

**Canadian Psychological Association (CPA)**  
**Summary Position on Health Human Resource and Access to Health Services**

Submitted by Dr. Karen Cohen, Executive Director of the CPA, in preparation for the G7 Meeting with the  
Honourable Leona Aglukkaq, Minister of Health  
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The CPA is the national professional association of psychologists in Canada whose mandate is to promote excellence in the science, teaching and practice of psychology and to contribute to the health and well-being of Canadians. There are approximately 16,000 regulated psychologists in Canada though the CPA represents the interests and activities of the scientists, as well as the regulated practitioners among our discipline. Psychologists represent Canada's largest regulated group of specialized mental health care providers.

One in five persons in Canada can expect to experience a mental health problem in their lifetimes<sup>1</sup>. According to the World Health Organization, by 2020, depression will become the second leading cause (next to heart disease) of disability adjusted life years for all age groups and both sexes<sup>2</sup>.

Two of the important gaps in mental health are mental health human resource and the accessibility of mental health service to the people of Canada. The establishment of the Mental Health Commission of Canada and its 10 year mandate underscores these gaps and the needs we must address for the country's mental health.

The CPA joins in the concerns noted by government, as well as Canada's health care providers, about our country's health human resource. The CPA is very pleased to participate with the G7, a partnership of several national health care provider associations which collectively represent approximately 100,000 of Canada's health care providers.

Issues around HHR are not just about more, or more of a certain kind, of health care provider but mobilization of the providers, like those among the G7, who already make up Canada's health human resource – including those whose services are provided in the private sector.

The health of Canadians is dependent on several HHR related factors which include:

- recruitment and retention of HHR (and this in turn dependent on funding for education and training as well as competitive remuneration)
- education and training of health professionals to work collaboratively
- continuing education of post-licensure health professionals to work collaboratively
- the systems and infrastructures to support inter-professional practice and collaboration – these include a whole range of human resource and infrastructure supports inclusive of electronic record keeping and remuneration for health care providers.

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<sup>1</sup> Health Canada (2002). *A Report on Mental Illnesses in Canada*, Ottawa: Author

Standing Senate Committee on Social Affairs, Science and Technology (2004). *Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada, Report 1*, Ottawa: Author

<sup>2</sup> [http://www.who.int/mental\\_health/management/depression/definition/en/](http://www.who.int/mental_health/management/depression/definition/en/)

Several among Canada's health care professions have received government funding to develop common datasets with which they can collect information about their respective health human resources. Unfortunately, several associations among the G7 were not included in this group and we face challenges in developing and implementing similar datasets with which to collect information about our resources. **Of particular concern to the CPA is that by not including psychology and social work among those groups funded to develop datasets, the country is not collecting comprehensive or accurate information about the country's mental health human resource. It is CPA's hope that this oversight might be rectified and that we might be supported in our ongoing, and currently self-resourced, efforts to develop and implement common datasets.**

An effective and efficient understanding and mobilization of Canada's health human resource is critical to inter-professional care and telehealth practice both of which are keys to reach particularly vulnerable groups and populations. Similarly emergency response to pandemics requires a breadth of biopsychosocial health preparedness and depends on the skills sets of a wide range of Canada's health care providers.

The CPA is also pleased to join the G7 in highlighting the critical issues related to the accessibility of health services in Canada. Currently, our jurisdictions employ a publicly funded provider-based system. We pay designated providers to meet the country's health needs. Canada needs a needs or service-based health care system – one that can provide the right service to the right person by the right provider in the right place and at the right time.

The Federal government has played an important leadership role in health care delivery and models of health care delivery. For example, the primary health care transition fund that funded projects such as the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative and the Canadian Collaborative Mental Health Initiative had significant impacts on scopes of practice for some professions.

In order to support access to the indicated health service from the right provider we need to ensure that

- Canada's health care providers are trained to meet the needs of Canada's communities, particularly its vulnerable communities as well as to the current and pressing health concerns of all Canada's communities (e.g. mental disorders and mental health, diabetes, heart disease, obesity)
- we employ human resource demand modeling based on population health needs rather than past practices
- we support providers in practicing to the full scope of their expertise
- we deploy a range of health care providers across a range of professions and specialties
- we develop innovations and support for recruitment and retention in areas of high demand and low supply.

**It is particularly important to CPA to work with policy and decision-makers to enhance access to mental health services.** Psychological services are not publicly funded by our jurisdictions' health care plans. With cuts to salaried resources and problems related to recruitment and retention in our public institutions (e.g. hospitals, schools, correctional facilities), psychologists are increasing practicing in communities where their services are not publicly funded and hence inaccessible to many in Canada. Although psychologists in private practice report ample work and demand for service within the private sector, individually and as a profession, we are very concerned that psychological services are not accessible to those without means to pay for them.

Even when health care service is publicly provided in hospitals, schools and correctional facilities, gatekeeper bottlenecks often occur that increase wait times and health care costs. Access to some private system providers only through physician referral also adds to public health care costs and increases wait times for needed service.

**When considering the costs of enhancing access to needed care, we need to think not just about the immediate cost of the health service but the costs of not providing the service** (costs borne by society in terms of lost workplace productivity, impact on family roles and responsibilities, costs of repeated health care visits because the service offered and provided was not the right one). This is essentially the cost offset of funding the needed service at the front end. It has been estimated that the total cost of mental disorders to the Canadian economy in terms of health care and lost productivity measures in the tens of billions of dollars<sup>3</sup>.

Consider, for example a person with a chronic and complex health problem such as chronic pain. We know that chronic pain is best treated by an inter-professional team with a combination of medical, pharmaceutical, psychological, physical, occupational and social interventions. The person with chronic pain who is not successfully treated will likely not be able to work, will make repeated visits to his or her family physician for medication, will not likely fulfill family roles and responsibilities etc – all of this comes at a tremendous personal, familial and societal cost.

CPA counts the foregoing issues around Canada's health human resource and access to needed health service as key among its concerns and is eager to work with our professional, consumer and governmental partners in addressing them. We will continue our work and advocacy in these areas and to respond to requests for assistance whenever asked. We can be reached at [cpa@cpa.ca](mailto:cpa@cpa.ca) or through our Executive Director, Dr. Karen Cohen at [kcohen@cpa.ca](mailto:kcohen@cpa.ca) or 613-237-2144, ext. 344.

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<sup>3</sup> [http://www.camh.net/News\\_events/Key\\_CAMH\\_facts\\_for\\_media/addictionmentalhealthstatistics.html](http://www.camh.net/News_events/Key_CAMH_facts_for_media/addictionmentalhealthstatistics.html)