

The Canadian Psychological Association (CPA) was very pleased to learn of and review the Ontario government's recent *Every Door is the Right Door*; a discussion paper on mental health and addictions.

Canadian Psychological Association (CPA)

By way of background, the CPA is the national professional association of the country's psychologists and counts scientists and university faculty, as well as regulated health practitioners, among our membership. There are approximately 16,000 psychologists in Canada registered to practice. Approximately 2,700 of these are in Ontario, making it the jurisdiction with the second greatest number of psychologists in Canada. Psychologists in Canada work across a diversity of settings and sectors including health, education, criminal justice, social welfare, workers' compensation and the private sector (i.e. private practice, employee assistance programs, industry).

Psychologists are the country's largest regulated and specialized group of mental health care providers, outnumbering psychiatrists almost four to one. Many of the evidence-based assessments and treatments for mental health problems are researched and practiced by psychologists and some of these evidence-based treatments (e.g., cognitive behavioural therapy) are among the treatments of choice for the mental health problems and disorders most likely to affect Canadians (i.e., depression and anxiety disorders).

Congratulations to the Ontario Ministry of Health and Long Term Care (MoHLTC)

Minister Caplan and the MoHLTC are to be commended for their recognition of the pressing needs in the area of mental health and addictions and their astute appraisal of the existing gaps in service models and mechanisms of delivery. The Minister's work was informed by an accomplished advisory group and the CPA was pleased to see that several among our professional community of psychologists lent their expertise to this effort (Drs. Ruth Berman and Bruce Ferguson).

There are many of the paper's positions and recommendations which the CPA wholeheartedly supports. These include the recognition that we need to transform the services currently on offer into an integrated system of service that includes prevention and promotion, is user-centered, supports collaborative and coordinated care and is accountable to its outcomes.

The CPA appreciates the opportunity to review the discussion paper and offer the Ministry its feedback and recommendations for the important work it visions. Notwithstanding the paper's many strengths, there are a few gaps we would like to suggest that the Ministry redress.

CPA's Feedback and Recommendations to the MoHLTC

Prevention, promotion and early intervention. The MoHLTC is showing tremendous leadership in its attention to prevention, promotion and proactive activity in the area of mental health and addictions. As the paper acknowledges, many mental health problems begin in childhood. Early intervention, as well as health promotion, is critical to the health of a population. Psychologists have been very involved in the development of population-based programs that support mental health.

As an example, we were fortunate to have had Dr. Matt Sanders, a psychologist, researcher and faculty member at the University of Queensland serve as CPA's honorary president in 2009. Dr. Sanders' Triple P Parenting program " is a parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents" (<http://www27.triplep.net/?pid=59>) Triple P has been implemented worldwide and is an excellent example of an evidence-based parenting program that works at a population level.

As another example, the CPA has been working with the Public Health Agency of Canada in the development of a mental health guide – a program and materials for the purposes of public education to help Canadians understand and take care of their mental health.

Mental health problems, disorders and major mental disorders. Though the paper does acknowledge that there is a range of mental health problems and disorders, its focus is disproportionately on “major mental disorders”, traditionally defined as bipolar disorder and schizophrenia. Though major mental disorders carry a burden and chronicity for individuals, families and society that can no longer be ignored, these are not the kinds of disorders that are most likely to be experienced by Canadians. Most of the **1 in 5 Canadians who experience a mental health problem in their lifetimes will experience anxiety and/or depression. Further, and as you know, problems related to substance use and abuse are included among taxonomies of mental health disorders (i.e. Diagnostic and Statistical Manual of Mental Disorders) and one in 30 Canadians will meet criteria for a diagnosis of substance dependence** http://www.mooddisorderscanada.ca/documents/Media%20Room/QuickFacts_Edition%202_EN.pdf

These conditions are the most prevalent and among the most costly to Canadians. They are also among the disorders for which evidence-based treatments are most effective, and yet most people who suffer from these problems go untreated. It is as imperative that a mental health strategy for Ontarians address anxiety and mood disorders, substance use and abuse disorders, in addition to major mental disorders.

We would like to further suggest that the disproportionate emphasis on major mental disorders may aid and abet stigma by inadvertently suggesting that while major mental disorders merit user-based, coordinated and accessible care, other kinds of mental health problems do not. Indeed in reviewing the paper’s proposed continuum of health services (page 26 of the paper), it is very difficult to see where psychological treatments, often the treatment of choice for many kinds of mental health problems and disorders, fit in.

Under mental health and addiction treatment services, mention is made of consultation, residential programs, services for persons with concurrent disorders, housing, early intervention for psychosis and case management. No mention is made of the evidence-based and first order psychological treatments (i.e., cognitive behavioural and other evidence-based psychotherapies) for the most common of mental health problems (depression and anxiety). These treatments should be specifically mentioned here. They should also be specifically mentioned, along with “biomedical services and medications” in section 2.3 (page 32) where the paper calls for a “range of person-directed approaches.” It is important for any public or private provider of health service to support and promote treatments that work; treatments that work for mental health problems and disorders include psychological ones chief among them.

It is important to underscore that psychological treatments are first order treatments for many mental health problems and disorders. Research shows us that some combination of medication and psychological treatment works better than either alone for many mental health conditions and that for some kinds of mental health problems, psychological treatments alone are the treatments of choice <http://www.cpa.ca/cpsite/userfiles/Documents/advocacy/Cost-Effectiveness.pdf>.

Accessibility. From the perspective of a profession whose specialized mental health services are increasingly provided in the private sector, particularly in Ontario, the **chief gap we note in the paper is its lack of attention to private sector mental health services.** Particularly acute in Ontario, is the reduction in the salaried psychological resource in publicly funded hospitals and the meagre participation of psychologists in the province’s family health care teams - this despite the significant and valued contributions psychologists have made to the primary care teams in Ontario which do include them. This is a situation that has developed over time, and of which successive governments in Ontario have been

aware, but have not yet taken steps to redress. Unaddressed, this situation has created two tiers of service in mental health. Those persons with sufficient income or extended health insurance can access evidence-based and first-order psychological treatments through the private sector. Those people who have neither income, nor extended health insurance, must compete for the little psychological service that Ontario supports through its publicly funded institutions.

Though the discussion paper clearly calls for integrated and accessible service, it is completely silent on the fact that the needed and indicated mental health care is inaccessible to many Ontarians and Canadians because the services of the country's largest numbers of regulated and specialized mental health care resource – and here we include both psychologists and social workers - are provided in the private sector. The goals and principles defined by the paper need to more specifically call for and target enhanced access to service. Ontarians and Canadians deserve a system in which the right service reaches the right user at the right time in the right place from the right provider.

What are Ontarians' mental health needs and what services do they receive? When governments attempt to understand the needs of persons with mental health problems, and the services delivered to them, they only have access to data within the publicly funded systems. Without access to the wealth of private sector services, a true understanding of Canada's mental health needs is incomplete. In recognition of this fact, funded by the Public Health Agency of Canada, the CPA is working on the development of an electronic practice network of psychologists to be able to describe the demographic and clinical characteristics of the clients psychologists treat as well as the demographic and practice characteristics of the psychologists themselves. This information will enhance what is known across Canada's jurisdictions about the mental health needs and services of Canadians.

A person-directed and service-based system. The paper calls for a user or person-directed system, which is a recognition that is outstanding and long overdue. Canada's provinces and territories indeed offer provider-based public health care services. We pay designated providers to render a series of services rather than provide users with the service they need, delivered by the provider trained and licensed to deliver it. The irony is that the largest number of regulated health care professionals who have specialized training in mental health and mental disorders (i.e. psychologists) are not among the providers so designated.

We would like to suggest that the Ministry call for a person-directed and service-based system rather than the provider-based system we have currently. The paper aptly acknowledges the huge costs of mental health problems and disorders to individuals, families, the workplace and society and the significant cost offsets when needed and appropriate service is provided in a timely, coordinated and sustained manner.

Our call for a person-directed and service-based system does not mean we are looking to provincial governments to add more providers to its roster of publicly supported health care providers. With an already burdened public health care system, more providers, or more publicly funded providers, are not the answer to barriers to access to the mental health care needed by Canadians. Canada and Ontario need to better mobilize the mental health care resource they have already. There are many models and innovations that other countries such as Australia and the U.K. have deployed to increase access to evidence-based mental health service from both regulated and unregulated providers in the public and private sectors.

As you may know, by 2010-11, the U.K. will commit 170 million pounds a year to support the provision of psychological therapies for the significant numbers of persons with depression and anxiety who need it from the providers trained to deliver it

<http://www.cpa.ca/cpsite/UserFiles/Documents/Psynopsis/Final.pdf>.

In Australia, the federal government has provided targeted funding for access to psychologists' services in the private sector through publicly funded primary care. Indeed in Canada, Manitoba has used federal funding targeted to reduce wait times to include access to needed and available mental health services <http://www.gov.mb.ca/chc/press/top/2008/03/2008-03-14-103900-3334.html>. Our point here is that **better access doesn't necessarily mean adding more resource, it means better and more effectively mobilizing the health care resource Canada has already.**

Every door is the right door. The paper acknowledges that there are and should be many doors that lead to the right care. As a profession whose members work in private practice, publicly funded health care settings, schools, correctional facilities, government and industry we applaud the Ministry for its recognition that we need to recognize and provide assistance to people where and when they need it.

While recognizing that "people experiencing stress may turn to family members, family health providers, teachers or workplace program" (page 28), the paper overlooks the fact that people with means, or extended health care coverage, also bring their problems to private sector mental health care providers like psychologists. Indeed, although our members have long been concerned that people without sufficient income or private insurance cannot access needed psychological services, private practice psychologists are amply self-employed and have no shortage of work in the private sector.

We strongly support the Ministry's call to examine "whether all doors add value" and whether opportunities exist "to reduce the number of entry points to the system, leverage resources, reduce duplication, and improve access to seamless, integrated services" (page 35). **Indeed if Ontarians had access to the mental health service they need from the provider trained to deliver it, it would, for example, free up our primary health care resource** (i.e., family physicians and nurse practitioners) to attend to their core business which is the general health of their patients. The effects of providing better access to specialized mental health care in the primary care environment would be significant when we consider that 30 to 60% of problems brought to primary care are for or related to a mental health problem.

Recruitment and retention. We also applaud the paper's attention to the need to improve recruitment and retention of its regulated and specialized mental health human resource. In this connection, we draw the Ministry's attention to the fact that **Ontario has roughly half the number of psychology internship spots it needs to train the number of doctoral students in professional psychology its universities educate.** This means that the province is losing an important resource when doctoral students in professional psychology leave the province to complete the internships prerequisite to completion of their doctoral degrees. This is particularly significant since, as the accrediting body of the country's doctoral programmes in professional psychology, we are aware that interns often go on to live and work in the settings and cities in which they complete their internships.

Education, income and accessibility to service. When talking about the need to "provide opportunities for effective, flexible, relevant education" (page 44), the paper asserts that "all types of mental disorders, including anxiety, decline with increasing education." We would also like to point out that **education is also correlated with income and that in Canada, persons with no or low income do not have the same accessibility to specialized mental health services as do those with higher income.**

Evidence-based standards for care. We are totally supportive of the Ministry’s call for the need to “develop and adopt evidence-based standards” for “service design, information management, and clinical care.” In this connection, we would like to remind the Ministry that, by legislation, the health professions in Ontario are self regulated and through this legislation accountable to the public for the provision of competent and appropriate care.

Speaking for our profession, training and education in evidence-based assessments and treatments form part of the accreditation standards the CPA applies to its accredited doctoral programmes and internships in professional psychology. The provincial and territorial bodies of psychology hold their registered practitioners accountable to the competent delivery of indicated and appropriate assessments and treatments. We add that this feature of accountability and public protection for health care that works is precisely why it is important that a public mental health care system, or any mental health care service, have regulated health providers at its core.

Many of the psychological scientists among our members take leading roles in conducting the research that creates the important evidence base in mental health and mental disorders. Accordingly, we urge the MoHLTC to work with researchers and the institutions and agencies that support them, to ensure that research into the biopsychosocial determinants and factors that support mental health and lead to mental disorders as well as into the biological, social and psychological interventions for mental disorders continues to thrive. Science informs practice and practice informs science, so it is critical that government support science and practice collaborations as well.

In support of collaborative care. Finally, throughout the paper, the Ministry calls for an integrated and seamless system that supports collaboration among providers, users and their families, and the sectors in which users and providers live and work. It has been the unfortunate case in Ontario that publicly-funded collaborative care teams, in hospitals and in communities, have decreasingly included psychologists. Several hospitals in the greater Toronto area have closed their psychology departments and it is the exceptional, rather than the modal, family health team that includes psychologists – despite the interests of family health teams in specifically including them. The value and contribution of psychologists to Ontario’s health lies not just in the assessment and treatment they can provide for people with mental disorders. Psychologists also contribute significantly to helping people maintain health and prevent and manage illness. They do so by helping people address the psychological factors that are among the determinants of illness (e.g. the relationships among depression, stress and heart disease) as well as address the psychological factors involved in changing behaviour to improve health and manage illness (e.g. losing weight, increasing exercise).

In calling for collaboration and collaborative care, **it is important that the university and applied programs that train mental health professionals teach them to work collaboratively as well as model how this is effectively done. It is equally important that our provincial and territorial health care systems provide the supports and infrastructure necessary to support collaboration.** This can take the form of extending the time, physical space, and financial resource necessary to allow teams or groups of providers to meet, consult and coordinate care with each other and with their patients or users.

In Conclusion

The CPA congratulates the MoHLTC on its initiative and example in articulating a vision for mental health promotion, prevention and treatment for Ontarians. We hope the foregoing observations and recommendations will find resonance in your planning and deliberations. We are sure of the commitment of the Ontario Psychological Association (OPA) to the MoHLTC’s work and offer the involvement and support of the CPA to you as well.

The CPA has recently developed a Practice Directorate led by a Council of representatives from the country's provincial and territorial associations of psychology of which the OPA is a strong and valued member. The Practice Directorate and its Council may be a valuable resource about issues, practices, policies and innovations in mental health from across Canada's jurisdictions. In addition, the CPA co-chairs the Mental Health Table (MHT) – a table made up of the national health professional associations involved in mental health care (e.g., psychology, nursing, medicine – inclusive of family medicine and psychiatry, pharmacy, social work, occupational therapy, physiotherapy, speech language pathology and audiology). The MHT may also be a helpful resource to you in your work.

Before closing, we would also like to draw your attention to an issue related to the use of honorifics in the report. We noted earlier that the Minister's advisory group on this report included psychologists, Drs. Ruth Berman and Bruce Ferguson. While the psychiatrists on the advisory group were listed with their appropriate honorific (Dr.), the psychologists were not. The Regulated Health Professions Act in Ontario specifically includes doctoral-trained psychologists among those health professionals entitled to use the honorific "Dr." (http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm#BK28, see section 33.1) We respectfully request that the Ministry use the earned honorific "Dr." when referring to doctoral-trained, registered psychologists.

In closing, the CPA commends your government for the significant progress it has made for Ontario's mental health and we encourage you to move the mental health agenda even further forward by creating policy and programmes that give Ontarian's access to the mental health service they need, where and when they need it, from the provider regulated and trained to deliver it. Please do not hesitate to call upon us at any time to contribute to this important work.

We are taking the liberty of sending a copy of this letter to the Ontario Psychological Association, one of our provincial partners. As we have done in the past when responding to public reports and documents, we will make our response available to our members and partners via our website www.cpa.ca.

Yours sincerely,

A handwritten signature in black ink that reads "Karen Cohen". The signature is written in a cursive, flowing style.

Karen R. Cohen Ph.D., C. Psych.

Executive Director

c.c. Dr. Ruth Berman, Executive Director, Ontario Psychological Association
CPA website www.cpa.ca