



**Canadian Psychological Association
Pre-Budget Submission House of Commons Standing Committee on Finance**

(AUGUST 2017)

The Canadian Psychological Association (CPA) is the national association for the science, practice, and education of psychology in Canada. With over 7,000 members and affiliates, the CPA is Canada's largest association of psychologists.

The federal government has an important role to play in Canada's mental health. This role includes delivery of care in jurisdictions of its authority, targeting health transfers to provinces and territories, collaborating with provinces and territories to improve access to needed mental health care, and providing extended health care to its own employees that gives them adequate coverage for psychological services if and when they need it.

Question 1: What federal measures would help Canadians to be more productive?

One in five Canadians will experience a mental health problem in a given year,¹ costing the Canadian economy \$50 billion annually.² Lost productivity resulting from mental illness and addiction is estimated at \$20 billion annually.³ There is no question that the productivity of individuals, economies and societies depends on the health and well-being of its human resource.

With proper prevention, early identification and treatment employers could expect to recover \$6 to \$7 billion of lost productivity costs annually.³ Yet, only about one-third of those in need report that they seek and receive care.⁴

A number of federal programs currently provide access to psychological services for designated groups. Some Canadians qualify for psychological services offered by the Canadian Armed Forces, Royal Canadian Mounted Police, Veterans Affairs Canada, the Non-Insured Health Benefits (First Nations and Inuit) and Citizenship, Immigration and Refugees Canada. The federal government is also a large national employer that provides access to psychological services to its employees through the Federal Public Service Plan. **Unfortunately, these programs vary greatly in terms of how much coverage is provided, the rates of coverage offered and the steps that the client has to take to access and establish eligibility for the services.**

Research has shown that effective treatment for the most common of psychological disorders, anxiety and depression, requires 19-24 sessions.⁵ It is important that governments and other funders provide

coverage that supports the delivery of evidence-based care. This includes the type of treatment provided, by whom, for what problem and in what amount. Care delivered without an adequate assessment and diagnosis, that has not proven its effectiveness for a given problem, that is delivered in the absence of professional regulation or that falls short of the amount needed for successful outcomes will not meet the mental health needs of Canadians.

Recommendations:

- The federal government should adopt a consistent approach to coverage of psychological services for populations under its jurisdiction. Coverage across government programs should allow for the same number of sessions, the same processes to access and qualify for care, and the same rates paid to psychologists who deliver the care.
- The extended health benefits offered by government should be sufficient to allow users to access the 19-24 sessions of psychotherapy typically required for a successful outcome.
- Those federal government departments that enter into contracts for service from registered psychologists should pay the recommended rate set by the provincial and territorial association of psychology in the jurisdiction in which the service is delivered.
- The federal government should remove the requirement that its employees obtain a physician's referral in order for any psychological services to be reimbursed under the extended health insurance plans. As a regulated profession, psychologists' scope of practice does not require medical referral or oversight.

Canada Health Transfers

As mentioned, only about one-third of Canadians with psychological problems and disorders report that they have sought and received care.⁴ Stigma and lack of insured access to psychological services impacts whether people receive the care they need.

There are two first-line interventions for mental disorders, neither of which are covered by Canada's public health insurance plans. Medications are not covered because we have no pharmacare program. Psychological services are not covered because our public health insurance does not cover the services of those regulated health professionals, like psychologists, who are not physicians.

Access to effective intervention for mental health problems and disorders should be available to all Canadians and not depend on income level or access to privately secured insurance. Currently, those who cannot afford to pay for treatment end up on long wait lists, depend on medications which are typically better covered by private insurance than is psychotherapy, or do not get help at all. 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.

CPA stated publicly that the 2016 Health Accord was a watershed moment for mental health in Canada. The Accord promised to target funds to redress the very significant gaps in mental health services available to the Canadian public. The governments must be accountable to how these funds will be spent. We urge the federal government to ensure that the funds are spent on mental health interventions that are effective and in ways that have meaningful impact on the lives of individuals, families, workplaces and communities.

Research on the effectiveness of psychological therapies in the treatment of mental disorders is clear. Psychological treatments:⁶

- are effective with a wide range of mental health disorders such as depression, anxiety, eating disorders, and substance abuse;
- can also be effective in reducing the negative symptoms of psychotic disorders as well as traumatic brain injury;
- are less expensive than, and at least as effective as, medication for a number of common mental health conditions;
- work better than medication for most types of anxiety;
- lead to less relapse of depression when compared to treatment with medication alone;
- lead to patients who better follow through on treatment, feel less burdened by their illness and have lower suicide rates when used with medication to treat bipolar disorder;
- help to prevent relapse when included in the services and supports for persons living with schizophrenia; and
- reduce depression and anxiety in people with heart disease, which leads to lower rates of disease-related deaths when combined with medical treatment.

We have treatments that work and Canadians deserve access to them.

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.

Recommendations:

- The federal government should ensure the money transferred to the provinces and territories is spent on mental health interventions that are evidenced-based and that the effectiveness of treatment delivered is monitored.
- The money targeted for mental health in the 2016 Health Accord could be used by the provinces and 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. The IAPT program is overseen and its work evaluated by psychologists, but it employs a

range of mental health service providers to deliver its services. Psychologists, and no doubt other Canadian mental health service providers, are poised to contribute to this work.

Question 2: What federal measures would help Canadian businesses to be more productive and competitive?

Psychological research has broad and significant application to the well-being of individual Canadians, businesses, and communities, creating an understanding of people, human problems, and the many environments in which we live. Psychological science is paramount to our nation's success, having relevance to societal well-being, health, technology, innovation, productivity, and the economy. On April 10, 2017, the federal government released its report on Canada's Fundamental Science Review. The report entitled, "*Investing in Canada's Future: Strengthening the Foundations of Canadian Research*" was prepared by an independent, expert advisory panel and was commissioned by Minister of Science, Kirsty Duncan.

These recommendations align well with those made in the CPA's submission to the panel in 2016 and in previous pre-budget submissions. In line with the CPA's recommendations to the panel, the first priority of the report is to increase funding for independent, investigator-led research. To this end, the report recommends cumulative increases to the base funding of the federal research granting councils from the current \$3.5 billion to \$4.8 billion by 2022, phased in over four years; at the end of four years, this would amount to an additional 0.4% of the federal government's annual budget.

The report also proposes a bold and much needed plan to strengthen Canada's research ecosystem by calling for balance across all research disciplines (social sciences and humanities, health and natural) as a foundational principle for funding; increased funding for researchers and trainees at different career stages (e.g., graduate students and early career scientists); support for multi-disciplinary and international funding, indigenous researchers, diversity in research, and research that cross-cuts disciplines; and targeted spending for infrastructure, operating, and digital management costs.

Recommendation:

- That the federal government implements all of the recommendations in Canada's Fundamental Science Review.

¹ Mental Health Commission of Canada. *The Facts*. Retrieved from: <http://strategy.mentalhealthcommission.ca/the-facts/>. 2012.

² Mental Health Commission of Canada. Making the Case for Investing in Mental Health in Canada. 2013.

³ http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf

⁴ Statistics Canada. (2003). Canadian community health survey: Mental health and well-being. *The Daily*, 3 September. Retrieved from <http://www.statcan.gc.ca/daily-quotidien/030903/dq030903a-eng.htm>.

⁵ Carr, M. M., Saules, K. K., Koch, E. I., & Waltz, T. J. (2016). Testing the dose-response curve in a training clinical setting: Use of client pretreatment factors to minimize bias in estimates. *Training and Education in Professional Psychology*, 11(1): 26-32.

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Myhr, G., & Payne, K. (2006). Cost-effectiveness of cognitive-behavioural therapy for mental disorders: Implications for public health care funding policy in Canada. *Canadian Journal of Psychiatry*, 51(10): 662-670.

⁶ http://www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments_web.pdf

<http://www.cpa.ca/cpsite/UserFiles/Documents/publications/Cost-Effectiveness.pdf>