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About Us

The Canadian Psychological Association is the national association of Canada's scientist and practitioners of psychology. There are approximately 18,000 regulated psychologists in Canada; almost four times the number of psychiatrists. Psychologists are employed by publicly funded institutions inclusive of health care centers, family health teams and primary care practices, schools, universities, and correctional facilities. However, with financial pressures on the public sector, psychologists increasingly work in private practice. Their scope of practice across public and private sectors includes the psychological assessment and diagnosis of mental disorders and cognitive functioning, the development and evaluation of treatment protocols and programs, the delivery of psychological treatments, and research.

Issue

Psychologists are Canada's largest group of regulated, specialized mental health care providers. However their services are not funded by provincial and territorial health insurance plans. In the private sector, Canadians either pay out of pocket for psychological service or rely on the private health insurance plans provided by their employers. The coverage provided through private plans is almost always too little for a clinically meaningful amount of psychological service.

Needs for mental health services in Canada are considerable. One in Five Canadians will experience a mental health problem in a given year; the most common of which are depression and anxiety. The fastest growing category of disability costs is depression. The annual cost of mental illness to the Canadian economy is 51 billion dollars while the impact on productivity in workplace is estimated at tens of billions of dollars annually.

Canada has fallen behind other countries such as the United Kingdom, Australia, the Netherlands, and Finland who have launched mental health initiatives that include covering the services of psychologists through public health systems. These initiatives are proving both *cost and clinically effective*. Analysis of research in the United Kingdom found that substantial returns on investments could be achieved in the early detection and treatment of common mental health conditions such as depression. While providing effective care, these costs are often offset by decreased costs to individuals, families, service systems, workplaces and economies when people have ready access to needed and effective psychological care.

Question 1: Proposed innovation in the health system

If we want a health care system that will deliver cost and clinically effective care then we must re-vision policies, programs and funding structures through which health care is provided. To this end, CPA commissioned a report from a group of health economists that created and costed out several models of delivering enhanced access to psychological services. The report, authored by David Peachey, Vern Hicks and Orvill Adams provides a business case for improved access

to psychological services based on demonstrating *positive return on investment* and proposed service that yields desired outcomes.

The report recommends four alternate models. Three of these describe how our public systems can be innovative in their approach to delivering psychological care:

- 1) UK's Improved Access to Psychological Therapies (IAPT) – could be adopted provincially/territorially. These programs are designed to deliver care for people with the most common of mental health problems such as depression and anxiety, staffed by teams of psychologists and low intensity therapists (e.g. peer support, self-help, counselors) using a stepped care approach. In Canada, they could be managed by Regional Health Authorities (RHA), coordinated with existing community mental health services and function as training venues. Provinces that wish to establish IAPT programs can be encouraged to begin with RHAs that serve populations that are underserved in terms of mental health care. Additional sites could be added incrementally, gaining from experience by pioneering sites. Financial incentives could be provided for IAPT models that excel in terms of innovative approaches and patient outcomes.
- 2) Collaborative primary care models that include psychologists should become an accepted fact in the evolution of collaborative care in Canada. Administrative structures and funding methods need to support the range and ratios of health professionals who can meet the needs of populations served and recognize the importance of professional and client decision making. Incentives should be provided for best practices with demonstrated improved patient outcomes. These models should follow a stepped care approach to mental health care with psychologists roles focusing on assessment and diagnosis, consultation and education with health team members, program and service development and evaluation, treatment of complex and chronic co-morbid conditions involving mental health and addictions and supervision of other providers as appropriate.
- 3) Collaborative specialist care models should be implemented and/or expanded in hospitals and other sites offering secondary and tertiary care for conditions where psychological services are core to effective care (i.e. mental health conditions) and/or have been shown to improve outcomes (i.e. health conditions such as heart disease, cancer, obesity, diabetes, and chronic pain). As concerns tertiary care of mental health conditions, psychologists can carry out most or all of the responsibilities presently assigned to psychiatrists in psychiatric inpatient or outpatient care. The removal of referral bottlenecks to psychological assessment and care in tertiary care mental health facilities could enhance the provision of timely and appropriate care to those in need of mental health services.

Question 2: Evidence, evaluation and cost effectiveness

In the fall of 2013, CPA released a report by Dr. John Hunsley and colleagues at the University of Ottawa that illustrates the extensive evidence in support of the efficacy and effectiveness of psychotherapy in the treatment of three sentinel health conditions; depression, anxiety and heart disease. Research has demonstrated that psychological treatments are among the most effective

treatments for the most common of mental disorders such as depression and anxiety. They are considered the treatment of choice for anxiety disorders and significantly reduce the risk of relapse for depression. Psychological disorders that are addressed promptly and effectively will yield a cost offset of their treatments – cost offsets that can include fewer medical visits and interventions and decreased need for short or long term disability. On the other hand, untreated or undertreated psychological disorders cost the workplace tens of billions of dollars annually.

Psychological treatments:

- are proven effective in treating a wide range of mental health disorders such as depression, anxiety, eating disorders, and substance abuse. People with depression who are treated with psychological therapy tend to relapse less frequently than those treated with medication.
- helping people manage chronic health problems and conditions like heart disease and chronic pain.
- are less expensive than, and at least as effective as, medication for a number of common mental health conditions like depression and anxiety.

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3) Programs or initiatives currently in place

As noted above, one of the great challenges when it comes to caring for the mental health of Canadians is the significant barriers to accessing mental health services. Only one-third of the Canadians who need mental health help in a given year, will receive it. We have psychological treatments that work, and experts trained to deliver them. These services are largely not publicly funded which makes them inaccessible to many with modest incomes or no insurance. Publically funded services, when available, are often in short supply and wait lists are long.

A number of important innovative programs and initiatives have been launched that enhance access to needed service and that are of interest to this committee:

- The Adult Mental Health Program at Family First Family Health Team in Orleans, Ontario (see <http://www.ffhc.ca>) has innovated by integrating psychological services into primary care. Psychologists provide diagnostic, assessment, case conceptualization, treatment, knowledge transfer, programming and consultation services – many of which are services that are unique to the skills sets of psychologists as compared to more generic mental health providers. This affords patients publicly funded access to accurate diagnosis, timely and appropriate intervention, and coordination of care. Barriers to this project include limitations of funding, large patient rosters and wait lists. For more information please contact Dr. Veronica Asgary-Eden.
- The Online Therapy Unit for Service, Education and Research (see www.onlinetherapy.ca) uses therapist assisted internet delivered Cognitive Behaviour Therapy (ICBT) for the treatment of depression and anxiety. The unit is a first of its kind in Canada and is a collaboration among multiple disciplines including psychology, social

work, medicine, nursing, computer health policy and health policy. The project was created through a partnership between University of Regina and other mental health clinics with the support of Saskatchewan Health, and funding from the Canadian Institutes of Health Research. The project is developed, overseen and evaluated by a psychologist, using supervised and trained therapists. ICBT improves access to evidence-based mental health treatment, is cost effective, and comparable in outcome to face to face treatment. This program needs stable funding rather than grant funding for sustainability. For more information please contact Dr. Heather Hadjistavropoulos, PhD., R.D. Psych.

- The Kingston Family Health Team (see <https://www.kfhn.ca/>) is a family health team setting where the patient receives cognitive-behavioral therapy (CBT-I) for insomnia. CBT-I has decades of research demonstrating efficacy and is the treatment of choice for chronic insomnia but is rarely available in Canada. A study in Quebec showed that the burden of untreated insomnia is 10 times the cost of treating it. At this clinic, patients who present sleep difficulties to their family physicians are seen by the team's psychologist with 89% of patients reporting sub-clinical or no insomnia after 5 weeks of CBT-I. Sleep and mood are improved and there is a decrease in visits to the family physician. The psychologist also designs and evaluates all of the team's mental health programs. The challenge faced by the team is meeting the high demand for psychological service. For more information please contact Dr. Judith R. Davidson, Ph.D., C. Psych.
- A demonstration project integrated psychologists in primary care medical clinics in order to increase access to evidence-based psychological services. The project was financed through the Primary care Transition Fund in Ontario. This project revealed that with the integration of psychologists into primary care, clinical outcomes are improved, physician's mental billings are reduced, and patients and physicians report a high degree of satisfaction. For more information please contact Dr. Jean Grenier, C.Psych. and Dr. Marie-Hélène Chomienne, MD, MSc.
- Strongest families (see <http://strongestfamilies.com>) is a distance treatment program for child mental health, delivered across Canada. The program was developed with a research group housed at the IWK Health Center in Halifax, Nova Scotia and received grants from the Canadian Institute of Health Research. The program provides timely care by teaching skills using a distance coaching approach over the phone or internet. It supports children and youth from 3-12 years of age in Attention Deficit Disorder, Oppositional Defiant Disorder and Anxiety Disorder. It costs less than traditional care and has demonstrated effectiveness. For more information please contact Dr. Patrick McGrath OC, PhD, FRSC, FCAHS.

Question 4: What the federal government can do to promote and support innovation in the healthcare system

Canada needs a health care system that is nimble enough to respond to the health needs of citizens, deliver evidence based care and hold itself accountable to the clinical and cost

effectiveness of the care delivered. To accomplish these goals, innovation is needed; innovation on the part of health care providers, the systems and organizations through which care is delivered, and indeed to the policy and funding structures upon which health care delivery depends.

The federal government has an important role to play in Canada's health care system. This role includes delivery of care in jurisdictions of its authority, increasing health transfers to provinces and territories, and collaborating with provinces and territories in developing effective innovations in health promotion, illness prevention and health care delivery.

The Federal Government can also set up an innovation fund to assist provinces and territories in developing sustainable mental health infrastructure across Canada that will bring needed psychological care that works to Canadians who need it. The fund, and indeed all mental health funding, should be proportionate to their burden of illness. The fund could for example, be used by the provinces/territories to adapt the United Kingdom's Improved Access to Psychological Therapies (IAPT) program here in Canada, and expand the role of primary health care in meeting mental health needs.

In addition, continued increases in funding for research and training for students are also of paramount importance to the success of the health system; a system that will depend on its ability to effectively respond to the changing health needs of Canadians. Innovations that respond to pressing health needs (e.g. the needs of aging adults and of children and youth), support collaborative health practice, and enhance access to effective psychological treatments are particularly acute.

5) Thinking about the range of areas in healthcare that are undergoing change, which approaches have the greatest potential to deliver improved value for money (e.g. process improvement, data analytics, payment models, chronic disease management, electronic records, consumer incentives, pharmaceutical and/or device development , diagnostics, workforce management)? See exemplary models described above.

References

Changing Directions, Changing Lives: The Mental Health Strategy for Canada - See more at: <http://www.mentalhealthcommission.ca/English/node/721#sthash.JVKaiHF4.dpuf> An Imperative for Change: Access to Psychological Services for Canada (2013) - See more at: http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf The Efficacy and Effectiveness of Psychological Treatments (2013) - See more at: http://www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments_web.pdf