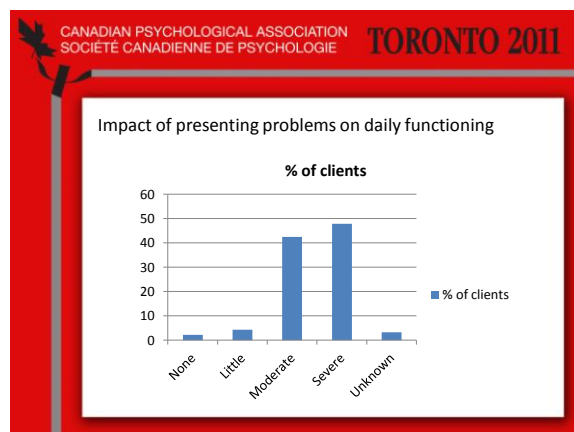
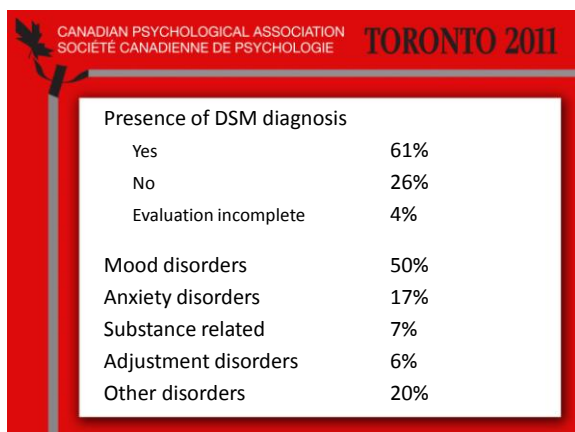
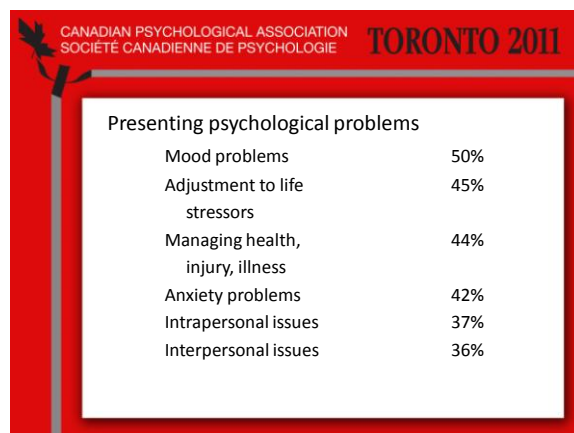
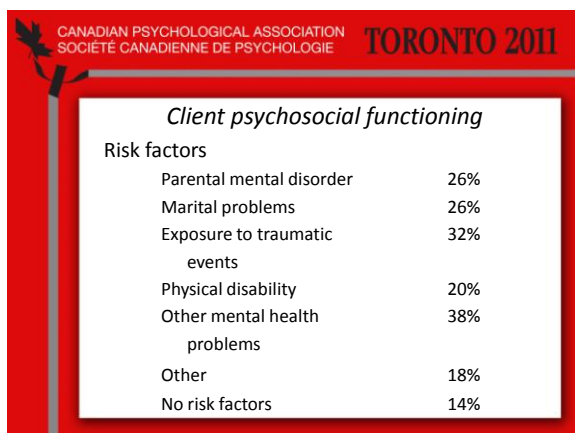
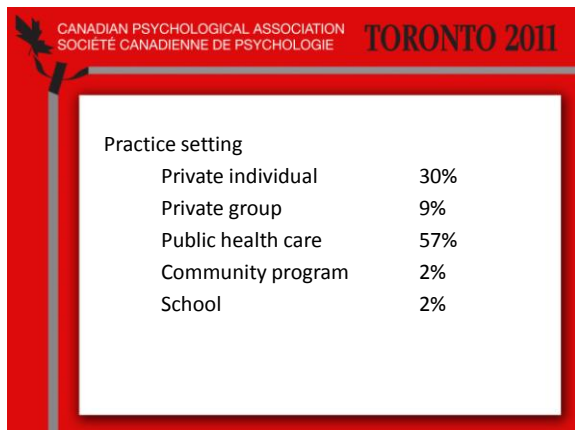
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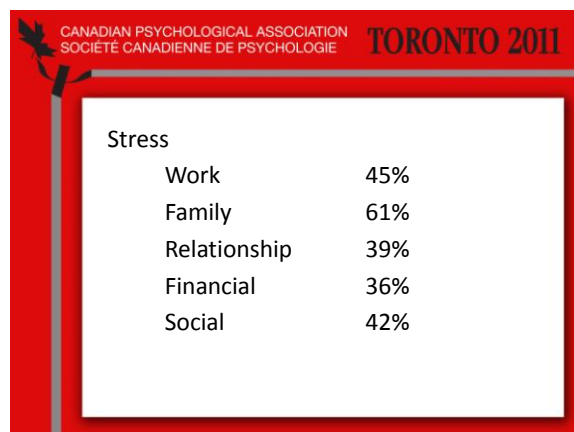
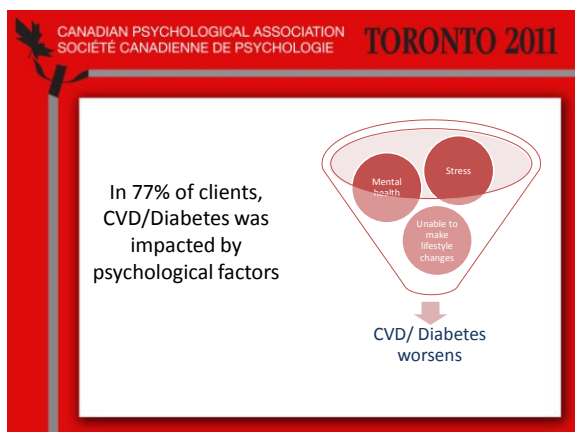
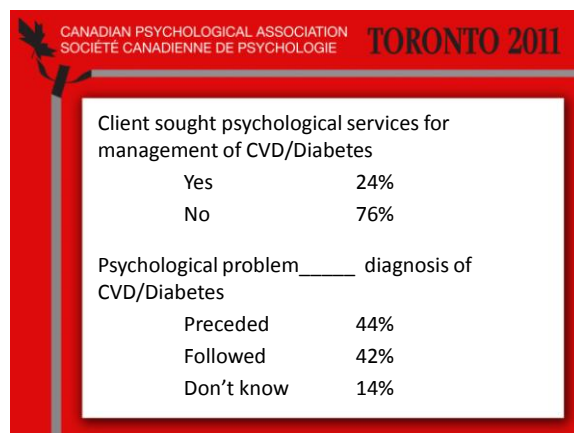
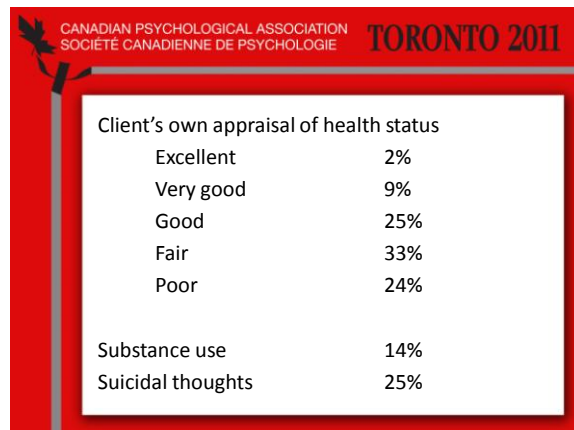
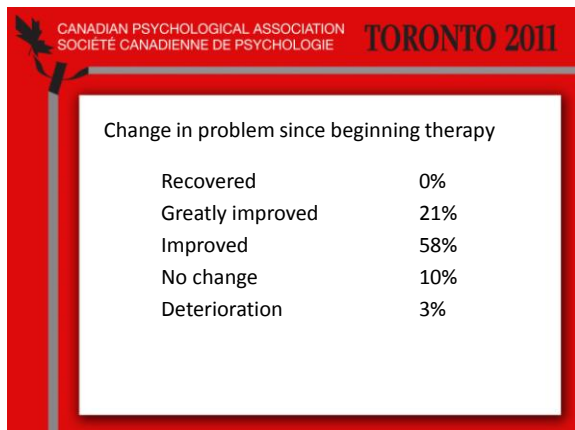
How the client was referred

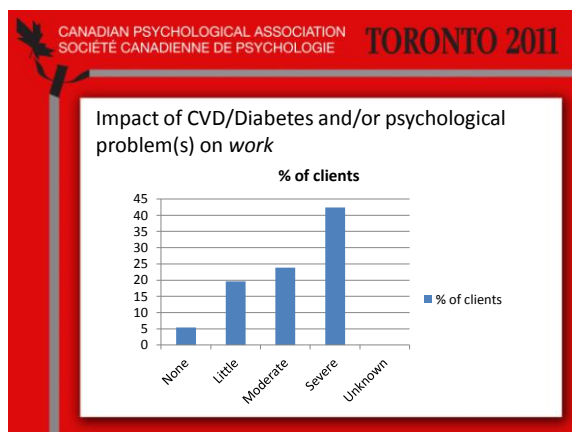
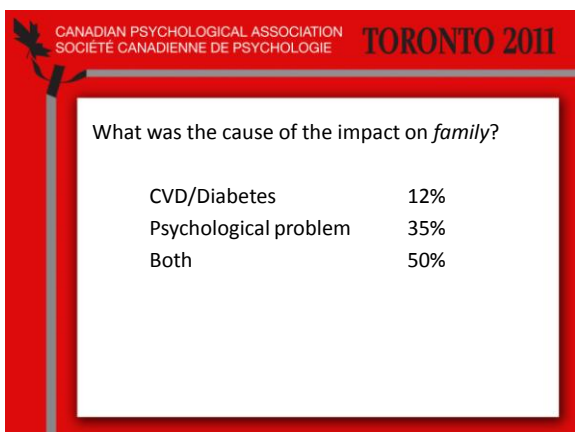
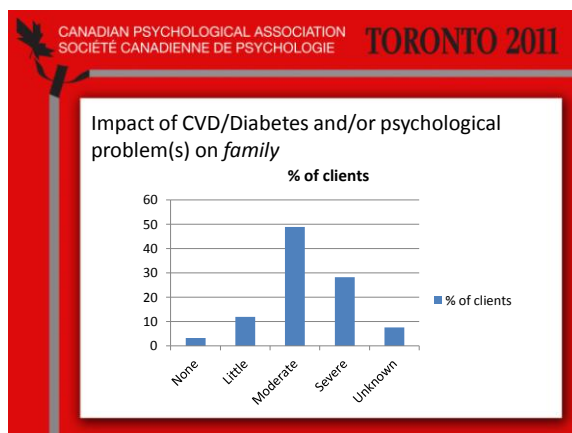
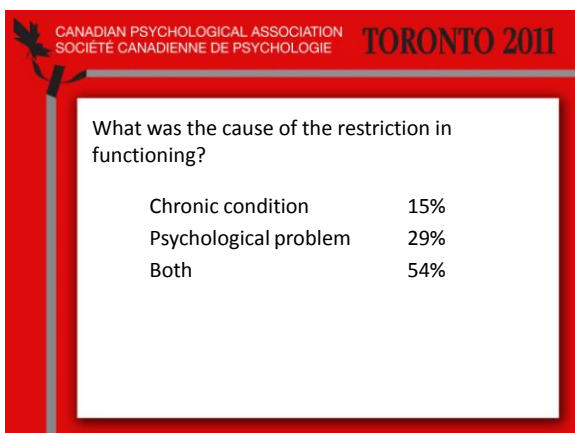
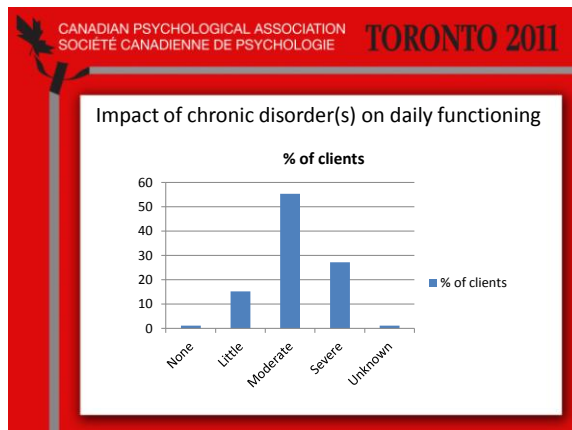
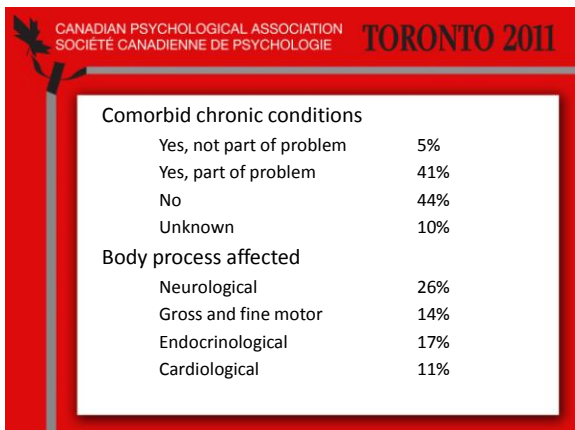
Self	14%
Physician	30%
Other health care professional	19%

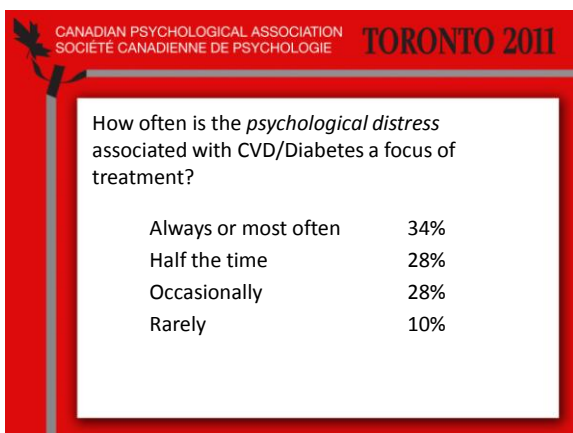
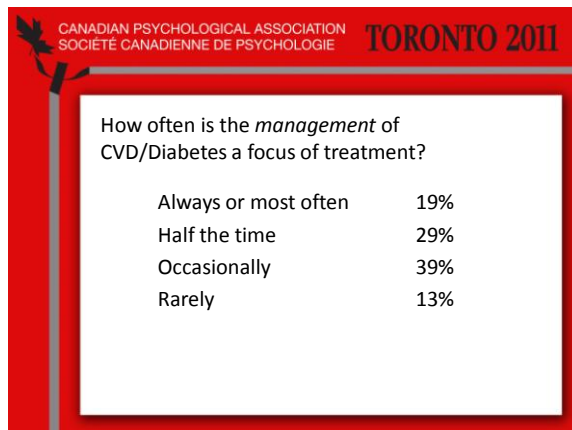
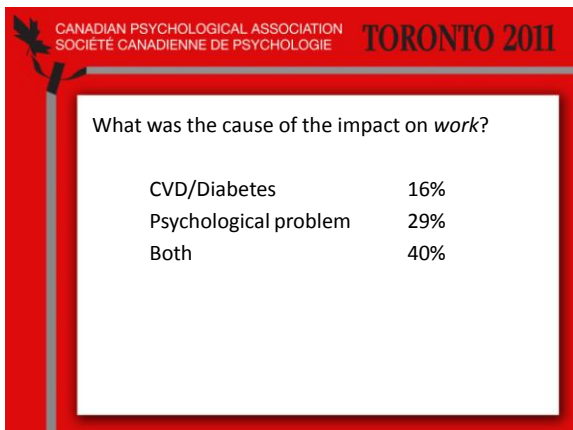
Made referrals for client

Other health	23%
Medication evaluation	15%
Other mental health	12%
Support or self-help	12%
No referrals made	53%









Lack of services and/or access	Lack of specialized services Availability of needed services Lack of support services Wait lists and scheduling demands Other services challenges
Client challenges	Severity of mental health problems Ambivalence to treatment Physical health complications interfere with treatment Personality and/or demographic issues Geographical distance and transportation difficulties Other client challenges
Lack of resources and/or funding,	Lack of funding for services Lack of personal funds Funding limitations to services Lack of resources
Lack of communication/ collaboration	Lack of collaboration among partners in care Inability to synchronize information given to client Lack of communication among partners in care
Lack of support	From close relationships From the community From health care providers or specialized services
Family challenges	Family is uncooperative Family is dysfunctional

