What do psychology practitioners do for Canada’s mental health?

Focus on service provided to children and youth and clients diagnosed with CVD or diabetes

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Disclaimer

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Agenda

• History of the project
• S1 and S2 data
• Focus groups (Summer 2010)
• S3 results
• S4 results
• Future plans

Brief history of the project

• Psychologists are the largest regulated providers of mental health services
• Psychological services provided in a public institution are often “rolled up”
• Often, public health information systems target “medical”, not “health” activity
• PHAC recognized the gap and partnered with CPA

Web-based Sampling

• Modeled in part from web-based technology developed by the Practice Directorate of the American Psychological Association (PracticeNet)
• Web delivery allows for maximum distribution of survey; minimum time/cost/energy to deliver
• Reduces missing or bad data through validation of responses
• Adaptable for future surveys
Recruitment
- Emails sent to regulatory bodies across Canada
- ~1000 practitioners expressed interest
- All provinces represented (but no respondents from the three territories)

Survey 1: $N = 540$
Survey 2: $N = 140$
Survey 3: $N = 137$
Survey 4: $N = 92$

Previous phases of the project

Survey 1: Demographic and practice characteristics of Canadian psychologists
- Age, gender, degree, specialization, province, years of experience
- Distribution of professional time, practice context, practice hours, consultation services, theoretical orientation
- # clients, client age range, types of services, presenting problems, method of payment

Survey 2: Demographic and clinical characteristics of clients
- Gender, age, ethnicity, language, marital status, sexual orientation, living arrangements, education, employment status
- Risk factors, presenting problems, chronic disorders, changes/impacts of problems, health status, DSM diagnosis, substance abuse
- # sessions, location, service recipient, service setting, method of payment, types of services, other health services, referrals, medication

Highlights of Survey 1
- Modal practitioner
  - Female, PhD, clinical psychologist, less than 10 years of experience
- Practice characteristics
  - Approximately 25% in private practice, 50% in public/private, 15 clients per week, broad range of services, time spent most often in intervention
  - Consultation with health organizations and education institutions
  - Young adult and adult clients
  - Treating mood and anxiety disorders, inter/intrapersonal issues

‘Real-time’ Sampling
- In Survey 1, psychologist participants were asked to provide their practice schedules (e.g., I see patients between 9:00 am and 2:00 pm; M, T, W, Th)
- Using the parameters of schedule provided, a program generates a random time.
- The participant is sent an email at the random time indicating that he or she is invited to respond to Survey 2, and has 48 hours to complete it.

Why ‘Real-time’?
- Affords more random sampling of practitioners’ caseload
- Questions provide means of convergent validity for database (e.g., is patient seen representative of practice characteristics for that provider documented in database)
Survey 2 Procedure

• Bootstrapping
  – Selected a sub-sample of approximately 150 participants from Survey 1

• Two waves of data
  – Verify the reliability of the surveillance tool
  – Practitioners are reporting on a different randomly selected client for each wave

Highlights of Survey 2

Client demographics

– Female: 65% (wave 1), 54% (wave 2)
– 86% White (wave 1 and 2)
– 79% Heterosexual (wave 1 and 2)
– Average age of 32-33 years old (wave 1 and 2)
– 34-37% Employed full-time (wave 1 and 2)

Client psychosocial function

– 51%, 38% Intrapersonal issues
– 41%, 36% interpersonal issues
– 41%, 31% mood disorders
– 37, 34% anxiety disorders
– 96%, 91% daily functioning affected greatly
– 2/3 improved health status
– ~1/2 presence of chronic disorder
– More than half with DSM diagnoses
  • More diagnoses of mood and anxiety disorders

Psychological service

– Average of 14 and 24 sessions, requiring 11 and 14 additional sessions
– 38%, 37% paid through public institution
– 31%, 41% paid directly
– ~half provided CBT
– More than half of sessions were in a private setting

What can we say about reliability?

• Moderate consistency, consistent with research on event sampling

• Remain cautious in generalizing about client characteristics

Development of Survey 3 and 4

• Focus groups held in Summer 2010
  – Ottawa: Practitioners who provide service to children and youth
    • Feedback from Survey 1 and 2 participants indicated that these surveys did not lend themselves easily enough to assessing practice activity with child clients
  – Halifax: Public practitioners
  – Vancouver: Private practitioners
Focus groups

• Goal
  – Find out from practitioners what are the sentinel events or the issues/concerns psychologists come across in their practice
  – Develop two additional surveys that target sentinel events
  – Get feedback on survey experience – what could we change in format or content to better get the information we want

What did we learn?

• Ottawa (pediatric practitioners)
  – Changing roles: consultation and collaboration (bottle necks, time), attention to outcomes
  – Prominent presenting problems: family issues and divorce, parenting issues, technology-related (cyber-bullying), achievement boys, increasing severity, more self-harm, psychoses, younger children, MI in parents
  – Sentinel survey ideas: divorce, collaborative practice

• Halifax (public practitioners)
  – Changing roles: less service delivery more supervision students and other providers; more triage; conditions of work increasingly less appealing than private sector; public practice workforce is early or late career; with prompter discharge more outpatients; higher demand; need for but barriers to telehealth; match between need and supply
  – Prominent presenting problems: impact of lifestyle on health; depression and anxiety, management of more complex and severe illness with which people live, aging populations
  – Sentinel survey ideas: complex and comorbid conditions, knowledge transfer and education

• Vancouver (private practitioners)
  – Changing roles: more couple demand and earlier, client identifying treatment rather than problem, more anxiety than depression, different kinds of addictions (e.g. internet), environmental stresses (work, economy), need for models that support collaborative practice
  – Prominent presenting problems: depression, anxiety, relationships, specialized service or technique, adolescents, couples, coping with other chronic health conditions
  – Sentinel survey ideas: psychological issues and functioning rather than mental illness

Survey 3

• Description of the survey
  – Demographic and clinical characteristics of child and youth clients

• Development strategy
  – Word changes adapted to client group
  – Added response options
  – Added questions specific to school, family

Survey 3

• Recruitment
  – From the master list of 1000 interested participants
  – Over 200 practitioners responded with interest

• Real-time sampling
  – Technology problems
  – Invitations sent manually
  – Random numbers table used to select a random time to complete the survey
Survey 3: Eligibility Survey

**Practitioner demographics**

- N = 137
- Age: 42.7 (SD = 9.6)
- Gender: 80% female
- Degree: 49% PhD

Specialization in
- 51% clinical psychology
- 22% school psychology

Provides services to
- 88% children and youth

Province
- West: 32%
- Ontario: 15%
- Quebec: 31%
- East: 23%

- Primarily private practice: 32%
- Primarily public practice: 68%

Survey 3: Results

**Client demographics**

- Client age: 11.9 (SD = 3.8)
- Gender: 51% female
- Ethnicity: 82% White
- Language: 65% English
- Sexual orientation: 39% heterosexual, 57% unknown

Family structure
- Two parents: 50%
- Single parent: 18%
- Blended family: 10%
- Foster care: 6%
- Joint custody: 5%
- Other: 20%

Living arrangements
- Single residence: 78%
- Multiple residences: 12%
- Foster care: 7%

Work
- Part-time: 7%
- No: 71%
- Not applicable: 20%
### Attend school

- 87%

### Type of school

- Publicly funded: 77%
- Privately funded: 10%
- Not school-aged: 13%

### Median school grade

- 6th

### Attending a special program

- Learning disorders: 28%
- “Slow learner”: 44%
- Behaviour: 19%
- Does not attend: 47%

- Held back a grade: 14%

### Client service characteristics

**Language of service**

- 72% English

**Services provided**

- Assessment: 56%
- Treatment: 56%
- Consultation: 29%

### Consulted within school system

- Teacher: 47%
- Education assistant: 15%
- Principal/VP: 28%
- Other psychologist: 21%
- Guidance counselor: 4%

### Who else is generally involved in treatment?

- Parents: 80%
- Family members: 14%
- Physician: 10%
- Community support staff: 8%
- Social worker: 5%
- Specialist physician: 4%
- Other: 11%
- No one: 5%

### This session, who else was included?

- Client only: 58%
- Parents: 35%
- Family members: 4%
- Other caregivers: 4%
- Other service provider: 5%
- Other: 9%
Client receiving other health service
Yes 26%

Physician 25%
Psychiatrist 39%
Psychologist 17%
Social worker 19%

Client participating in community services
Yes 23%

Community resource 56%
or health center
Parent training 28%
Other 34%

Practice setting
Private individual 31%
Private group 9%
Public health care 35%
Child welfare agency 3%
School 21%

Method of payment
Publicly funded 48%
Public agency, paid in full 21%
Paid directly, all reimbursed 13%
Paid directly, some reimbursed 9%
Paid directly, no reimbursement 4%

How the client was referred
Parent 35%
School system 33%
Physician 12%
Social services 13%

Made referrals for client
Other health 14%
Medication evaluation 12%
Parent training 15%
Educational 16%
No referrals made 45%
Practice city setting
- Major urban center: 47%
- Suburb: 22%
- Smaller city: 19%
- Rural setting: 12%

Client’s city setting
- Major urban center: 34%
- Suburb: 25%
- Smaller city: 26%
- Rural setting: 14%

Presenting psychological problems
- Mood problems: 27%
- Anxiety problems: 36%
- Behaviour problems: 46%
- Attentional problems: 29%
- Intrapersonal issues: 39%
- Learning problems: 39%
- Adjust to life stressors: 21%
- Self-harm behaviours: 17%

Client psychosocial functioning
Risk factors
- Parental mental disorder: 48%
- Marital problems in family: 47%
- Exposure to traumatic events: 32%
- Attachment difficulties: 22%
- Aggression, anger: 38%
- Unusual fears: 23%
- Academic performance problems: 51%
- School avoidance: 20%
- Other: 20%

Presence of DSM diagnosis
- Yes: 47%
- No: 26%
- Evaluation incomplete: 22%

Mood disorders: 4%
Anxiety disorders: 10%
Attention disorders: 15%
Adjustment disorders: 3%

Impact of presenting problems on daily functioning

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Change in problem since beginning therapy
- Recovered: 1%
- Greatly improved: 20%
- Improved: 42%
- No change: 22%
- Deterioration: 1%
- Not applicable: 15%
Client’s/parent’s appraisal of health status

- Excellent: 15%
- Very good: 28%
- Good: 30%
- Fair: 14%
- Poor: 4%
- Unknown: 9%

Substance use: 5%

Taking medications: 30%

- Anti-depressants: 39%
- Anxiolytics: 7%
- Antipsychotics: 37%
- Stimulants: 51%

Prescribed by:
- Physician: 22%
- Psychiatrist: 59%
- Pediatrician: 20%

Does the client take medication for a health problem which is related to the presenting problem? 23%

Does the client take medication for another health problem unrelated to the presenting problem? 10%

Presence of chronic conditions

- Yes: 14%
- No: 83%
- Unknown: 3%

Body process affected

- Mental: 26%
- Gross and fine motor: 21%
- Gastrointestinal: 21%
- Other: 26%

Impact of chronic disorder(s) on daily functioning

Survey 3: Between group comparisons

Differences between Masters and Doctorate practitioners

DSM diagnosis

\[ \chi^2 = 6.59, p = .01 \]

Cramer’s \( V \) = .26

*60% of Doctorate level practitioners had clients diagnosed with a DSM disorder, compared to 40% of Masters’ practitioners.
Differences between public and private practitioners

**DSM diagnosis**

\[ \chi^2 = 7.16, \ p = .007 \]

Cramer’s V = .27

*74% of public practitioners had clients diagnosed with a DSM disorder, compared to 26% of private practitioners.

**Risk factor: Academic performance problems**

\[ \chi^2 = 8.17, \ p = .004 \]

Cramer’s V = .24

*79% of public practitioners had clients diagnosed with a DSM disorder, compared to 21% of private practitioners.

Survey 3: Within client differences

Differences between clients with different family structures

**Total # risk factors**

\[ F(2,133) = 20.97, \ p < .001 \]

*Clients from two parent homes (M = 2.7, SD = 1.9) had significantly fewer total risk factors than clients from single parent homes (M = 5.0, SD = 2.84) and “other” family structures (M = 5.48, SD = 2.79).*

Differences between female and male clients

Presenting problem: anxiety

\[ \chi^2 = 12.22, \ p < .001 \]

Cramer’s V = .30

*Present in 71% of females vs. 29% of males

Presenting problem: behaviour

\[ \chi^2 = 8.41, \ p = .004 \]

Cramer’s V = .25

*Present in 62% of males vs. 38% of female clients

Presenting problem: attention

\[ \chi^2 = 10.46, \ p = .001 \]

Cramer’s V = .28

*Present in 70% of males vs. 30% of females

Presenting problem: learning

\[ \chi^2 = 26.91, \ p < .001 \]

Cramer’s V = .45

*Present in 76% of males vs. 24% of female clients
Differences between clients attending a special program and clients not attending a special program

**DSM diagnosis**

\[
\chi^2 = 9.63, \ p = .002 \\
\text{Cramer's } V = .31
\]

*60% of clients who attended a special program in school had been diagnosed with a DSM disorder, compared to 40% of clients who did not attend.

**Risk factor: aggression problems**

\[
\chi^2 = 11.93, \ p = .001 \\
\text{Cramer's } V = .29
\]

*Present in 71% of clients who attend a special program vs. 29% of clients who do not attend.

**Risk factor: academic performance problems**

\[
\chi^2 = 21.96, \ p < .001 \\
\text{Cramer's } V = .40
\]

*Present in 72% of clients who attend a special program vs. 28% of clients who do not attend.

**Risk factor: school avoidance**

\[
\chi^2 = 9.55, \ p = .002 \\
\text{Cramer's } V = .26
\]

*Present in 79% of clients who attend a special program vs. 21% of clients who do not attend.

**Presenting problem: learning**

\[
\chi^2 = 13.83, \ p < .001 \\
\text{Cramer's } V = .32
\]

*Present in 72% of clients who attend a special program vs. 28% of clients who do not attend.

**Family challenges**
- Lack of family involvement in client care
- Physical and mental health problems
- Negative family environment
- Family image concerns

**Client challenges**
- Severity of mental health problem
- Client is incarcerated

**Lack of resources, funding, services**
- Lack of private funding
- Lack of public funding
- Lack of insurance
- Lack of services available
- Lack of support and services in schools

**Lack of communication/collaboration with partners in care**
- Lack of collaboration with social services
- Among other professionals involved in the case
- Lack of information
- Lack of collaboration with the school
- Difficulty harmonizing various treatment approaches
- Lack of access to collaborative partners

**Challenges in social services**
- Lack of support for families
- Inability to provide follow-up care
- Lack of knowledge
- Lack of adequate services

**Access issues**
- Geographic barriers
- Program restrictions
- Long wait lists and high demand
- Lack of coverage

**Professional interferences**
- Unstable client care
- No professional supervision
- Providing fair client evaluation

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**Survey 4**

- **Description**
  - Demographic and clinical characteristics of clients diagnosed with cardiovascular disease (CVD) or diabetes
- **Development strategy**
  - Guided by incidence and prevalence rates, reports on chronic conditions
  - Targeted two of most prevalent
  - Brainstormed list of questions with which to understand psychologists' activity

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**Procedure**

- **Recruitment**
  - Same procedure as Survey 3: sent emails to the master list of practitioners
  - Very challenging to reach practitioners who provide services to this group
  - Broader recruitment through other fraternal organizations (e.g., provincial associations)
- **Procedure**
  - No real-time sampling
  - Used random numbers table to choose a random day only
Survey 4: Eligibility Survey

Practitioner demographics

- **N = 92**
- **Age**: 46 (SD = 10.5)
- **Gender**: 75% female
- **Degree**: 54% PhD
- **Specialization in psychology**: 69% clinical, 15% counseling

Province
- West: 27%
- Ontario: 26%
- Quebec: 33%
- East: 14%

- Primarily private practice: 35%
- Primarily public practice: 65%

Provides services to
- clients with CVD: 86%
- clients with diabetes: 89%

Total % of clients with a chronic disorder: 36% (SD = 32.8)

Survey 4: Results

Client demographics

- **Client age**: 48.2 (SD = 15.5)
- **Gender**: 55% male
- **Ethnicity**: 87% White
- **Sexual orientation**: 90% heterosexual
- **Marital status**: Married/Common law 50%, Single 30%

Living arrangements
- **89% private res.**

Education
- Less than high school: 24%
- High school diploma: 18%
- College/Trades: 20%
- Some university or more: 38%

Work
- Full-time: 30%
- Part-time: 16%
- Not working: 30%
- Disability: 21%
### Diagnosis

- **CVD**: 36%
  - Acquired: 90%
  - Present at birth: 10%
- **Diabetes**: 48%
  - Type 1: 25%
  - Type 2: 75%
- **Both**: 16%

### Time of diagnosis

- Within last year: 12%
- 1-5 years ago: 35%
- 5-10 years ago: 31%
- +10 years ago: 22%

### Disease change status

- Deteriorated: 46%
- Unchanged: 23%
- Improved: 17%
- Greatly improved: 3%

### Client service characteristics

- **Average # sessions**: 33.7 (SD = 43.04)
- **Services provided**
  - Assessment: 37%
  - Treatment: 76%
  - Consultation: 23%

### Consulted with other health professionals

- Family physician: 35%
- Medical specialist: 26%
- Dietitian: 23%
- Did not consult: 26%

### Frequency of collaboration with primary care provider

- Regularly: 28%
- Once or twice: 55%
- Never: 16%

### How the client was referred

- **Self**: 14%
- Physician: 30%
- Other health care professional: 19%

### Made referrals for client

- Other health: 23%
- Medication evaluation: 15%
- Other mental health: 12%
- Support or self-help: 12%
- No referrals made: 53%
Practice setting
- Private individual: 30%
- Private group: 9%
- Public health care: 57%
- Community program: 2%
- School: 2%

Family members involved in services
- 20%

How common is it to involve family members or significant others in services?
- Always or most often: 14%
- Half the time: 14%
- Occasionally: 34%
- Rarely: 38%

Client psychosocial functioning

Risk factors
- Parental mental disorder: 26%
- Marital problems: 26%
- Exposure to traumatic events: 32%
- Physical disability: 20%
- Other mental health problems: 38%
- Other: 18%
- No risk factors: 14%

Presenting psychological problems
- Mood problems: 50%
- Adjustment to life stressors: 45%
- Managing health, injury, illness: 44%
- Anxiety problems: 42%
- Intrapersonal issues: 37%
- Interpersonal issues: 36%

Presence of DSM diagnosis
- Yes: 61%
- No: 26%
- Evaluation incomplete: 4%

Mood disorders: 50%
- Anxiety disorders: 17%
- Substance related: 7%
- Adjustment disorders: 6%
- Other disorders: 20%
Change in problem since beginning therapy
- Recovered: 0%
- Greatly improved: 21%
- Improved: 58%
- No change: 10%
- Deterioration: 3%

Client’s own appraisal of health status
- Excellent: 2%
- Very good: 9%
- Good: 25%
- Fair: 33%
- Poor: 24%

- Substance use: 14%
- Suicidal thoughts: 25%

Taking medications
- 49%
  - Anti-depressants: 45%
  - Anxiolytics: 14%

Prescribed by
- Physician: 60%
- Psychiatrist: 36%
- Other medical specialist: 4%

Client sought psychological services for management of CVD/Diabetes
- Yes: 24%
- No: 76%

Psychological problem preceded diagnosis of CVD/Diabetes
- Preceded: 44%
- Followed: 42%
- Don’t know: 14%

In 77% of clients, CVD/Diabetes was impacted by psychological factors

Stress
- Work: 45%
- Family: 61%
- Relationship: 39%
- Financial: 36%
- Social: 42%
Comorbid chronic conditions
- Yes, not part of problem: 5%
- Yes, part of problem: 41%
- No: 44%
- Unknown: 10%

Body process affected
- Neurological: 26%
- Gross and fine motor: 14%
- Endocrinological: 17%
- Cardiological: 11%

Impact of chronic disorder(s) on daily functioning

What was the cause of the restriction in functioning?
- Chronic condition: 15%
- Psychological problem: 29%
- Both: 54%

Impact of CVD/Diabetes and/or psychological problem(s) on family

What was the cause of the impact on family?
- CVD/Diabetes: 12%
- Psychological problem: 35%
- Both: 50%
What was the cause of the impact on work?

- CVD/Diabetes: 16%
- Psychological problem: 29%
- Both: 40%

How often is the management of CVD/Diabetes a focus of treatment?

- Always or most often: 19%
- Half the time: 29%
- Occasionally: 39%
- Rarely: 13%

How often is the psychological distress associated with CVD/Diabetes a focus of treatment?

- Always or most often: 34%
- Half the time: 28%
- Occasionally: 28%
- Rarely: 10%

Lack of services and/or access
- Lack of specialized services
- Availability of needed services
- Lack of support services
- Wait lists and scheduling demands
- Other services challenges

Client challenges
- Severity of mental health problems
- Ambivalence to treatment
- Physical health complications interfere with treatment
- Personality and/or demographic issues
- Geographical distance and transportation difficulties
- Other client challenges

Lack of resources and/or funding
- Lack of funding for services
- Lack of personal funds
- Funding limitations to services
- Lack of resources

Lack of communication/collaboration
- Lack of collaboration among partners in care
- Inability to synchronize information given to client
- Lack of communication among partners in care

Lack of support
- From close relationships
- From the community
- From health care providers or specialized services

Family challenges
- Family is uncooperative
- Family is dysfunctional

Final phases of the project

- Complete the final report (Aug 2011)
- Develop Survey Procedures Manual
  – Submit for Expert review
- Key informant interviews on survey experience

Thank you!

Project reports will be posted online:
www.cpa.ca/practitioners/surveillanceandsurveys/

Contact: practicenetwork@cpa.ca