



Canadian Psychological Association: Submission to the NIHB Joint Review Steering Committee

About

The Canadian Psychological Association (CPA) is the national association for the science, practice and education of psychology in Canada. There are approximately 18,000 psychologists registered to practice in Canada. This makes psychologists the largest, regulated, specialized mental health care providers in the country. Their scope of practice across public and private sectors includes the psychological assessment and diagnosis of mental disorders and cognitive functioning, the development and evaluation of treatment protocols and programs, the delivery of psychological treatments, and research.

CPA appreciates the opportunity to provide recommendations to the Assembly of First Nations and Health Canada's First Nations and Inuit Health Branch for the joint review of the Non-Insured Health Benefits Program. The focus of this submission is on the **short term crisis intervention mental health counselling benefit**.

1) Barriers to access for First Nations clients and communities

The program is set up to help individuals address crisis situations by providing immediate psychological and emotional care to individuals in significant distress when no other mental health services are available.

There are conditions and requirements of eligibility which, within a complex system, may pose significant barriers to accessing care. Navigating these barriers is made even more problematic by users' acute state of distress. For example, a client must first demonstrate that there are no other funded programs or services available to them. In a system, or set of systems that completely or incompletely cover mental health services, it can be challenging to demonstrate that no alternate care is indeed available.

The number one challenge identified by First Nations communities is substance abuse.ⁱ Substance use and abuse is concomitant with mental disorders. According to the Centre for Addiction and Mental Health (CAMH), "30 per cent of people diagnosed with a mental health disorder will also have a substance use disorder at some time in their lives. This is close to twice the rate found in people who do not have a lifetime history of a mental health disorder."ⁱⁱⁱ Given the concomitance of mental disorders and substance abuse, it is hugely problematic that persons in crisis who may be experiencing problems related to substance use and abuse do not qualify for substance abuse counselling/therapy under the NIHB program.

It is also problematic that assessment services, particularly those that may be related to detecting developmental or learning programs, and that treatment for developmental delay or learning disabilities are not covered. Return on investment is greatest when the mental health problems of children and youth are assessed and treated.ⁱⁱⁱ Mental health crisis may be precipitated by a range of biological, social and psychological conditions. An assessment is critical for an accurate diagnosis. The 15 sessions permitted by the NIHB or IRS RHSP programs will be more effectively spent if they followed from an appropriate assessment and diagnosis of presenting problems.

Fifteen sessions, with a possible extension of five sessions, as permitted by the NIHB or IRS RHSP is not always long enough to adequately deal with a mental health crisis and its underlying problems. Psychotherapy outcome research by the APA Task Force on Evidence-Based Practice (2006) and Harnett, Donovan, and Lambert (2010) demonstrate that 85% of clients show reliable improvement after 21 sessions, and recommend that psychotherapy is most effective at 21 to 25 sessions for sustainable change.

Recommendations:

- Provide assistance to otherwise eligible service users so they can determine if any publicly funded services exists as a condition of their eligibility for NIHB services.
- Permit users to access service for a situational crisis even if their mental health condition includes a concomitant substance abuse disorder.
- Cover the cost of assessment to help ensure that the treatment provided is based on a complete and evidence-based understanding of a user's presenting problem.
- Cover the cost of 20 sessions with a possible extension of five additional sessions.

2) Administration issues

A psychologist wishing to serve clients must first enroll and get prior approval. The psychologist must then ensure that a number of conditions are met on behalf of their client. Some may find that the system is too complex and hard to navigate and may be unsure if reimbursement for the services provided will be possible.

In terms of compensation, in some jurisdictions, rates are lower than the rates set by the provincial and territorial associations of psychology. No reimbursement is provided for missed appointments.

The Guide articulates that eligible practitioners include “psychologists and social workers with clinical counselling orientation.” The term clinical counselling is not particularly meaningful to the practice of psychology. Further, “psychologist” is a title protected through registration. We recommend instead that the requirement read “psychologists and social workers registered to provide clinical or counselling services.” The Guide also allows for mental health counsellors

with education and training comparable to psychologists or social workers. We recommend instead that it read “mental health counsellors with appropriate training and/or credentialing,” which would render the provision that follows unnecessary. A provider is either a regulated health professional or not. Allowing for comparable training from an unregulated provider makes sense in terms of broadening the pool of providers available to those in need of services; however, permitting the provision of service from a provider who is unregulated and has no appropriate or comparable training is not likely to yield accountable service or public protection.

Recommendations:

- Those Federal government departments that enter into contracts for service from registered psychologists pay at least the recommended rate set by the provincial and territorial association of psychology in the jurisdiction in which the service is delivered.
- Missed appointments with a psychologist cost that practitioner at least 50 minutes of clinical time with no opportunity to fill that time with other remunerated work. It is common practice that psychologists invoice patients for missed sessions unless a certain period of notice has been given (e.g. 24 to 48 hours). Recommend that providers receive some kind of remuneration for appointments cancelled without notice.
- Limit providers to those practitioners who are registered to provide clinical or counselling services and/or unregulated practitioners with demonstrable appropriate training.

3) Promising practices or approaches that have helped to improve benefit delivery or client access to the benefit.

As mentioned in the Guide, the provision of culturally competent care is critical to the delivery of effective services. Further, developments in tele-mental health allow those living in remote communities access to care they might not otherwise receive. This means of service delivery may afford First Nations persons better access to needed care.

NIHB and IRS RHSP have developed guidelines and procedures for a limited provision of mental health services through telehealth. We are pleased that the mental health counselling providers must meet the standards and code of ethics of their respective legislated regulatory bodies and Provincial/Territorial regulations in the provision of mental health services through telehealth, including client privacy and confidentiality.

We wanted to make this committee aware that the CPA has draft ethical guidelines for psychologists providing psychological services online or by phone. The guidelines are derived from the ethical principles and values of the *Canadian Code of Ethics for Psychologists* (CPA, 2000), which provides an ethical framework and standards for the professional activities of all members of the Canadian Psychological Association, or of members of other bodies that endorse or have adopted this code. However, the guidelines address issues that are unique to the use of electronic media; they do not duplicate relevant standards in the *Code*. As such, the guidelines

should be used in conjunction with the most recent version of the *Code*. Each guideline is referenced with one or more Ethical Values used in the *Code*.

Recommendations:

- Develop an online workshop on cultural competency for all mental health providers.
- Work with CPA to develop continuing education workshops that would enhance the cultural competency of psychologists and other providers to work with First Nations persons.
- Work with CPA to explore the application of tele-mental health services.

ⁱ . The number one challenge identified by First Nations communities is substance abuse

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http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/concurrent_disorders/concurrent_substance_use_and_mental_health_disorders_information_guide/Pages/what_are_cd_infoguide.aspx

ⁱⁱⁱ <http://www.cpa.ca/docs/File/Position/CPAbriefSSCommitteeNov2011FINAL.pdf>