Canadian Psychological Association Submission to the Council of the Federation, Health Care Innovation Working Group: Scope of Practice Models

Recommendations to consider when improving upon

how Canada addresses its mental health

April 10, 2012

Prepared by:

K.R. Cohen Ph.D., C.Psych., Chief Executive Officer and
John Service Ph.D., Director Practice Directorate,
Canadian Psychological Association

For more information contact, Dr. Karen Cohen at kcohen@cpa.ca or
613-237-2144, ext. 344

INTRODUCTION

The Canadian Psychological Association (CPA) submits the following for consideration by the Health Care Innovation Working Group as it studies Scope of Practice Models for health care delivery in Canada.

The CPA is the national professional association of psychologists and counts students, researchers and health care providers among its membership of almost 7,000. CPA's mandate is to

- improve the health and welfare of Canadians
- promote the excellence and innovation in psychological research, education and practice
- promote the advancement, development, dissemination and application of psychological knowledge and
- provide high-quality services to members

There are approximately 18,000 psychologists registered to practice in Canada – almost half of that number work and practice in Quebec. At 18,000, psychologists are the largest, regulated, specialized mental health care provider group in the country – outnumbering psychiatrists approximately 4:1.

One of the great challenges when it comes to caring for the mental health of Canadians is the grave barriers to access when it comes to mental health services. The services of psychologists, who increasingly work in private practice, are not covered by public health insurance plans. Publicly funded services when it comes to mental health are often in short supply. Canadians with limited income, and/or no extended health insurance, face real barriers getting the mental health help they need.

Below are some suggested innovations to enhance what Canada can do when it comes to needed mental health services and supports for Canadians.

Why mental health matters to Canada?

Mental disorders account for more of the global burden of disease than all cancers combined[i]. By 2020, depression will be second only to heart disease in terms of disability adjusted life years for all age groups and both sexes[ii]. In a one year period, 20% of Canadians will experience a mental disorder and the most prevalent among these are anxiety and depression[iii] In addition to the incidence and prevalence of mental health conditions among Canadians, mental health and psychological factors play important roles as determinants of health and illness and in managing the chronic health conditions (like diabetes and heart disease) that some Canadians will inevitably face. We

understand that up to 60% of health problems brought to family physicians are for or related to a mental health problem.

What is the cost of mental disorders?

Mood Disorders Society of Canada reports that the costs of disability due to depression are the fastest growing disability costs for Canadian employers[iv]. The estimated burden of mental illness to the Canadian economy in 2003 was 51 billion dollars[v]. It has been reported that in that same year, spending on mental health totaled 6.6 billion, or less than 5% of total health spending[vi] – less than that spent by most developed countries[vii]. This is despite the fact that mental disorders are among the most costly of chronic diseases[viii].

Discussions about health care in Canada frequently focus on the unsustainability of health system costs. What these discussions do not frequently mention, however, is that while we are disproportionately underfunding services and supports for Canada's mental health and well-being, we are most certainly overpaying for it.

> There is no doubt that as stand-alone conditions, as concomitants of other kinds of illness, or as factors that impact the course of another chronic condition, the mental health of Canadians needs to be a health service priority for Canada

The Canadian Institute for Health Information report *Return on Investment: Mental Health Promotion and Mental Illness Prevention*[ix] clearly indicates that children, youth and young adults are keys to a healthier Canada. Data shows that about fifty percent of adult mental health problems and disorders have their genesis before the age of 12 and up to seventy percent before the age of 24. Modest investments 'upstream' in children, youth and their families will bring the most returns.

The recent report by the Honourable Michael Wilson and Mr Bill Wilkerson[x] clearly points to the importance of workplace mental health. The cost benefits of a psychologically positive workplace, effective promotion and prevention programs and back to work supports are significant to Canadians, companies and the country's productivity and innovation. This point was further support by the recent 'Drummond Report'[xi].

Governments have a fundamental role in addressing workplace mental health issues. As largest employers in their jurisdictions, psychologically effective work places and benefits utilization are but two pressing problems that affect their bottom lines, efficiency and productivity. The Working Group can provide direction to governments to work together to collectively address the issues they are all facing. This will save tax dollars and improve the work force. These efforts will also help give direction to the private sector.

Further, seniors' mental and behavioural health is a significant issue now and increasingly as large cohorts of the population age and lives longer. Seniors' mental health and behavioural health services are not adequate at the present time.

Overview of what needs to be done to better address mental health issues in primary care.

Canada like other countries is experimenting with models to deliver improved primary care services that include improving mental health and behavioural health services. Some countries that have moved further ahead with a mental health agenda are the UK whose mental health strategy includes an investment of approximately "…£400 million over four years to make a choice of psychological therapies available for those who need them…"[xii] and Australia which has similarly enhanced access to psychological services through its publicly funded health insurance plans. According to the Australian Psychological Society in March 2011, two million people, in high and very high levels of psychological distress, had accessed the program which reportedly is proving to be both cost and clinically effective for Australians[xiii].

As mentioned, mental health concerns occupy a significant and even a majority of the time spent by family physicians with their patients. The best approach to addressing these issues seems to be through the use of a team of practitioners through a stepped model using different treatment and support modalities (e.g. groups, education, individual therapy, medication). This would include different steps for different people involving regulated and unregulated health practitioners, peer support, volunteers and support for family caregivers.

Canada is currently lacking in the study, development and dissemination of information about integrated models that work for mental health. Currently, through its CHEER initiative, the Mental Health Commission is looking at primary care models in Canada through which mental health services or supports are provided. A concern about any such review, however, is that we risk finding out about the best of what is being done, rather than more about what would work best. As mentioned, psychological services are often not provided within publicly-funded models of care in Canada.

> *Canada needs a mechanism to provide support and guidance for the development of comprehensive and effective models to address mental and behavioural health through primary care services across Canada. This planning can only be effectively accomplished by engaging the key providers groups, community providers, patients and family care givers.*

Decisions on how to staff primary care teams should be in response to the needs of the patient populations they serve and staff should be engaged whose skill sets and scopes of practice enable them to respond to these needs. Unfortunately, however, staff complements are often decided based on factors such as cost, rather than the skill sets

needed to deliver cost and clinically effective service. Further, staffing decisions are left to individual family physicians and jurisdictions in which they cannot easily benefit from the experiences and successes of other practitioners or jurisdictions.

Recommendations to consider when improving upon how Canada addresses its mental health.

1. Effectively Linking Low Income Canadians to Psychological Services. Over the past two decades, psychological services have become less available to middle and low income Canadians. A number of factors account for this trend including government decisions and institutional working conditions. Psychologists in the private sector are well self-employed, often maintaining wait lists of three to six months for fee-for-service treatments. As the trend of privatization continues, accessing psychological services becomes impossible for many Canadians. Provincial/territorial governments need to sit down with psychological associations and other key stakeholders to develop effective plans for providing psychologically-based and psychological services to all Canadians irrespective of their ability to pay. For its part, the CPA will be commissioning the development of a business case for Canada to better provide access to needed psychological services for Canadians. We will look to similar and recent initiatives in countries such as Australia and the UK and consider a range of possibilities delivered through public, private and employer-based programs and services.

2. Revisiting the need for physician referrals. Extended health care plans, often provided through employment, do ask insured Canadians to get a referral from a family physician in order to get access to a non-medical regulated, health professional. This is not a uniform practice nor always required by private health insurers that fund the non-medical health service. When required, however, it has many costly drawbacks in terms of physician and patient time – time that we can ill afford when estimates suggest that 5 million Canadians do not have a family physician. When it comes to mental health in particular, psychologists have the training and scope to assess, diagnose and treat mental health conditions and they should be supported in doing so without the necessity of physician referral.

3. Improved Emergency Room Efficiency. We know that emergency room services are more expensive than alternative services and that they are often not used appropriately. A study in Halifax[1] showed preliminary positive results in reducing unnecessary visits and costs by employing a psychologist to address

the needs of patients with Medically Unexplained Symptoms (MUS). Patients present with physical symptoms, often to emergency services, for which a thorough assessment sometimes finds no physical or medical explanation. Mental disorders, such as anxiety, often present with physical symptoms. A psychological or psychiatric assessment of these patients, while in the emergency room – with appropriate followup when indicated, will often correctly diagnose these patients thereby reducing their utilization of more costly emergency room and physician services. Funding a second phase of studies using several locations and employing evidence-based psychological interventions is the next step.

4. Admitting and Discharge Responsibilities. Currently in Canada, physicians are primarily responsible for admitting and discharging patients in hospitals and other institutions. In some jurisdictions in the United States and Canada, other professionals have been granted these responsibilities. Extending admitting and discharging responsibilities to psychologists would take some of the load off of physicians while adding a high value skills set in mental and behavioural health.

5. Integrating psychologists and psychological services into primary health care teams. There are a number of primary health care teams across Canada that have effectively integrated psychologists onto their team-based services. The timelines and scope of this submission did not permit us to present to you a comprehensive overview of all of the primary health care teams in Canada that have incorporated psychological care. However, highlights from one Ontario-based team outlines that the psychologist fulfills the following roles within the team's mental health program and services:

- consultation to family physicians and other team members about mental health issues and conditions
- assessment and diagnosis of mental health conditions
- recommendations for community referrals when necessary
- support to family physician and other team members when the management of a health condition has significant mental health components
- work in concert with other team members so patients don't have to make separate visits for different services and often see patients concurrently with other providers working to address the same problems (e.g. a patient needing to change their diet might see the psychologist and dietitian together, a patient may see the psychologist and pharmacist together when working on pain management or insomnia)

Psychological interventions are among the treatments that most effectively treat the mental health problems most commonly experienced by Canadians –e.g. depression and anxiety.

- helps the team identify and develop the kinds of mental health services and supports that meet the unique needs of that team's patient population
- develops and delivers evidence-based programs to meet identified mental health needs of the patient population
- Designs and implements the evaluation of mental health services and supports

This Ontario-based team reported to us that in the view of the family physician members of the team, the integration of mental health services represents "…one of the biggest improvements in the care we provide to our patients since the team was developed…" The mental health services are "carefully planned" and "regularly evaluated" and allow for "…publicly funded care for patients who would have had to pay privately in the past…" The practice also believes that by situating mental health services and support in primary care, we go a long way to reducing the stigma associated with seeking mental health help.

6. As you know, the Mental Health Commission of Canada's national mental health strategy is expected to be released this spring. It is important that mental health receive dedicated government funding and that funds spent on mental health, mental disorders and addictions are proportionate to the burden of illness they represent in Canada. We continue to believe that Federal Government should set up an innovation fund to assist provinces and territories in developing a sustainable mental health infrastructure across Canada that will help improve access to mental health services. It is our view that the provinces and territories should work together and ask the federal government for this fund.

[i] Mood Disorders Society of Canada (2009). *Quick Facts. Mental Illness and Addiction in Canada.* Author.

[ii] http://www.who.int/mental_health/management/depression/definition/en/

[iii] Health Canada. *A Report on Mental Illnesses in Canada* (Ottawa: Health Canada, 2002).

[iv] http://www.mooddisorderscanada.ca/documents/Media%20Room/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%2009.pdf
[v] http://www.phac-aspc.gc.ca/publicat/cdic-mcbc/pdf/cdic283-eng.pdf

[vi] Roberts, G. and Grimes, K. (2011). *Return on Investment. Mental Health Promotion and Mental Illness Prevention*. Canadian Policy Network (CPNET) and Canadian Institute of Health Information (CIHI)
[vii] http://www.ihe.ca/documents/Cost%20of%20Mental%20Health%20Services%20in%20Canada%20Report%20June%202010.pdf

[viii] http://www.ocdpa.on.ca/OCDPA/d

[viii] Wilson, M. & Wilkerson, B. (2011). *Brain Health + Brain Skills = Brain Capital.* Global Business and Economic Roundtable on Addiction and Mental Health

[ix] Roberts, G & Grimes, K (2011). *Return on investment: Mental health promotion and mental illness prevention*. Canadian Institute for Health Information.

[x] Wilson, M. & Wilkerson, B. (2011). Brain Health + Brain Skills = Brain Capital. Global Business and Economic Roundtable on Addiction and Mental Health

[xi] Drummond, D (2012). *Public Services for Ontarians: A path to sustainability and excellence*. Commission on the Reform of Ontario's Public Services. Government of Ontario.
ocs/OCDPA_EconomicCosts.pdf

[xii] HM Government. (2011). *No Health Without Mental Health. A cross-government mental health outcomes strategy for people of all ages.* London, UK: Author.

[xiii] Australian Psychological Society. (2011). *Better Access: Yes it is.* http://www.psychology.org.au/Assets/Files/MR-Better-Access-15march2011.pdf