BRIEF TO THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY

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Canadian Psychological Association
151 Slater Street, Suite 205
Ottawa, ON K1P 5H3

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INTRODUCTION

The Standing Senate Committee on Social Affairs, Science and Technology is to be commended for undertaking this examination of the Canadian health and 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, accurate diagnosis and treatment of health problems, effective rehabilitation and relapse prevention, the management of chronic illness, and palliative care. The 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.

Canadians are more than the sum of their physical parts. Although it may often be our bodies which become sick or injured, a person calls upon the whole of his/her psychological, social and biological resources to get better and stay healthy. The success of our efforts to maintain health and cope with illness is determined by a multiplicity of factors - chief among these are what we think, how we feel, and how we behave. In order to reduce human suffering, and to deliver optimal and efficient health care services in a cost-effective way, the psychological needs of Canadians must be addressed.

In no small measure the spiralling costs of health care have been largely a function of the predominately biological/technological model that has been applied in a largely reactive mode. If the health of our population is to be improved, the health care system will need to be more integrated, including in a much more meaningful way health promotion, disease and injury prevention and the building of healthy communities.

The diagnosis of disease for the purposes of treatment planning has focussed too exclusively on pathophysiology. Too little attention has been given to including the assessment of healthy and unhealthy behaviours and life style issues. More often than not, consideration of such issues has been an afterthought and, when addressed, has been addressed by practitioners who have little expertise in such matters.

Although hospitals are an integral part of the health care system, they have been too central. This is a major factor contributing to the problems of access and universality. Community-based models of health care have not been well enough established in Canada. Yet, given the geography of our country, community-based delivery systems are essential to meet the condition of universality of the Canada Health Act.

It is important to recognize that the current medicare system was established when a predominant basis of most health care conditions was infection. Infection is a minor factor in the cause of illness today. Rather, the health care system must respond to the conditions that have a large psychological and behavioural

component.

SOME MYTHS OF MENTAL ILLNESS

As we all know, our understanding of mental health and the treatment of people with mental illness has had an unkind history. In the not-so-distant past, "mad people" were either vilified or venerated. A new era then dawned with the advent of the asylum movement. Soon after, "madness" was being examined as an important phenomenon which led to the development of theories and treatments. Today, these treatments are predominately of three types: psychological, interpersonal and chemical.

Conversely, even to the present day, psychological factors and causes are often imputed when a patient's symptoms are not accurately recognized or understood. For example, diseases such as Alzheimer's and Multiple Sclerosis often first present with psychological symptoms such as depression or anxiety. Patients can be unfairly "blamed psychologically" for conditions that are not well understood medically.

From these roots have developed some present-day myths of mental illness. These myths significantly affect the mental health of all Canadians. Some examples include:

Myth 1: Only the mentally ill and institutionalized patients have serious psychological problems. It is this myth which is most responsible for the marginalization of mental health within the broader health and health care system.

This myth has no basis in fact. Data from many countries and many sources show how pervasive psychological issues are for us all. Consider that:

1. The World Health Organization views depression as a significant worldwide health problem.

2. Studies have shown the incidence of mental health problems in children to be as high as 20%.

3. Psychological issues have been shown to be the primary reason for, or a significant secondary or contributing factor in, as many as 60% of visits to family physicians.

4. An avalanche of data now makes direct links between psychological well-being and a host of health issues such as immune system functioning, thyroid and adrenal disorders, marital/family functioning, workplace productivity, myocardial infarction, and child development, to name only a few.

5. In excess of 25% of patients with medical conditions other than a mental health concern fulfill diagnostic criteria for serious psychological maladjustment that, if left untreated,

can have serious short- and long-term consequences for the individual and his/her environment.

6. People suffering from chronic disease, disease for which there is no medical cure, need help to optimize their psycho social resources so that they can cope with their conditions, remain as healthy as possible, and live happy and productive lives. Consider the person with diabetes who does not regulate his/her diet or the person living with a spinal cord injury who does not pay attention to seating and skin care. Depressed psychological functioning often leads to self-neglect, which for someone with a chronic medical condition can result in exacerbations of illness, increased need for and utilization of health and social services and even death.

Myth 2: The mentally ill are eithervery hard to treat or beyond help. Some kinds of mental illness are managed and not cured (for example, schizophrenia) while many others remit with appropriate treatment. It is in fact in the absence of treatment that these illnesses and disorders can become more severe in their symptomatology and in the toll taken upon the individuals and society. However, the myth that mental illness cannot be appreciably helped or cured, in addition to the fear mental illness can create in the general public, have also helped to marginalize mental health issues and patients. The erroneous but damning question is "Why spend precious resources on conditions that are intractable and which few want to admit or entertain could happen to them or their loved ones?"

The biomedical industry is large, complex and profitable. New medical procedures, tests, machines and drugs are billion-dollar businesses worldwide. These pressures of industry and commerce place serious demands on the health care system and help to chart its course. Although the area of mental health has benefited greatly from advances in chemotherapy, many mental health problems are not readily prevented, improved or cured by drugs or drugs alone. Consequently, although mental health may not be among the major profit centres within the biomedical industry, it carries considerable long-term dollar costs as well as health and social costs to individuals and society.

The mental health field is often viewed as a cost centre with limited health gains by health care planners. Health planners have yet to fully appreciate that early and effective psychological intervention alleviates suffering and results in more economical use of health care resources. Intervening when someone suffers an acute stress reaction to a traumatic event decreases the likelihood that such a reaction will become a chronic debilitating disorder. Helping a cardiac patient to manage stress and anxiety can mitigate the course of her/his heart disease. Effectively intervening with distressed and stressed parents can lead to happier and better functioning families with positive inter-generational effects. Improving the quality of life of a patient with bipolar depression or schizophrenia reduces unnecessary and expensive system use. The value of psychological intervention needs to be seen over the long term - both for the individual who is less likely to become chronically disabled and for society which bears less social and economic expense for the individual whose mental health problems are addressed early and effectively.

Myth 3: Seeking help for mental health problems is a sign of weakness. Mental health problems have long been stigmatized - so much so that treatment was hard to ask for, not readily recommended and, unfortunately, often never received. Although society has become much more appreciative of mental health issues and needs, it is important that our health care system continue to overcome the barriers of ignorance, prejudice and accessibility.

Myth 4: Treatments for psychological problems and mental illness are not effective. As was illustrated above and is illustrated in the accompanying documents, psychological interventions are very effective. Psychological interventions have strong foundations in science and psychologists have been among the forerunners of the empirically-based intervention movement.
Some examples follow:

1. **Cognitive Behaviour Therapy** has been shown to be superior to medications for some **depressions** and to be the treatment of choice in conjunction with chemotherapy for others.

2. **Neuropsychological assessments** are essential in the effective diagnosis and treatment planning for patients with **closed head injury, stroke or deteriorating neurological conditions such as Alzheimer's Disease.** Although advances in neurodiagnostic imaging can pinpoint the location of injury, neuropsychological evaluation can singularly describe the functional consequences of brain disease and injury - consequences which are critical to helping patients and their caregivers adapt, compensate and sometimes overcome deficits and injury.

3. **Behavioural interventions for children with attentional or behavioural disorders** are the treatment of choice, sometimes augmented with chemotherapy.

4. For decades, **psychological interventions for phobias and other anxiety disorders** have been shown to be the treatment of choice, sometimes augmented with chemotherapy.

5. Patients suffering from **psychosis** profit from interventions that assist them to better **control their symptoms, prevent relapse and to increase their quality of life.**

6. **Psychological interventions** assist patients with **smoking cessation, obesity treatment and substance abuse problems.**

7. **Behavioural interventions** help reduce the spread of infectious diseases such as HIV and AIDS.

Myth 5: Mental health and mental illness is not a major issue in the lives of most Canadians. The importance of psychological factors to health and well-being, as well as to the accurate diagnosis and effective treatment of illness and injury, is well acknowledged. Further, as medical science improves upon its dramatic successes in treating disease and prolonging life, the psychological needs of citizens who live and cope with cancer and heart disease, for example, assume even greater importance and prevalence.

The psychological aspects of disease and injury as well as psychological ill health cost Canadians dearly in terms of human suffering, lost productivity, and often unnecessary system use (i.e., health, education, criminal justice, social services). Estimates vary, but it is clear that system use for unaddressed or inappropriately addressed psychological issues and disorders costs Canada millions of dollars annually - costs which could be dramatically reduced with a more effective and responsive health care system.

ARE THERE ENOUGH RESOURCES?

The answer to this question is unequivocally 'no'. As evidenced by the demographic data supplied with this brief, and data from the Canadian Institute for Health Information (CIHI), there are currently not enough professionals to address the mental health needs of Canadians. For example, in the Province of Ontario, the psychologist-to-citizen ratio is one psychologist to approximately five thousand Ontarians. This ratio is much higher in rural areas. This data includes services in health, education, criminal justice, the work place and private practice settings. As the population of psychologists ages and retires, there will be even more strain on the system over the next ten to fifteen years.

Hospitals and clinics are overburdened. Some are very short staffed or, inconceivably, no longer offer or have never offered the services necessary to addressing patients' complex and multi-dimensional mental health problems. Where such services do exist, waiting lists are usually inordinately long and the level and comprehensiveness of service is wanting.

Services are not coordinated across systems. As a consequence, people with complex multi-dimensional problems must engage several systems or are lost between the cracks. People with serious mental health issues or children, for example, often straddle the boundaries of our different service systems. Their needs can include social services, housing, education or training, mental health services, criminal justice involvement, and so on. Services, to be more effective and less wasteful of precious resources, need a more sophisticated level of integration and coordination. Better integration and coordination would benefit the patient or client, his or her family and friends, as well as the Canadian tax payer.

ACCESS IS CRITICAL

Speaking only for psychology, there are four ways to access psychological services in Canada - only one of which resides in the public sector. The public sector method of access is through public facilities such as hospitals or clinics who employ psychologists. Private sector access is through work-related employee assistance programs, through co-pay policies with private health insurers or on a pay-as-you-go basis.

Canadians do not have equal access to care for their psychological problems. Although psychology is a regulated health profession in all provinces and territories, Canadians can often not access services. Public sector facilities may not offer or may not offer enough psychological services to meet patients' needs, patients do not always have access to third-party coverage or reimbursement for psychological services and, in the absence of any insurance, patients often cannot afford to pay for the services of psychologists in private practice.

As a result, psychological services are most available to those with high incomes and least available to those with low incomes. Because mental health issues do not respect class boundaries, this results in an unacceptable disadvantage to those with the least resources. Canadians fear a two-tier health system! We can assure them that one is already in place!

No province provides universal access to psychological services to all of its citizens. The reason most often given for this inaccessibility is financial - governments just cannot afford to do it.
This is only true if governments remain wedded to the old ways of delivering health services and choose to invest increasingly large sums in biomedical interventions at the expense of comprehensive psychological and mental health services. This financial argument is based upon short-term costs and ignores long term consequences. What are the personal, social and economic consequences of not providing early or any intervention for someone's psychological problem or disease? What costs to society are incurred when one of its citizens cannot work, raise his/her family, or even attend to basic activities of daily living? Governments must look beyond the terms of their office and assume responsibility for the long-term needs of Canadians.

A keen example of the current inefficiency of our system to meet the mental health needs of Canadians is our use of medications. This well-known overuse results from a number of factors, not the least of which is the lack of access to other more appropriate and effective services. Research has shown that upwards of 60% of the health needs of patients visiting a general practitioner are for psychological concerns of a primary or secondary nature. The therapeutic intervention of choice for medical practitioners is chemotherapy. There are systemic reasons, such as the power of drug companies and the archaic manner in which professionals are paid, that make chemotherapy the default treatment of choice. Primary care physicians are as frustrated as psychologists and other mental health professionals by the state of affairs. For example, physicians are not necessarily specifically or systematically trained to assess and treat psychological problems and disorders in a non-psychopharmacological fashion. Although medication for such disorders may be indicated, sometimes it is not and sometimes the most effective approach combines both the psychological and the psychopharmacological. Although, as mentioned above, science tells us that many psychological interventions are the treatments of choice for specific psychological problems, primary care physicians are paid to treat their patients with these problems but are not trained to deliver the psychological interventions which may be required. Psychologists, on the other hand, are trained to deliver these interventions but their services are not part of a comprehensive service delivery plan ensuring access for all Canadians. Physicians are all too often left alone with the responsibility for care for patients with mild to severe mental health problems due to a lack of available referral resources. All too often health

professionals are frustrated by the consequent compounding of problems.

A more reasonable, cost-effective and responsible approach would be to triage patients in order to give them the means, as well as the options, necessary to address their mild, moderate or severe mental health issues. This would require medicare systems to develop new, flexible and interdisciplinary systems through such avenues as primary care reform and home and community care programs that would better address and meet patient needs. Health care settings already recognize the importance of interdisciplinary care. It is time that governments acknowledge and reflect in policy and program what its healthcare professional resources already know. Canadians' health is multi-dimensional in all its biological, psychological and social aspects.

TOWARDS AN OPERATIONAL DEFINITION OF HEALTH AND MENTAL HEALTH

As we have seen, whether psychological issues are as the result of mental illness, are a reaction to an injury or a life event, or are an aspect of some other primary physical disease, they are among the most pervasive and profound issues affecting the health of Canadians. Mental health is not tantamount to mental illness but rather is a dimension of every citizen's health and health care. By recognizing the pre-eminent role of mental health in health, we not only reduce human suffering, we include rather than stigmatize our citizens, we augment the efficiency and accuracy of diagnosis and treatment, we enhance treatment compliance and we reduce unnecessary health care costs incurred when mental health needs are not addressed.

With this shift from a definition of health which includes physical health to one which includes biological, psychological and social health, we cannot but more accurately recognize and respond to the multi-dimensional health needs of our citizens. Without this shift in the definition of health care, we are condemned to repeat history. We have seen many reports and commissions examine issues related to mental health and the delivery of mental health services. We have seen governments close inpatient facilities while promising community resources which never materialize. We know that Canadians do not have adequate and equal access to mental health services. We enjoin this Committee of the Senate of Canada to disprove the scientific law which states that past behaviour is the best predictor of future behaviour. Let us make use of our country's considerable resources and give Canadians the health care services they need and deserve.

THE WINDS OF CHANGE

Governments, business leaders, health economists and public policy developers are becoming increasingly aware of the importance of psychological factors in the health and well-being of Canadians. A perfect example are the Canadian Institutes of Health Research with their broad research mandate. The scientific data in support of this change in attitude is clear and mounting. Canadians themselves have more interest in and less fear of mental health issues. This broader public acceptance is particularly evident in younger Canadians, many of whom have taken psychology courses in university. Parents are more likely to seek psychological services for their children. Businesses are increasingly concerned about the productivity costs

of psychological problems in their work force. Although still marginalized, people with serious and persistent mental health problems are less feared and rejected**.**

RECOMMENDATIONS

Here is what we must do.

1. Health systems must incorporate psychological and mental health services more completely and comprehensively into their models and mechanisms of service delivery. Health care facilities should be given the resources to ensure that a psychologist (employee or contract) is attached to each health care service. The psychologist could apply his or her expertise to clinical consultation to other team members, assessment/diagnosis, direct patient intervention, work team improvement and consultation/coaching with team leaders.

2. Primary care reform must take an interdisciplinary approach including psychological services as a "must provide" service. For more details, see the accompanying publication *Strengthening Primary Care*.

3. New programs such as home and community care or pharmacare must take an interdisciplinary approach including psychological services components. For more details, see the accompanying publication *Strengthening Home and Community Care*. *Strengthening Pharmacare* is being printed and will be forwarded as soon as it is available.

4. Mental health services for select populations such as children and the seriously mentally ill must be more coordinated across agencies and systems (i.e., health, education, social services, criminal justice) so as to offer a more comprehensive service and fewer of the redundancies that drive up costs and reduce efficiencies.
   Demonstration projects and new initiatives designed to integrate services should be funded.

5. Health services research examining the effectiveness of psychological services and broadly defined mental health services must be supported and significantly increased.