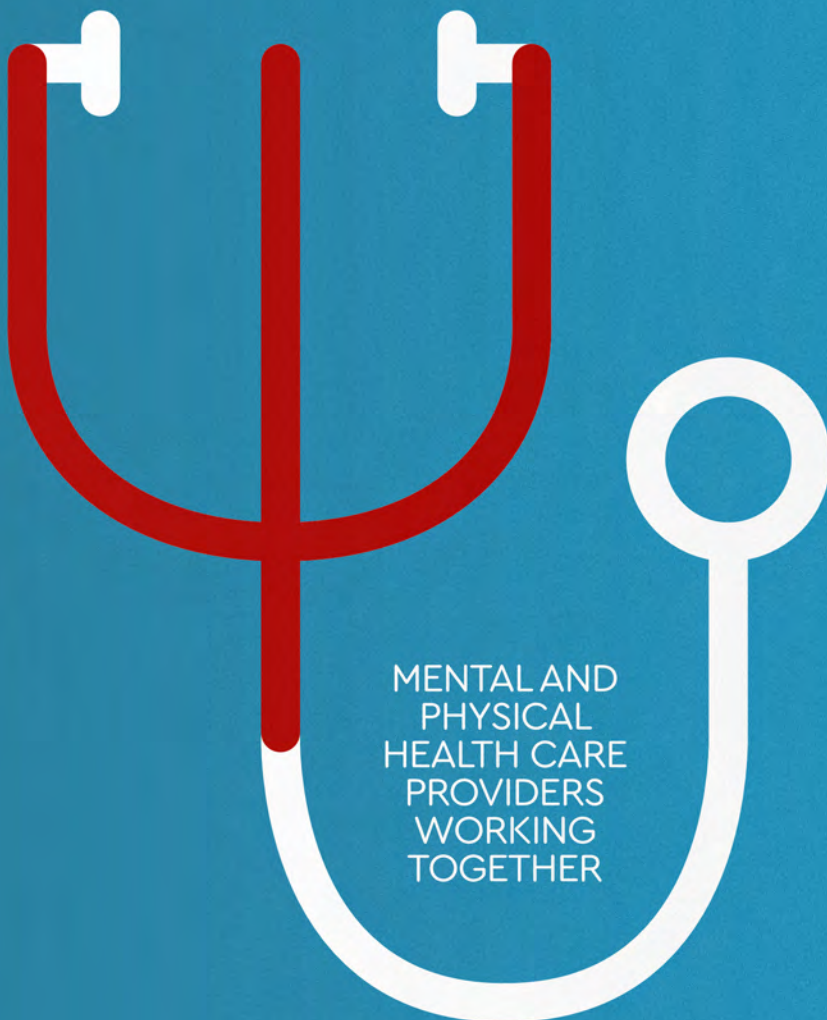


NEW FEDERAL INVESTMENTS IN MENTAL HEALTH:

Accelerating the Integration of Psychological Services in Primary Care



Prepared by the Canadian Psychological Association (CPA) and the Council of Professional Associations of Psychologists (CPAP).

February 2022

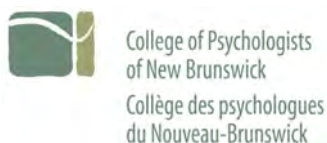
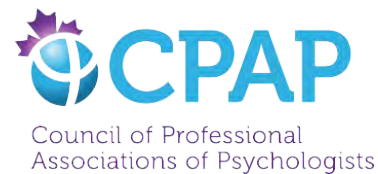
About the CPA

The Canadian Psychological Association is the national voice for the science, practice and education of psychology in the service of the health and welfare of Canadians. The CPA is Canada's largest association for psychology and represents psychologists in public and private practice, university educators and researchers, as well as students.



About CPAP

The Council of Professional Association of Psychologists is comprised of 13 national, provincial and territorial psychology associations, and has four objectives: facilitating knowledge exchange amongst member associations; identify and share best practices amongst member associations; advocating for the needs of Canadian psychologists and the people that they support; and develop leadership potential and capacity in Canadian psychologists.





Executive Summary

In lead up to Canada's most recent federal election on September 20, 2021, the Canadian Psychological Association (CPA) and Canada's provincial and territorial associations of psychology – collectively known as the Council of Professional Associations of Psychologists (CPAP) – were strongly encouraged by what we think was a *historic* moment for the mental health of the people of Canada. All sitting national political parties made significant funding commitments to improve and expand timely access to mental health care services – which includes delivering psychological care to people with mental health and substance use health problems and disorders.

The sitting federal government has proposed the creation of a **Canada Mental Health Transfer** to the provinces and territories with an initial investment of \$4.5 billion over 5 years. This funding has largely been framed in the context of expanding publicly funded care to mental health programs and services beyond hospitals and physicians. The scope of this transfer is an important one; it acknowledges there are trained and regulated mental health professionals – such as psychologists – whose evidence-based services are not covered by Medicare but who are at the centre of the country's mental health human resource and can make a significant contribution to transforming mental health delivery systems across the country.

By making investments in evidence-based mental health services – such as evidence-based psychotherapy – delivered by regulated mental health providers, whose services are not covered by Medicare, the expectation is that these funds will make the inaccessible accessible (e.g., psychological services) rather than make the accessible more accessible (i.e., hospital and physician services).

In the view of the country's psychological associations, the most effective and efficient means of achieving better access to evidence-based mental health care is to invest in integrated collaborative care practices in primary care and community-based settings in Canada. Doing so is effective and efficient for two reasons. Primary care is a commonly accessed doorway to health care where problems can be detected and addressed as early as possible. Problems, mental or physical, that are addressed early typically have the most successful outcomes.

It is widely recognized that health problems, particularly those that are chronic and recurrent, are best addressed through collaborative care. Collaborative care is patient-centered, responds to the needs of the population it serves, offers evidence-based care, measures treatment outcomes that are meaningful to the patient, and holds health providers accountable for care provided and outcomes attained. It is not health providers co-locating to provide treatment to patients, but health providers working collaboratively with patients and patient populations to effectively meet the health care needs of the community.

This will achieve the following system-based objectives:

1. Timely access to evidence-based mental health care is improved, irrespective of people's age, location and ability-to-pay.
2. Mental health care is delivered more effectively and cost-effectively in communities than in resource intensive tertiary care facilities.



3. Mental health problems and disorders are more likely to be identified and treated earlier, which typically leads to better outcomes.
4. Co-morbid physical and mental health conditions are better managed.

In addition to identifying some of the recent innovations where the provinces and territories and psychology are transforming their mental health delivery systems, CPA and CPAP speak to the gaps that need to be addressed to increase access to quality mental health services:

1. We need a system that puts the right mental health provider at the right place so that the right care reaches the right person.
2. We need more expertise within primary care to effectively assess and diagnose patients' presenting mental health problems.
3. We need regulated mental health providers with the training and expertise to plan, deliver and/or oversee evidence-based care for a range of mental health problems and disorders.
4. We need mental health providers with the training and expertise to evaluate the quality and effectiveness of services provided.

The report also outlines in more detail how the integration of mental health care could be structured within primary care settings.

1. Staff primary care settings with psychologists who assess and diagnose mental disorders, plan and evaluate treatment, oversee the delivery of low intensity mental health care, as well as deliver complex psychological care.
2. Ensure the mental health services integrated into primary care use a stepped care approach.
3. When staffing primary care practices with a mental health human resource, it is critical that caseloads permit them to deliver a sufficient dose of evidence-based treatment.
4. Funding could require that a psychologist, and any mental health provider working within the primary care practice, be contracted by their provincial or territorial health authority.
5. Allow patients to self-refer for psychological services or obtain a recommendation from their primary care provider(s).
6. Ensure that funded psychological services are evaluated – One of the unique practice profiles of psychologists as compared to other mental health care providers is their expertise in the selection and administration of psychological tests with interpretation based on all known personal, psychosocial and potential disorder-related factors.
7. Allow the provinces and territories and health authorities to target psychological service delivery to specific populations, as needed.

The report closes with a discussion about the need for mutual accountabilities between the federal and provincial and territorial governments if a durable and sustainable agreement is to be in place to improve and expand timely access to evidence-based mental health services.

Working together, we can improve the mental health of the people of Canada. There is no health without mental health.



The National Context

In lead up to Canada's most recent federal election on September 20, 2021, the Canadian Psychological Association (CPA) and Canada's provincial and territorial associations of psychology – collectively known as the Council of Professional Associations of Psychologists (CPAP) – were strongly encouraged by what we think was a *historic* moment for the mental health of the people of Canada. All sitting national political parties made significant funding commitments to improve and expand access to mental health care services – which includes delivering psychological care to people with mental health and substance use health problems and disorders.

Mental health plays a critical role in the lives of individuals and success of workplaces and societies. As underscored by the COVID-19 global pandemic, mental health and wellbeing affects and is affected by individual and community life events. It is very encouraging to see mental health recognized as a multi-party public policy priority. Mental health problems and conditions can present on their own (e.g., the mental health problems most likely to affect Canadians are depression and anxiety) or along with other health problems and conditions (e.g., substance use, heart disease, hypertension, diabetes, chronic pain, to name only a few) as well as community or global crises (e.g., climate change, COVID-19). There is no health without mental health. For a vibrant and prosperous Canada, we must continue to invest in our most important assets...people. To do that, we need to address their mental health needs in tandem with their physical health needs.

Appendix A sets out a summary of the mental health platform promises for the sitting federal government and other national political parties. While the focus is on the sitting government, as a minority, they will require the support of at least one other political party to implement their legislative, regulatory and policy agenda. This means there may be more discussion and/or negotiation between the sitting government and other political parties as to how they will implement their platform commitments.

The sitting federal government has proposed the creation of a **Canada Mental Health Transfer** to the provinces and territories with an initial investment of \$4.5 billion over 5 years. This funding has largely been framed in the context of expanding publicly funded care to mental health programs and services beyond hospitals and physicians. The scope of this transfer is an important one; it acknowledges there are trained and regulated mental health professionals – such as psychologists – whose evidence-based services are not covered by Medicare but who are at the centre of the country's mental health human resource and can make a significant contribution to transforming mental health delivery systems across the country.

Building on the principles of universality and accessibility in the *Canada Health Act*, such as through the passage of a *Mental Health and Substance Use Health Care For All Parity Act*, the transfer would establish national standards in the provision of mental health care that is timely, universal, and responsive to the people and communities it serves.

In the view of Canada's psychologists, the transfer is a unique opportunity for the federal and provincial and territorial governments to make mental health care accessible to those who need it, when they need it.

They can do so by making investments in evidence-based mental health services, delivered by regulated mental health providers, whose services are not covered by Medicare. The expectation is that these funds will **make the inaccessible accessible** (e.g., psychological services) **rather than make the accessible more accessible** (i.e., hospital and physician services).

This is where the *Canada Mental Health Transfer* can play a significant transformational role towards building a health system that equally values mental health and physical health.





With Canada's 44th Parliament in session, these commitments will require strong leadership from the federal government, and ongoing dialogue, partnership and collaboration with the provinces and territories, and mental health stakeholders – in addition to the input and/or scrutiny of Parliamentarians.

In moving the policy conversation forward, psychologists believe there are 2 related policy issues that need to be addressed:

1. How can targeted federal investments increase timely access to an expanded array of evidence-based mental health care services and transform provincial and territorial mental health delivery systems?
2. What should be the agreed upon mutual accountabilities between the federal and provincial and territorial governments to ensure overall value-for-money that supports a high performing mental health system?

In considering the first question, we would like to underscore the work to-date that CPA and Canada's provincial and territorial associations of psychology have been engaged in at the provincial-territorial level in terms of integrating timely access to mental health care within primary care and community-based settings. In so doing, we offer recommendations as to how these investments can make a profound, on-the-ground difference in meeting the mental health needs of Canadians.

In addressing the second question, we offer our views on the combination of solutions that are needed to ensure there is a strong and stable relationship between the federal and provincial and territorial governments, and clearly articulate the mutual accountabilities that are required.

Meeting the Challenges Head On

The challenge is how can a *Canada Mental Health Transfer* play a significant role in giving Canadians timely access to the range of interventions that have proven effective for mental disorders and demonstrate ongoing effectiveness. Doing so requires that we think about *what* we deliver, *how* we measure its effectiveness and *when* we measure it.

It is important to consider how many people access services, how long they wait for it, and what changes, if any, are in the incidence, prevalence, and impact of mental disorders in the populations served. It is also critical to know that we are resourcing effective treatments that will have meaningful impact on the lives of individuals, families, workplaces, and communities. **We don't just want to give people more access to care, we want to give them more access to care that works.**

The most effective and efficient means of achieving better access to mental health care is to invest in integrated collaborative care practices in primary care and community-based settings in Canada. Doing so is effective and efficient for two reasons. Primary care is a commonly accessed doorway to health care where problems can be detected and addressed as early as possible. Problems, mental or physical, that are addressed early typically have the most successful outcomes.



It is widely recognized that health problems, particularly those that are chronic and recurrent, are best addressed through collaborative care. Collaborative care is patient-centered, responds to the needs of the population it serves, offers evidence-based care, measures treatment outcomes that are meaningful to the patient, and holds health providers accountable for care provided and outcomes attained. It is not health providers co-locating to provide treatment to patients, but health providers working collaboratively with patients and patient populations to effectively meet the health care needs of the community.

When it comes to mental health, Canada falls far short of delivering timely and effective care to patients in communities. While patients bring their mental health problems to primary and community care practices, our public health systems do not fund the delivery of evidence-based psychological care in those practices. Primary care providers like family physicians and nurse practitioners often do not have the skill, time, or resources to deliver mental health care, and collaborative care teams are often not sufficiently funded to hire the depth and breadth of mental health human resource they need.

Further, by adding a psychological health human resource to primary care teams, primary care providers like physicians and nurse practitioners, will be freed up to provide more primary health care; critical since more than 5 million Canadians do not have access to a family physician. The integration of specialized and regulated mental health providers to primary care teams also provides a mental health resource to primary care providers who are either suffering from burnout or withdrawing altogether from providing care as a result of COVID-19. Given the impact of untreated mental illness on individuals, families, the workplace and economies, the provision of mental health care yields health care cost offsets, as well as reduction in presentism, absenteeism and short and long-term disability.

A Way Forward – Integrating Mental Health Services into Primary Health Care

Provinces and territories have, or are in the process, of developing their own policy roadmap to transform their mental health delivery systems. The remainder of this document focuses on the significant contributions psychologists are making to improve access to evidence-based mental health services. They are doing so by developing initiatives that more effectively integrate psychological services into primary health care delivery systems. These initiatives have largely been guided by successes demonstrated elsewhere – such as Australia and the United Kingdom – where the capacity of publicly-funded mental health systems to improve timely access to evidence-based care has been effectively implemented.

An important component of new federal funding to be transferred to the provinces and territories should be focused on accelerating the integration of mental health services into primary care and community-based care settings. This will achieve several system-based objectives:

1. Timely access to evidence-based mental health care is improved, irrespective of people's age, location and ability-to-pay.
2. Mental health care is delivered more effectively and cost-effectively in communities than in resource intensive tertiary care facilities.
3. Mental health problems and disorders are more likely to be identified and treated earlier, which typically leads to better outcomes.
4. Co-morbid physical and mental health conditions are better managed.



Access to Psychological Treatments – What We Know

The need to increase access to mental health services in Canada is considerable. One in five Canadians (or 7.6 million) will experience a mental health problem in a given year, and only half report that they have sought and received the care they need. Canadians either pay out of pocket for psychological services or rely on the extended health benefit plans provided by their employers. Approximately 26 million Canadians have access to these plans, however, what is included varies by employer.

While extended health benefits plans usually cover medications and dental care, only some include psychological care. While medication coverage isn't usually capped, there are significant caps on coverage for psychological care; even though evidence-based psychological interventions are less expensive than, and at least as effective as medication, in treating common mental health problems (e.g., depression and anxiety). The median coverage for psychological care by employers is \$1,000 per year whereas, on average, a successful course of psychological treatment costs \$3,500 to \$4,000.

While Canada's public sectors (e.g., health care systems, schools, universities, correctional facilities) do employ psychologists, this resource has diminished. Public institutions face their own budget challenges, which impact health human resources and yield positions that bring very challenging conditions of work for those who remain. Publicly funded mental health services, when available, are therefore in short supply.

Those who cannot afford to pay for private psychological care face long wait lists, get less than optimal help, or simply do not get help at all. Mental health service delivery in public institutions faces a few challenges. It is often thought that different kinds of psychological interventions are treated as alternatives when in fact they are complementary. For example, while psychoeducation or counselling may be excellent resources for some, they are not going to be effective on their own in the treatment of anxiety or depression where assessment and psychotherapy are needed. Another challenge is that cost, the limitations of available providers, and the extent of demand mean that less expensive, or lesser amounts of service are provided, resulting in people not necessarily getting the evidence-based dose of psychological treatment they need.

Psychologists are experts in providing psychological treatments (e.g., Cognitive Behavioural Therapy [CBT], Interpersonal Therapy [IPT]) and other evidence-based forms of individual and group psychotherapy to their clients. The research on psychological treatment is clear:

1. It is effective with a wide variety of mental health disorders such as depression, anxiety, eating disorders, and substance use disorders; there is also good evidence that CBT and group psychotherapy reduce the negative symptoms of psychotic disorders as well as traumatic brain injury.
2. It is less expensive than, and at least as effective as, medication for the most frequent mental health conditions affecting Canadians, like depression and anxiety, often having more enduring impact and higher adherence.
3. Psychotherapy alone is more effective in the long run than medications alone. Combining medications and therapy is effective in the long run and adding therapy to medications for those who do not respond to medications leads to improvements.
4. It works better than most medication(s) for most types of anxiety.
5. It leads to less relapse of depression when compared to treatment with medication alone.
6. It leads to patients who are more likely to follow through on treatment, feel less burdened by their illness and have lower suicide rates when used with medication to treat bipolar disorder.
7. It helps to prevent relapse when included in the services and supports for persons living with schizophrenia.
8. It reduces depression and anxiety in people with chronic conditions like heart disease, which leads to lower rates of disease-related deaths when combined with medical treatment. Psychological interventions to treat the mental health conditions that can co-occur with diabetes (e.g., depression, anxiety) can have positive impacts on adherence to diabetes treatment as well as on the development and progression of the diabetes itself.
9. It leads to savings of 20%-30% in health care costs.





While there is a mature literature detailing the effectiveness of psychological treatments as outlined above, it is critical that governments continue to invest in psychological treatment research. Pre-eminent psychotherapy researchers in Canada include Dr. Paul Hewitt (University of British Columbia) and Giorgio Tasca (University of Ottawa). Dr. Tasca has developed the *Psychotherapy Practice Research Network* (PPRN) which is a valuable resource to clinicians, educators, and policy makers interested in what psychotherapy research has to say about clinical practice.

Psychology and Provincial and Territorial Innovations in Mental Health Delivery

As the federal government, in its discussions with the provinces and territories, considers how best to invest targeted funding to expand and improve timely access to mental health services and enhance the mental health and well-being of Canadians, it is important to recognize that psychologists and associations of psychology have worked closely with several provinces and territories to invest and transform their mental health delivery systems.

Consider the following:

In 2020, the **Quebec** government announced an investment of \$31.1 million in support of a mental health action plan designed to hire 300 psychologists from the private sector to meet the increasing demand for mental health care due to COVID-19, provide grief services and increase capacity of the 8-1-1 mental health lines. Later that year, the government announced an additional \$35 million to reduce wait times for access to psychological therapies (\$25 million for private sector wait times, and \$10 million for public sector wait times). This builds on the government's announcement in 2017 to launch the first public psychotherapy program in Quebec (Quebec Program for Mental Disorders: From Self-Care to Psychotherapy).

In **Ontario**, the Ontario Psychological Association (OPA) recognizes that if we are to help increase public access to psychological services, we ought to find a way to digitally link our hospitals and primary care sectors to community-based psychologists. To this end, the OPA partnered with Strata Health Solutions, a digital health company, to support our e-referral and service matching needs.

Strata Health's digital platform, Pathways or Resource Matching and Referrals (RM&R) is a secure, state-of-the-art e-referral and matching system that is already deployed in hospitals across the Toronto Central, Central, and Northern Local Health Integration Networks (LHINs). The OPA helps match clients to psychologists based on clinical needs and personal preferences and will enable referring clinicians to communicate directly with psychologists around patient care.

In the 2021 fall economic statement, the Ontario government announced it would fund psychological services as part of the OPA's COVID-19 Psychological Support (CPS) Program. The program targets approximately 200,000 frontline health and long-term care workers and operates in conjunction with Ontario's five Psychiatric Hospitals. As part of a \$1.9-million-dollar investment, the OPA is now a transfer payment agency for the Ontario Government and will directly oversee Psychologists' billing for services rendered and report on program outcomes. The infrastructure is scalable and can be set to accommodate the mental health needs of other populations such as children with autism or mental health challenges, adults with developmental disabilities, brain injury, and more.



Furthermore, the Ministry of Health has funded the Ontario Structured Psychotherapy Program (OSP), which is based on the United Kingdom's Improving Access to Psychological Therapies (IAPT) program which treats over 600,000 individuals per year in a stepped care framework. OSP provides access to evidence-based publicly funded psychotherapy for depression and a range of anxiety-related problems. Psychologists have played a significant role in the clinical management, training, consultation, operations, and evaluation aspects of OSP, at both the provincial and regional levels. The day-to-day operations across the networks have often relied on the clinical leadership of psychologists who are uniquely situated to bridge the gap between science and implementation.

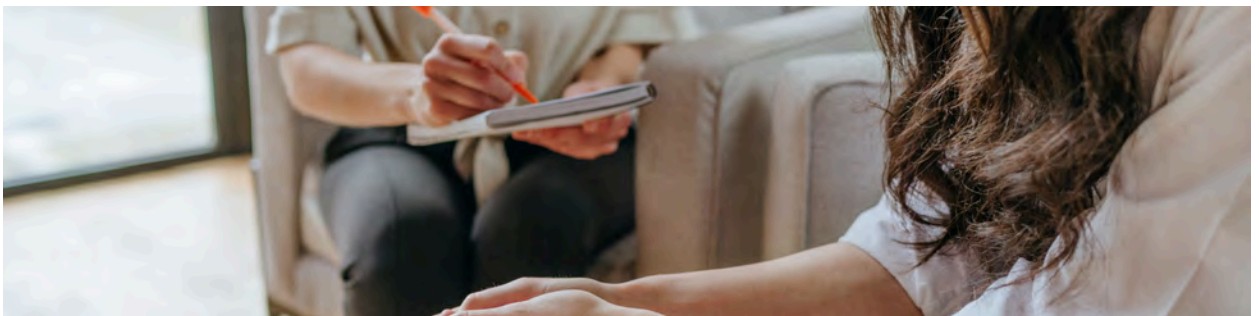
When fully implemented, the OSP program will have the following core components: services provided within a network; centralized access; stepped-care model; evidence-based interventions; standardized training; and measurement-based care, performance assessment and accountability. Through its innovative approach and infrastructure, the OSP program will be instrumental for the future of mental health treatment in Ontario, and potentially beyond.

In **British Columbia**, the BC Psychological Association, and the University of British Columbia's Okanagan (UBCO) campus are proposing the Primary Care Psychologist (PCPsych) program. The PCPsych program relies on over two decades of research demonstrating the effectiveness and cost-savings of having psychologists working side-by-side with family doctors. PCPsychs would be an integrated part of the care team providing care to patients with complex medical, mental, and behavioural health needs. This includes direct, on-demand (often same-day) patient consultations for brief (15-30 minute) visits for a wide range of issues including chronic medical condition management, diagnostic assessments, and mental health treatment. This brief treatment approach has been vigorously studied and its outcomes consistently include high levels of patient and physician satisfaction, a decrease in mental health symptoms, improvement in physical health indicators (e.g., diet, exercise), and lower health care utilization.

PCPsych could also develop tailored programming, hire, and supervise other allied health providers within the system. One example of this already happening in British Columbia with the *B-Well Behavioral Medicine Service* in the Burnaby Primary Care Network which was launched in 2020. Behavioral health coaches provide direct lifestyle behavioral management to patients under the supervision of two part-time registered psychologists. The results, to date, include significant decreases in anxiety and depression, significant increases in physical activity, and almost a 4% weight loss after 12, 30-minute coaching sessions. The PCPsych program also capitalizes on the knowledge, infrastructure, and training abilities of UBCO's Clinical Psychology program. This proposal invites the British Columbia government to work in partnership with UBCO to hire, train and embed 20 full-time equivalent psychologists within the Primary Care Networks (PCNs) over the next 3 years.

Recently, the new government of **Nova Scotia** committed to introducing universal addictions and mental health coverage with access to allied mental health professionals including psychologists. New billing codes will be established for eligible providers.

Canada's psychologists applaud and support the provinces and territories that have begun the process of integrating mental health services into their health systems, and in particular, into their primary health care delivery systems where care for the mental health problems most likely to affect Canadians can be effectively and efficiently delivered.



Filling the Gaps

In building on what currently exists at the provincial-territorial level, or to guide the development of innovative mental health delivery systems that are focused on improving timely access to evidence-based mental health services, we have identified the issues that need to be addressed to increase access to quality mental health services:

- 1. We need a system that puts the right mental health provider at the right place so that the right care reaches the right person** – The evidence-based mental health care to which most Canadians do not have timely access within the publicly-funded health system is psychological care or psychotherapies. This is because these services are delivered by psychologists and others whose services are not funded by public health systems. Psychologists make up the largest and longest standing group of Canada's regulated and specialized mental health providers. To the best of our knowledge, in Canada, only physicians, nurse practitioners and psychologists' scopes of practice include the diagnosis of mental illness. Given the primary care demands on family physicians and nurse practitioners, this means that Canadians do not have the publicly-funded access to the assessment, diagnostic and treatment services they need for their mental health problems.
- 2. We need more expertise within primary care to effectively assess and diagnose patients' presenting mental health problems** – Within our publicly-funded health institutions like hospitals, access to care is impeded by requiring a physician assessment and referral when, in fact, mental disorders can be assessed, diagnosed and treated by psychologists. This is a regulation that is not aligned with psychologists' regulated scope of practice. Psychologists who work in the private sector assess, diagnose, and treat patients without a physician referral or oversight. This requirement creates an unnecessary barrier to accessing mental services. If psychologists were integrated into primary care delivery models, people in need could access care more quickly and physicians would have more time to address other primary care demands.

The importance of assessment and diagnosis cannot be underestimated. If public funding was made available only for treatment, the level of service and the quality of care received would be sub-optimal. Consider the child who is having difficulty succeeding in the classroom. Their difficulty could be related to a learning disorder, an attention deficit problem or another emotional or behavioural cause. An assessment and diagnosis will help ensure the problem is accurately identified and the appropriate treatment offered. It is essential that people have regulated mental health providers who can assess, diagnose, and treat mental disorders to ensure the right service reaches the right patient.

- 3. We need regulated mental health providers with the training and expertise to plan, deliver and/or oversee evidence-based care for a range of mental health problems and disorders** – Mental health care should be delivered by providers whose licensed scope of practice includes psychological treatments or should be delivered by those whose work is supervised or overseen by providers whose licensed scope of practice includes psychological treatments. Canadian jurisdictions have long recognized the importance of regulating health services. Regulation ensures that health providers are trained to a community standard of care and helps ensure that that health providers maintain and are held accountable to meeting that standard of care throughout their careers. Regulation is as important to the delivery of mental health services as it is to the delivery of services for physical health problems, especially so given the heightened state of vulnerability common when people are in psychological distress.

Countries like Australia position psychologists on the front line of service delivery through their *Better Access to Psychiatrists, Psychologists and General Practitioners* initiative. In the United Kingdom, through its *Improving Access to Psychological Therapies (IAPT)* initiative, psychologists assess clients, supervise the delivery of low intensity care, and develop, evaluate, and often



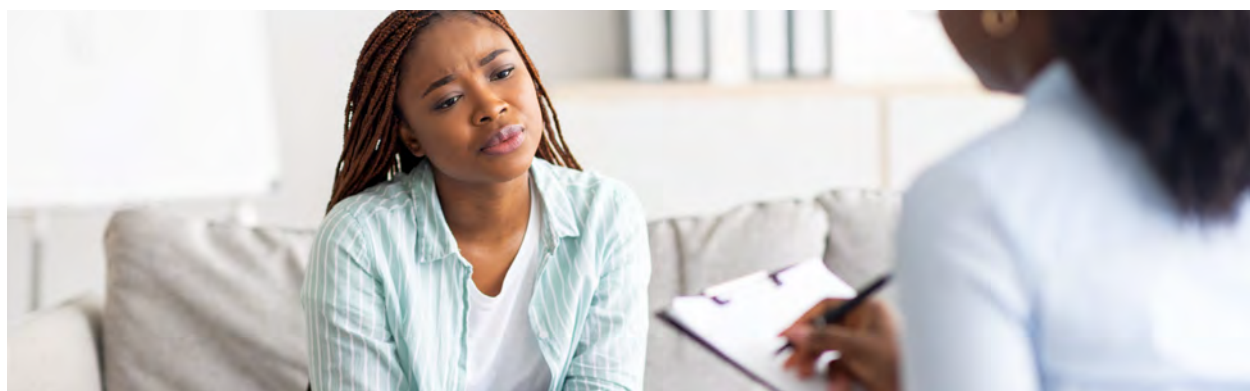
deliver programs for people with complex mental health problems. Both programs are models that effectively mobilize a range of mental health service providers. In the IAPT model, much of the care is delivered at low intensity, delivered by trained providers overseen by more specialized providers like psychologists.

- 4. We need mental health providers with the training and expertise to evaluate the quality and effectiveness of services provided** – To ensure that care provided is effective and efficient, it must be systematically evaluated. Further, treatment outcomes must be analyzed and reviewed with their findings used to guide future clinical decision-making. Psychologists have specialized training in gathering, analyzing and interpreting data to determine if a program or system is working.

Accelerating On-the-Ground Transformational Change

While addressing the gaps noted above is essential, this section outlines in more detail how the integration of mental health care could be structured within primary care settings.

- 1. Staff primary care settings with psychologists who assess and diagnose mental disorders, plan and evaluate treatment, oversee the delivery of low intensity mental health care, as well as deliver complex psychological care** – In addition to delivering or overseeing the delivery of care, psychologists can be a mental health resource to primary health care providers like family physicians or nurse practitioners as they manage the biopsychosocial aspects of health and illness. Mental health issues and disorders are often attendant on physical ones such as the role of stress and depression in heart disease or the role of behaviour in diabetes management. Integrating psychologists in primary care settings enables mental health promotion, enhances chronic disease management, as well as affords psychological assessment, diagnosis, and treatment. Integrating mental health services into primary care settings brings needed service to people in settings where they already go for health care. Situating psychologists in primary care settings gives people better access to cost and clinically effective mental health care.
- 2. Ensure the mental health services integrated into primary care use a stepped care approach** – Stepped care approaches have two essential features. First, treatments offered are ones that are least intensive but still likely to provide positive clinical outcomes. Second, stepped care should be self-correction. For example, a psychologist does a thorough assessment to determine diagnosis and makes a recommendation for the patient to be seen by a counsellor. Treatment is evaluated and if it appears that the patient has more complex needs or other needs, then another step of care is introduced. Other steps might include family therapy offered by a social worker, a medication review by a family physician, referral to a psychiatrist, or more intensive psychotherapy with a psychologist. It is important when staffing a stepped care model in primary care that practices are staffed with providers whose skill sets and scopes of practice meet the needs of the patient populations they serve.



3. **When staffing primary care practices with a mental health human resource, it is critical that caseloads permit them to deliver a sufficient dose of evidence-based treatment** – When it comes to the effective treatment of the most common mental disorders (e.g., anxiety and depression), on average 15 to 20 sessions of treatment are required for first episodes of illness. By analogy, asking a surgeon to perform a 10-hour surgery in 2 hours is not likely to yield effective results. It is our understanding that most, if not all, physician fee schedules permit billing for long-term psychotherapy/counselling when, in fact, the training of most general practitioners does not include training in psychotherapy. Psychotherapy is core to the training of regulated health professionals, like psychologists.
4. **Funding could require that a psychologist, and any mental health provider working within the primary care practice, be contracted by their provincial or territorial health authority** – Issues of determining whether a psychologist is an employee of the primary care organization or health authority, or an independent contractor will need to be formally addressed.
5. **Allow patients to self-refer for psychological services or obtain a recommendation from their primary care provider(s)** – Currently, psychologists assess, diagnose, and treat mental disorders without physician oversight. As noted earlier, requiring a physician’s referral places unnecessary burden on physician providers and creates unnecessary bottlenecks in accessing psychological care. In the United Kingdom IAPT model, patients can self-refer for service or be referred by a health care provider.
6. **Ensure that funded psychological services are evaluated – One of the unique practice profiles of psychologists as compared to other mental health care providers is their expertise in the selection and administration of psychosocial tests, with interpretation based on personal, psychosocial and potential disorder-related factors.** In addition, many of Canada’s pre-eminent and world renown psychotherapy researchers are psychologists. The CPA can facilitate the development of an advisory group of researchers who can assist in the choice or development of outcome measures and in their analysis and reporting. Further, anonymized, and aggregated data about access to and effectiveness of service should be collected and compiled by the Canadian Institute for Health Information (CIHI).
7. **Allow the provinces and territories and health authorities to target psychological service delivery to specific populations, as needed** – There are unique needs across provincial and territorial jurisdictions. Funds within primary care may be allocated towards specific populations (e.g., children and youth, Indigenous peoples, seniors), or specific problems (e.g., anxiety and depression). Programs can be trialed and evaluated, then scaled up to treat more people or scaled across to reach a broader range of problems.

A Question of Accountability

Given the federal policy commitments that have been made, an important question is: what should be the accountability measures, if any, to ensure that both levels of government, and indeed all Canadians, are getting value-for-money for these investments?

In the view of Canada’s psychologists, the issue of accountability falls into two categories: (1) mutual accountabilities between the federal and provincial and territorial governments; and (2) system-based accountabilities.

Mutual Accountabilities

While there is consensus that the *Canada Mental Health Transfer* should be invested in improving and expanding access to mental health services within the purview of provinces and territories, a key point of discussion is whether any “strings” or accountabilities should be attached to the *Canada Mental Health Transfer*. As a comparator, the *Canada Health Transfer* is an *unconditional* transfer with



which the provinces and territories can invest funds wherever they choose (and presumably into their health care systems).

That said, are there other accountabilities that need to be clearly identified that would improve the effectiveness of such a targeted Fund? For example, should the provinces and territories agree to a series of principles under which they would receive funding? Similar to the bi-lateral health accords that were signed in 2017, should the provinces and territories provide the federal government with a roadmap/ workplan as to how the funds will be invested before the funds are released? Should, at a minimum, the provinces and territories report to their populations on an annual basis summarizing the progress that is being made?

Given that each province and territory will be at a different point in terms of transforming their mental health delivery system, flexibility is needed so they can design, implement, and evaluate their own local approaches.

At the same time, the federal government has indicated that the \$4.5 billion via the *Canada Mental Health Transfer* is an initial investment over a five-year period. If that's the case, how will it grow over time (e.g., an escalator)? More importantly, what assurances do the provinces and territories have that the Fund is sustainable over the longer-term ensuring that the federal government is a reliable partner?

While more discussion/negotiation is clearly required between both levels of government, it is the view of Canada's psychologists that it will be important to agree on a set of *mutual accountabilities* that are focused on improving and expanding access to evidence-based, mental health services. If there is an imbalance of accountability between both levels of government, questions may arise about the transfers' overall effectiveness.

The federal government has also discussed the importance of establishing national standards as part of the *Canada Mental Health Transfer* referencing the principles of universality and accessibility (that are contained in the *Canada Health Act*) so that Canadians will receive services that are timely, universal, and responsive to the many people and populations within the country. Further, mental health care, and indeed all health care needs to be evidence-based and person-centered.

System-Based Accountabilities

The other important element of accountability is the availability of data. At the end of the day, you can't manage what you don't measure! At the program, policy and systems level, timely access to mental health expenditure information and system performance indicators are an absolute requirement.

As all governments consider how to effectively integrate mental health services into their respective health systems, there is a requirement for a pan-Canadian organization – such as the Canadian Institute for Health Information (CIHI) – to have the focus and capacity to capture the breadth of mental health expenditures across the public, private and community-based not-for-profit/charitable sectors.

Currently, CIHI has a limited amount data about mental health spending by governments (mostly at the hospital and physician level), and very little spending information from those who provide mental health care through the private sector (e.g., Psychologists, Registered Clinical Social Workers, Counsellors and Psychotherapists), which is funded through employer-based supplementary health benefit plans or out-of-pocket payments.

To ensure that governments and all mental health care providers have access to data-driven analysis/tools to improve overall mental health system performance, CPA and CPAP strongly support



additional investments in CIHI to develop a robust national mental health expenditure data series that covers both the public and private sectors.

Public and private expenditure data is considered an essential input to effective policymaking and it is critical that we have an accurate and up-to-date understanding of how the mental health service delivery systems are performing in terms of their *outputs* (e.g., wait times, quality, access, patient/client/provider satisfaction, workforce, etc.).

The other element that is essential and complements better health spending data is health system performance indicators. While CIHI is in the process of releasing 12 new health system indicators from 2019–2022, of which 6 will focus on mental health and substance use, Canada’s psychologists would strongly encourage their accelerated development and refinement. We would note that the Organization for Economic Cooperation and Development (OECD) has identified 12 health system indicators to monitor the quality of mental health care in addition to the work of the Mental Health Commission of Canada and HealthcareCAN which identifies 10 quality mental health care indicators. More needs to be done in this area to ensure that Canada has a high performing mental health care deliver system.

By working together, we can improve the mental health of the people of Canada. There is no health without mental health.



Appendix A

2021 Platform Commitments – Mental Health

Liberal Party

We will: (1) establish a new federal transfer to provinces and territories—the Canada Mental Health Transfer—to assist jurisdictions to expand the delivery of high-quality, accessible, and free mental health services. Building on the principles of universality and accessibility in the *Canada Health Act*, this transfer will help establish standards in each province and territory, so that Canadians are able to expect services that are timely, universal, and culturally competent. This will help each jurisdiction focus on and solve critical backlogs in service and provide help to those who need it, according to the unique needs in each region; (2) Commit to permanent, ongoing funding for mental health services under the Canada Mental Health Transfer, with an initial investment of \$4.5 billion over 5 years. Including the existing bilateral agreement on mental health services signed in 2017, this would bring federal support for mental health services to \$2.5 billion per year by 2025-26. This is in addition to further investments we will make to support First Nations, Métis, and Inuit communities with better access to trauma and mental health services; (3) Undertake a comprehensive review of access to the Disability Tax Credit, CPP-Disability and other federal benefits and programs to ensure they are available to people experiencing mental health challenges; (4) Include mental health as a specific element of occupational health and safety under the Canada Labour Code and require federally regulated employers to take preventative steps to address workplace stress and injury; (5) Fully fund a national, three-digit mental health crisis and suicide prevention hotline; and (6) Work with partners to ensure timely access to perinatal mental health services.

Conservative Party

We will introduce the *Canada Mental Health Action Plan* that will: (1) Propose to the provinces that they partner with us by dedicating a significant portion of the stable, predictable health funding to mental health to ensure that an additional million Canadians can receive mental health treatment every year; (2) Encourage employers to add mental health coverage to their employee benefit plans by offering a tax credit for 25% of the cost of additional mental health coverage for the first three years; (3) Create a pilot program to provide \$150 million over three years in grants to non-profits and charities delivering mental health and wellness programming; and (4) Create a nationwide three-digit suicide prevention hotline.

From: *Canada's Recovery Plan*.
Page 65

New Democratic Party

COVID-19 took a tremendous toll on Canadians' mental health. This is especially true for young people who are reporting high levels of depression and anxiety. Mental health care should be available at no cost for people who need it.

From: *Ready for Better*. Page 58



This funding will mean more access to psychologists, therapists, social workers, counselors, and other community supports. It will mean better care for children and youth, who have sacrificed so much this past year. And it will mean the millions of Canadians who struggle with their mental health—many of whom often don't seek treatment—will be able to access the services they need.

From: *Forward. For Everyone.*
Page 5

We will introduce a new fund for student well-being to improve wait times and increase access to mental health care at colleges and universities. The fund will support the hiring of up to 1,200 new mental health care counsellors, including those who can support the needs of BIPOC students, at post secondary institutions across Canada. We will invest \$500 million over four years and dedicate 10% annually to support Indigenous-governed and operated post-secondary institutions.

From: *Forward. For Everyone,*
page 18

We will: (1) Provide \$1 billion over five years to boost funding for Indigenous mental health and drug treatment programs; (2) Support innovative approaches to address the crises of mental health and addiction, such as land-based treatment programs and programs delivered in Indigenous languages; and (3) Support the development of mental health and drug treatment programs by Indigenous people to develop capacity at the community level and allow for the delivery of culturally appropriate programs delivered in the appropriate Indigenous language.

From: *Canada's Recovery Plan.*
Pages 118-119

As a first step, would bring in mental health care for uninsured Canadians – ensuring that people with no coverage for mental health services could gain access to these supports without worrying about the cost.

From: *Ready for Better.* Page 59

Our comprehensive pharmacare plan will also mean that prescription medication for mental health care will now be available free of cost to Canadians.

From: *Ready for Better.* Page 59

We will work with the provinces and territories to build on these initiatives and put in place a truly comprehensive approach to mental health services.

From: *Ready for Better.* Page 59



		<p>We will develop a national perinatal mental health strategy to support growing families before and after birth.</p> <p>From: <i>Ready for Better</i>. Page 59</p>
		<p>We will make mental health support for members and their families a priority. No member or veteran of the Canadian Forces should ever feel that they are all alone in dealing with the impact of their experiences or in transitioning to civilian life.</p> <p>From: <i>Ready for Better</i>. Page 109</p>
<p>We will: (1) Work with provinces and territories to help all Canadians have greater access to mental health courts and provide people suffering from mental health illnesses with a path to recovery; and (2) Expand access to culturally appropriate, trauma-informed mental health services for Indigenous peoples that access treatment through mental health courts.</p> <p>From: <i>Forward. For Everyone</i>, page 66</p>		



End Notes

- ¹ **88%** of Canadians support (57%) or somewhat support (31%) improving access to psychologists through the publicly-funded health system. **83%** say psychologists working collaboratively with others in primary care health teams is a very good (50%) or good idea (33%). Source: Canadian Psychological Association – Council of Professional Associations of Psychology-Nanos Survey. *Strong Majority of Canadians Want Improved Access to Psychologists*. January 5, 2021.
- ² The Canadian Alliance for Mental Illness and Mental Health (CAMIMH) has proposed such a new piece of federal legislation in its detailed report *From Out of the Shadows and Into the Light...Achieving Parity in Access to Care Among Mental Health, Substance Use and Physical Health*, June 2021.
- ³ **85%** of Canadians strongly support the concept of mental health parity. Source: Mental Health Commission of Canada. *How Important is Mental Health for People in Canada?* The public opinion survey found 85% say mental health and physical health are equally important. 10% say mental health care is more important than physical care, while 4% say it is less important. January 2020. Abacus Data. *National survey reveals 94% of Canadians support mental health parity*. June 2019.
- ⁴ Joint Letter to the Honourable Jane Philpott, Federal Minister of Health. College of Family Physicians of Canada (CFPC) and the Canadian Psychological Association (CPA). January 26, 2017. Also see a report released by the CFPC, the CPA and the Canadian Psychiatric Association that highlights recent innovations that focus on integrating mental health services in primary care. *Innovation in Primary Care – Integrating mental health services in primary care*, November 2020.
- ⁵ *The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes – Brief*. Center for Health Care Strategies and Mathematica Policy Research. May 2013.
- ⁶ *Principles of Collaborative Care*. Advancing Integrated Mental Health Solutions (AIMS). University of Washington, Psychiatry and Behavioral Sciences Division of Population Health.
- ⁷ The report *Innovations in Primary Care: Integrating Mental Health Services in Primary Care* (2020) identifies several case studies where family physicians and psychologists work together to improve access to mental health services for their patients.
- ⁸ 65% of primary care physicians think that better integration of primary care with hospitals, **mental health services** and community-based social services is the top priority in improving quality of care and patient access. The report notes that 62% of primary care physicians (ranging from 33% in PEI to 69% in Alberta) felt that they were well prepared in terms of having the skills and experience to manage care for patients with mental illness (e.g., anxiety or mild to moderate depression). For managing substance use, the national figure was 19%, ranging from 12% in Quebec to 28% in Saskatchewan. *How Canada Compares – Results from the Commonwealth Fund’s 2019 International Health Policy Survey of Primary Care Physicians*. Canadian Institute for Health Information. January 2020.
- ⁹ The Canadian Medical Association estimates about five million Canadians don’t have a primary care physician, or family health-care team, which has spillover effects into other parts of the health-care system. Source: *Federal Budget Should Address Lack of Access to Family Doctors: CMA*. April 8, 2021.
- ¹⁰ Letter from the Canadian Medical Association and Canadian Nurses Association to Prime Minister Trudeau outlining recommendations to address the growing health workforce crisis. November 9, 2021.
- ¹¹ Recently, Canada’s Premiers launched the *Promising Practices* series which highlighted on-the-ground innovations in addressing and improving mental health and substance use health, with a particular emphasis on rural, remote and northern communities. These practices can transform and more effectively integrate mental health and substance use programs, services and supports into their respective health systems.
- ¹² Mental Health Commission of Canada. *Changing Directions, Changing Lives – The Mental Health Strategy for Canada*. 2012.
- ¹³ Statistics Canada. *Mental Health Care Needs, 2018*. In 2018, roughly 5.3 million people in Canada needed some help for their mental health. Only 56% reported all of their needs were met; the remaining 44% reported that their mental health needs were unmet or only partially met.
- ¹⁴ *Canadian Life & Health Insurance Facts, 2021 Edition*. Canadian Life & Health Insurance Association.
- ¹⁵ *2020 The Sanofi Canada Healthcare Survey – Future Forward – Frontline Perspectives on the Future of Health Benefit Plans*. Their 2021 survey (*2021 Benefits Canada Healthcare Survey – Where We Go From Here – Frontline Views to Help Understand COVID-19s Impact on Health Benefits, Wellness Supports and the Work Environment*), found that mental illness was the number one chronic disease (21% of plan sponsors diagnosed with a mental illness), and 19% of plan sponsors recently increase their coverage maximum for mental health counselling.
- ¹⁶ *Shaping group benefits: Employer insights that are helping guide the plans of the future*. Sun Life, 2020. Note that on page 20 they note that “The Canadian Psychological Association (CPA) recommends a stand alone maximum of between \$3,500 – \$4,000 per year. This amount provides coverage for 15–20 sessions. This is



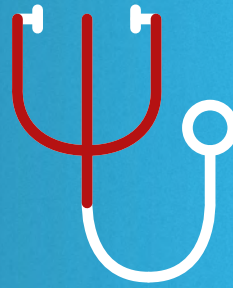
the number of sessions required to achieve a therapeutic outcome for people suffering from depression or anxiety.”

- ¹⁷ *The Efficacy and Effectiveness of Psychological Treatments*. Canadian Psychological Association. 2013.
- ¹⁸ Cuijpers P, Quero S, Noma H, Ciharova M, Miguel C, Karyotaki E, Cipriani A, Cristea IA, Furukowa TA. *Psychotherapies for depression: a network meta-analysis covering efficacy, acceptability and long-term outcomes of all main treatment types*. *World Psychiatry*. Volume 20, Issue 2, pages 283-293.
- ¹⁹ Guidi J, Fava GA. *Sequential Combination of Pharmacotherapy and Psychotherapy in Major Depressive Disorder – A Systematic Review and Meta-Analysis*. *JAMA Psychiatry*. 2021; 78(3):261-269. Jama. Gloster AT, Rinner MTB, Ioannou M, Villanueva J, Block VJ, Ferrari G, Benoy C, Bader K, Karekla M. *Treating treatment non-responders: A meta-analysis of randomized controlled psychotherapy trials*. *Clinical Psychology Review*, Volume 75, February 2020.
- ²⁰ <https://www.apa.org/monitor/2017/06/cover-diabetes>
- ²¹ The Psychotherapy Practice Research Network (PPRN) is a resource to clinicians, educators and policymakers interested in what psychotherapy research has to say about clinical practice. For more information see: www.pprnet.ca.
- ²² Vasiliadis HM, Spagnolo J, Lesage A. *Public Funding of Evidence-Based Psychotherapy for Common Mental Disorders: Increasing Calls for Action in Canadian Provinces*. *Healthcare Policy*, Vol. 16, No.3, 2021.
- ²³ Clark DM. *Realizing the mass public benefit of evidence-based psychological therapies: The IAPT program*. *Annual Review of Clinical Psychology*, 14, 159-183. 2018.
- ²⁴ Antony M, Dalton C, Corace K. *An Innovative Stepped Care Cognitive-Behavioural Therapy Program for Depression and Anxiety-Related Disorders in Ontario*. *Psynopsis*. Issues 1, 2021. Canadian Psychological Association.
- ²⁵ *The Primary Care Psychologist (PCPsych) Program – Executive Summary*. British Columbia Psychological Association. November 2021.
- ²⁶ Lutes L, Megumi IM, Fontaine A. *Getting Real – How We Can Help Health and Protect Millions from Unnecessary Suffering, Illness, and Death in Canada*. *Psynopsis*, Issue 1, 2021. Canadian Psychological Association.
- ²⁷ *Solutions for Nova Scotians*. Progressive Conservative Party of Nova Scotia. Mandate Letter to the Honourable Brian Comer, Minister Responsible for the Office of Mental Health and Addictions. September 14, 2021.
- ²⁸ *Journal of Evaluation in Clinical Practice*. *Family Doctors and Psychologists Working Together and Patients’ Perspectives*. 2010.
- ²⁹ Let’s Talk IAPT – Make a referral. <http://www.lets-talk-iapt.nhs.uk/make-a-referral/>.
- ³⁰ There is a view that allowing jurisdictions complete freedom to direct funds as they see fit has led to mixed system performance results. On one hand, this affords governments sufficient flexibility to respond to the health trends and priorities that may be unique to their populations. On the other hand, this has been one of the significant contributors that Canada actually does not have a universal health care system but a set of disjointed services that are unevenly distributed across the country.
- ³¹ Principles include: person-centred; timely access; quality of care; comprehensive; system integration; universal; portable; sustainable funding; system performance; and public accountability. Source: *From Out of the Shadows and Into The Light...Achieving Parity in Access to Care Among Mental Health, Substance Use and Physical Health*. Canadian Alliance of Mental Illness and Mental Health (CAMIMH). June 2021.
- ³² For a detailed overview of the bi-lateral agreements between the federal and provincial and territorial governments (i.e., \$5 billion over 10 years) for mental health and addictions services, from 2018/19 – 2021/22, including a summary of provincial-territorial priority areas, please see: <https://cpa.ca/docs/File/Government%20Relations/FMHA%20Overview%202017-18%20to%202021-22%20March%2030%202020.pdf>.
- ³³ The Organization for Economic Cooperation and Development (OECD) has recommended the following indicators for monitoring the quality of mental health care: (1) hospital re-admissions for psychiatric patients; (2) length of treatment for substance-related disorders; (3) mortality for persons with severe psychiatric disorders; (4) use of anti-cholinergic anti-depressant drugs among elderly patients; (5) continuity of visits after hospitalization for dual psychiatric/substance related conditions; (6) continuity of visits after mental health-related hospitalization; (7) timely ambulatory follow-up after medical health hospitalization; (8) case management for severe psychiatric disorders; (9) continuous anti-depressant medication treatment in acute phase; (10) continuous anti-depressant medication treatment in continuation phase; (11) visits during acute phase treatment of depression; and (12) racial/ethnic disparities in mental health follow-up rates. Source: OECD Focus on Health, July 2014.
- ³⁴ *Quality Mental Health Care Framework*. Mental Health Commission of Canada and HealthcareCAN.
- ³⁵ *2021 Overview of Federal Election Platforms*. Canadian Psychological Association. September 2021.



NEW FEDERAL INVESTMENTS IN MENTAL HEALTH:

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