INTRODUCTORY REMARKS

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Thank you, Senator Kirby and members of the Standing Committee. Let me begin by commending you on your first report and on undertaking this examination of the Canadian health and health care system and particularly today’s roundtable on mental health.

The members of the Standing Committee have received a brief and supporting documents from the Canadian Psychological Association. I won’t re-till that ground but I would like to take the opportunity afforded me to make a few introductory remarks.

We are here today to talk about mental health issues. The practice of psychology is rooted in science which studies human behaviour across the biological, cognitive, affective and social domains; that is to say, how we think, feel and behave in the diverse roles we assume in society. These dimensions of the human experience in no small measure determine our health status and the effectiveness of our health care system.

In particular, it is essential to consider the fundamental contribution of psychological factors to the maintenance of good health, the prevention of disease and injury, the accurate diagnosis and treatment of health problems, effective rehabilitation and relapse prevention, the management of chronic illness, and palliative care. Findings from scientific studies and clinical practice underscore that health and health care issues cannot be adequately addressed in the absence of neuropsychological, cognitive, affective, behavioural, and social factors.

I cannot help but be struck by the obvious irony of the situation. It is deeply ironic and disconcerting to observe a health system which targets disease by performing seeming miracles through new medications and new technology-driven tests and procedures, while at the same time investing relatively little time, energy or money to address the human experience of that disease, mental health issues or mental illness. The centrality of psychological factors to health and illness is blindingly obvious.

This unfortunate state of affairs results in tremendous unnecessary suffering for Canadians and increased costs to the health system.

Some examples:

1. Services for those with mental illness or psychological problems are inadequate and often not available.
   • Mental health waiting lists: While a practitioner at the Aberdeen Hospital in New Glasgow, Nova Scotia, I had a 2-year waiting list for children and adolescents.
• As reported two nights ago on the CBC, services for autistic children are not readily available. The mother of the child is considering moving provinces to find more adequate services. As was quoted on the program, if this child had cancer, services would be available.
• Patients with spinal cord injuries, diabetes or cardiac problems who become depressed or do not comply with medical regimes can cause themselves serious injury and death.

2. Access to services is unevenly distributed, with relatively good access for upper income Canadians and often very limited or effectively no services for those of less affluent means.

• For example, you can only access psychological services in four ways; through public institutions, clinics, and so on, if they are even available, employment assistance programs, co-pay private health insurance policies or on a pay-as-you-go basis. Only one of these access routes is in the public sector, which may or may not offer any services or adequate levels of service. The other three access avenues are in the private sector and require a certain level of disposable income. The result is obvious, two-tier health care.

3. The psychological factors in health occupy a marginal and not a prominent place in the continuum of care.

This situation

1. unacceptably increases the suffering of patients and their friends, family, co-workers, etc.,

2. unacceptably increases the costs of health care due to increased system use such as emergency, inpatient and physicians’ services and pharmaceuticals.

3. negatively affects the economic bottom line of corporations and businesses due to factors such as absenteeism and diminished productivity.

and 4. increases the use of the social welfare and criminal justice systems and educational support services

Solutions:

1. The health care system must recognize the foundational role played by psychological
factors in the health of all Canadians. As such, psychological or mental health services
must occupy a central role across the continuum of care. These are must-have and not
nice-to-have services.

2. We must provide comprehensive psychological or mental health services for all
Canadians regardless of income using a variety of methods and vehicles.

3. We must ensure that all health services have mental health or psychological services
components. This is particularly important in crucial areas such as primary health care
services.

and 4. we must provide adequate services and support for those suffering with serious mental
illness.

Thank you for this opportunity to address the Standing Committee and I look forward to the
discussion and to the report to follow.

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