



## Opinion

# Mental health care in Canada: mending the access gaps

We are way past minding the mental health care gap in Canada. It's time to mend it—for individuals, families, the workplace and all our communities. Psychologists can help.

Karen Cohen

Opinion



One of the lessons we have learned from the COVID-19 pandemic, is that physical illness has its psychological side. There is the worry about catching it, the behaviour change necessary to managing it (e.g. distancing and masking), and the sadness, stress, and isolation it leaves in its wake (e.g. loved ones becoming gravely ill, job loss, work and study at home). The pandemic has underscored the inseparable relationship between mental health and physical health. Yet, the two are not valued equally in our health systems.

Psychological intervention is mainly delivered by psychologists and other mental health providers, outside of publicly funded institutions, where their care is not covered by medicare plans. This is because Canada's medicare plans cover services delivered in specific venues, like hospitals, and/or delivered by designated health providers, mainly physicians.

Our medicare plans must evolve beyond the Canada Health Act to recognize that we have

many regulated, non-physician, health professionals who provide evidence-based care to treat people's health conditions. When it comes to mental health, some problems present on their own, and others present along with other health conditions such as substance use, heart disease, diabetes, and living in the spectre of COVID-19.

Approximately 26 million Canadians have access to extended health benefits through employment. However, what is included in these plans varies among plan sponsors. While plans usually include medications and dental care, only some include psychological care. While medication coverage isn't usually capped, there are significant caps on psychological care; and this despite the fact that evidence-based, psychological interventions are less expensive than, and at least as effective as medication in treating common mental health problems (i.e., depression and anxiety). The median psychological care coverage for the plan that offers it is \$1,000 annually whereas, on average, a successful course of psychological treatment is \$3,500 to \$4,000.

While important progress is being made by provinces who have adapted successful mental health initiatives from other countries, unless you see a physician, or receive care in a hospital, your access to publicly funded psychological care is limited. While some employers are increasing coverage for psychological care, most caps continue to be low, and many Canadians have no extended health coverage at all. These service gaps, in the public and private sectors, are gaps that as a country we can no longer step over.

COVID-19 has made clear the significant role that mental health plays in managing stress, disease, changes in work and family life and, well, everything. Canada's national political parties have recognized

that and, leading up to the recent election, made explicit mental health funding commitments.

Change must happen within public and private sectors and at the level of health providers, individuals, and systems. Here are some recommendations.

•While targeted mental health transfers to support program-based initiatives are a great step, we need sustained funding that ensures people get the evidence-based interventions, delivered by regulated mental health providers, where and when they need it. As is the case for physical illness, there are a range of mental health problems and disorders that need a range and combination of services and supports.

•Canada has a two-tiered health system when it comes to mental health; we need to ensure that, no matter how the service is covered, people have access to the help they need. Employers who sponsor extended health insurance plans must provide meaningful amounts of coverage and government can give them tax incentives to do so.

•Canada needs to reconsider what it means by health and health care. Much has changed in health care practice in the decades since the introduction of medicare. There are hundreds of thousands of licensed health care providers, like psychologists, whose care is best delivered in communities where, unfortunately, their services are not covered by medicare and are insufficiently covered by extended health insurance.

•Health providers need to be supported to practice to their licensed scope in the public and private sectors. There is more that many can do safely and accountably in hospitals and in communities. We need a public health system that is service and patient based, not venue and provider based.

•We need to train health providers in sufficient numbers, and with the skills that their patients need of them. A large class of doctoral

students in professional psychology is ten, a fraction of the hundreds of nurses and physicians trained annually in a single class. If we want to make mental health care more accessible to people who need it, we need to invest in our mental health human resources.

•Health provider training must focus on what patients need of us. We must break down barriers to ensure an inclusive and representative resource and training must include competence around culture, identity, and intersectionality; aging populations; the management of chronic health conditions; substance use, and end of life decisions—to name only a few.

•Barriers to accessing care are disproportionately felt by those people who are most marginalized. To achieve equitable access to health-care, health providers, systems and institutions must dissolve the disparities that exist due to stigma, poverty and being a member of minority and vulnerable populations.

•Governments and policy-makers must consider the behavioural science of public policy and programming. How well we manage a pandemic or climate change depends in large measure on how people behave. Policy that takes into account why and how people make behavioural decisions will be better policy.

We are way past minding the mental health care gap in Canada. It's time to mend it—for individuals, families, the workplace and all our communities. Psychologists can help.

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