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On March 6th the Manitoba Psychological Society presented to the Commission on the Future of Health Care in Canada chaired by Mr. Roy Romanow. We had applied to present via the commission website, where an abstract of your position is requested plus other identifying information. The commission website has a link from CPA's and the applications dates are posted. We were confirmed with only a few days notice, so don't assume that you are off the list simply because you hadn't heard anything until the last minute. You will have ten minutes to present, with five minutes for questions from the commissioner. The day started with speeches from the Premier of Manitoba and the Ministers of Health and Finance. Try to go early so that you can hear these, in fact I would advise attending the whole day. From then on, presentations from organizations were intermixed with individual presentations. It appears that both psychological organizations and individual psychologists will be accepted.

The MPS brief basically advocated for the development of interdisciplinary community access clinics with salaried professional staff, close links with social services, increased consumer involvement, and a strong role for science. The purpose of these clinics is to enhance prevention and health promotion programs and to increase services targeting the determinants of health, such as lifestyle, family functioning, low education, poverty, etc. (Romanow calls these up-stream factors and thinks that they are important). We made the point that psychology fits perfectly with these emerging priorities in health care. In particular, it was stressed that real reform would only come from a restructuring of relationships between professional groups to ensure that the medical model does not become the assumed best model underlying the organization of these clinics. For example, a psychologist taking weekend and evening call should be paid the same as a physician in order to send a message about value. In other words, there isn't going to be a paradigm shift if the integrated service is achieved by hiring a few counselors and mental health workers working under a medical director, or if more consulting psychiatrists are assigned to the community, or by MDs doing "psychotherapy".

It was very interesting to observe that this idea of community based reform emphasizing interdisciplinary teams, prevention, and greater consumer involvement was repeated over and over again. It is popular with both professional organizations and consumers. You could count on having others agree with you during the day if this position was taken. I would add that we did not support funding for psychologists under Medicare, which seems to be the better tactic because that day in the paper the Premier responded negatively the chiropractors for suggesting expanded funding this way (whether they did or not I don't know but that was the tone of the article).

The commissioner was flanked by Ms. Lillian Bayne, who has met with CPA and other psychological organizations earlier this fall, and by a physician on the other side (I think

his name was McMurtry). Only the commissioner asked questions and be ready because he asks thoughtful questions of every presenter. In my case, he started with a statement that was basically an acknowledgment of the legitimacy of our position, which was nice. He then asked a question about the association between physical and psychological health (which he clearly believes is closely linked and was looking to help me reinforce my case). Next he asked whether I thought the Canada Health Act needed to be opened in order to achieve the changes I was envisioning. Not being a lawyer, I found this one difficult to answer confidently, but he seems to see this an important issue because he asked the same question of others (I suggested trying to achieve reform without opening the act, but if that didn't work then open it).

In terms of impact, the commissioner did refer to the fact the psychological services are not included within Medicare funding in response to concerns expressed by a later presenter who wanted vision care covered, and this was quoted in the Free Press the next day. Representatives from CUPE advocated for community access clinics and identified psychological services as part of this. A member of the public who has struggled with mental health problems referred to my earlier presentation and said more psychologists are needed (and then broke into tears). Finally, I was given some positive feedback from a couple of audience members over the course of the day.

Overall, this seemed like a very worthwhile exercise that resulted in good promotion of psychology with relatively little effort. I encourage other psychological organizations and individual psychologists to apply to present to the commission.