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March 12, 2002

Hon. Tony Clement,
Minister of Health and Long-Term Care,
80 Grosvenor St., Hepburn Block, 10th Floor,
Toronto, ON

Dear Minister Clement,

I would like to express my profound dismay and, at the same time, stunned incredulity at the decision to close the psychology department at Saint Michael's hospital in Toronto. If my information is correct, the decision appears to be justified, in part, on the grounds that the Hospital cannot afford to maintain the services. I'm wondering how the Hospital and the Province can afford not to. Have compelling data presented to show that the delivery of such services are no longer needed by the people in Toronto served by this particular group? I expect that the decisions were made only upon revelation that the incidence of presenting problems had dropped down to such low levels that all clients in the catchment area of Saint Michael's no longer needed psychological services, or perhaps it was the discovery that such services could be provided just as effectively by less well trained persons, or by referring clients to the self-help section of the nearest Chapters bookstore. Then again, perhaps the services have been made newly available as insurable under OHIP and the psychologists will be able to continue providing their services in this new mode. Perhaps the clients have inherited new found wealth and can access comparable services privately. Or, perhaps there are empirical data showing that treatment programmes offered by psychologists are of no value?

I'm also just a little apprehensive that the services may have been cut by a different kind of decision making process. A process in which a group of administrators, who know little or nothing about the skills and abilities of clinical psychologists, and who are faced with really tough fiscal challenges often take the path of apparent least resistance and make unimaginative decisions in apparently strait-jacketed ways. I know that fiscal pressures are not the only ones faced by decision makers, who also function in a territorial arena in which other groups vie for their continued safety. Surely, it can't be the case that the decision to close down psychological services has been made by people who are uninformed and who made no effort to become informed?

I'm certain that you will be receiving a true litany of complaints, but also a barrage of information from my fellow psychologists from coast to coast. What my colleagues will no doubt reiterate is that clinical psychologists provide services that are the product of intensive training as scientist-practitioners. That psychologists are adept at dealing with

presenting problems spanning anxiety and affective disorders, borderline and other personality disorders, behavioural health and medicine (diabetes, renal, cardiac, oncology, palliative, and rehabilitation environments), serious and persistent psychological disorders (like schizophrenia, bipolar disorder), traumatic stress disorders and more. I shouldn't forget the range of paediatric services and those of forensic, psychodiagnostic and neuropsychological services.

Anyone with a modicum of sentience and an eye for the merits of evidence based practice and what this can mean in terms of outcome measured monitoring, accountability and fiscal prudence knows that the data clearly favour psychological interventions. It may be the case that a clinical psychologist with a PhD is expensive but so is the cost to society of failing to intervene effectively in the areas of distress I mentioned in the preceding paragraph. The dollar cost of depression and anxiety alone is staggering and their treatment by pharmacological means alone is ineffective in over a third of the cases and proponents of such singular treatment should look at the cost to society of pharmacare in mental and general health. Oh, and let's not forget the cost in terms of human suffering. I don't believe that the data that underlie my statements here can be seriously disputed. I'd like to see, to use a fashionable, if overworked, phrase, people actually trying to think "outside the box" while conjointly demonstrating that they can use and grasp the significance of data in ways that resemble the modeling of effective managerial decision making.

I trained at McGill University over 20 years ago and in my career as psychologist, as director of an outpatient cognitive-behaviour therapy unit in Montreal, and in my current capacity as Administrative Director of a tertiary rehabilitation centre with a provincial mandate, I think I'm qualified to speak from a variety of perspectives. The decision in my opinion is not only unfortunate, it is probably ill-advised, not to say short-sighted and unimaginative but will lead to shocking consequences (no doubt unintended) for those who need the services. Psychologists need to be retained and their skills used more wisely, for instance where appropriate as clinical supervisors to those in allied health service professions who may have less training but who can provide good and effective service in this supervisory relationship.

I'm heartened by the opening words of the Saint Michael's Hospital web site where it is described as:

A Catholic hospital founded in 1892 by the Sisters of St. Joseph to care for the sick and the poor of Toronto's inner city, St. Michael's Hospital has a long and proud tradition of caring and compassion.

Respectfully submitted,

Ron Harris, Ph.D. L.Psych,