

The Canadian Psychological Association (CPA) was very glad to receive news of the proceedings of the conference on depression in adults hosted by the Institute of Health Economics (IHE) and the Mental Health Commission of Canada (MHCC) and to read the statement and recommendations made by the jury. The statement did a very good job at summarizing risk factors and determinants, reviewing assessment and intervention needs and practices, highlighting research gaps, and identifying barriers to accessing service.

CPA was very glad to see the statement speak to the need to redress access barriers to evidence-based care, particularly psychological care, and the challenge to effect system change that will ensure that Canadians receive the right service, delivered by the right provider, to the right person, at the right time and in the right place. The CPA was pleased to see the innovations of other countries cited in which dedicated public funds have been allocated to the provision of psychological service.

By way of constructive comment, we would like to offer the following feedback that the IHE and the MHCC might want to consider as it moves forward in any mental health engagement. Evidence-based interventions for mental health include a range of psychological interventions such as the ones mentioned in your statement – cognitive-behavioural therapies. We were dismayed to see the report refer to evidence-based psychological interventions as ‘talk therapies’. Talk therapies do not connote evidence-based interventions nor do they connote interventions delivered by regulated and specialized health care providers. Though there is certainly a role for different kinds of interventions and different types of providers (e.g. family members, unregulated providers such as counsellors, regulated and specialized providers such as psychiatrists and psychologists), it is important to be as clear and informative as possible when describing the interventions and activities of each.

Another distinction worth making when talking about depression as well as any associated stigma is that there are different kinds of mood disorders – not all of which have the same indicated interventions or are associated with the same kind of stigma. For example, indicated interventions for bipolar disorder will most certainly include medication whereas those for a single depressive episode may not. The kind of stigma communities harbour for someone with a unipolar mood disorder (e.g. “Why don’t you just get over it and get going?”) may not be the same kind of stigma communities harbour for someone with a bipolar disorder (e.g. fear that the person will do something erratic or dangerous).

Though, as mentioned, we applaud the jury on its attention to the efficacy of psychological interventions, like cognitive behavioural therapy, and the lack of public access to these interventions, we were disappointed to see the disproportionate emphasis in the report on the need to research and explore biomedical interventions. This emphasis perpetuates the value that the veritable cure for mental disorders will be found in establishing their aetiology and finding the corresponding biomedical intervention. The research shows that mental disorders are largely over-determined and include biological,

psychological and social factors. Interventions targeted at each of these levels of determination are critical to best management of what are often chronic conditions.

Finally, we would like to underscore the point made in the report that we need system change in mental health. There are systemic barriers to mental health care in Canada. Though traditional primary health care practice portals (e.g. family physicians' offices) are critical to managing the country's health and certainly have an important role in detecting, triaging and co-managing mental disorders, traditional primary practice providers do not necessarily have the skills, interest or time to provide specialized mental health care. For specialized mental health care, Canadians need to be able to turn to regulated and specialized mental health care providers.

As you may be aware, psychologists are the largest, specialized and regulated group of providers of mental health care in Canada. Trained as scientist-practitioners, psychologists are not only key providers of specialized mental health service, they are leading researchers into the effectiveness of mental health interventions. This means that while the work they do has a profound impact about what is known about and potentially available in terms of mental health interventions, accessibility to their services is not proportional to their impact. Unfortunately, accessibility is proportional to public support for mental health services. Public health insurance plans are largely provider-based (e.g. physician services) rather than service-based (i.e. the evidence-based intervention for a given condition). CPA is very committed to working with government and consumers in facilitating better access to evidence-based mental health services for those who need them.

In closing, please accept our every congratulation on the Jury's work and its depression statement. As the direct result of the statement's recommendations, the CPA has initiated discussions with the Canadian Psychiatric Association and the College of Family Physicians of Canada for the purposes of identifying depression assessment tools. We would also be pleased to offer our assistance to any future mental health work or consultation that the IHE undertakes and continue to pledge our participation in the work of the Mental Health Commission of Canada.

Yours sincerely,

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