

### What Is a Psychologist and what do they do?

Psychology is the study of how people think, feel and behave. Psychologists use this knowledge to develop assessments and treatments that can help people to understand, explain and change their feelings, thinking and behaviour. Psychologists diagnose developmental problems like learning disabilities and autism, neuropsychological problems that result from head injury or dementia, and mental disorders like depression and anxiety. They help people to recover from and manage these problems and disorders with evidence-based psychological treatments which they also develop and evaluate. 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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### Issue: Access to Psychological Services

In any given year, one in five people in Canada live with a mental health problem or disorder with estimated costs to the economy of 51 billion dollars annually. Up to 70% of problems brought to family physicians are for mental health issues or have a mental health component.

Despite the fact that psychologists are Canada's premier mental health resource, the services of psychologists are not funded by provincial health insurance plans, which make them inaccessible to many Canadians with modest incomes or no insurance. Although there are some publicly funded services available in Canada, these are often in short supply, wait lists are long and the criteria to access these services can be restrictive. As a result, the burden of mental health care surpasses the public health expenditure.

Canadians most frequently bring their mental health problems to their family physicians. This is because family physicians are known and trusted health care providers but also because theirs is the gateway to publicly funded health care. For reasons related to time and expertise, family physicians are pressed to meet this mental health demand on their own and are challenged by the barriers to accessing specialized mental health services, whether as an insured or uninsured service. The result is that even though we have evidence-based psychological interventions that work, and experts trained to deliver them, only about one-third of people who need care receive it. One of the chief reasons for the gap between what's needed and what is received when it comes to mental health services is accessibility – wait lists for publicly funded service are long with bottlenecks at access points and services provided in the private sector are unaffordable to people with low income or no insurance. There is no parity between mental and physical health care coverage in Canada.

### The Association of Psychologists of Nova Scotia (APNS)

APNS is a voluntary professional organization established in 1965 to represent psychology in Nova Scotia. APNS is the only provincial association devoted to representing the needs of psychology professionals in the province. APNS promotes psychology as a profession, as a science, and as a means of promoting human welfare.

There are approximately 18,000 psychologists registered to practice in Canada, including over 500 in Nova Scotia. This makes psychologists the largest, regulated, specialized mental health care providers in the country – out numbering psychiatrists approximately 4:1.

## What other countries are doing about the psychological health of their citizenry

The United Kingdom, Australia, Netherlands, and Finland have launched mental health initiatives that include covering the services of psychologists through the public health systems, particularly primary care. Analysis of research in the UK found that substantial returns on investments could be achieved in the early detection and treatment of common mental health conditions such as depression. The United Kingdom and Australia have models that rigorous evaluation has also shown to be cost-effective. These programmes rely on different models of delivery but their common purpose is clear – to deliver cost and clinically effective psychological care to people who need it.

## A Business Model for Better Access to Psychological Care for Canadians

In 2013 the Canadian Psychological Association commissioned a report by a group of health economists to develop models for enhanced access to psychological services for Canadians. The report *An Imperative for Change: Access to Psychological Services for Canada* by David Peachey, Vern Hicks and Orvill Adams (2013) follows from a review of national and international literature as well as focused interviews and surveys of a range of stakeholders from among government, insurance and health provider communities. This work provides a business case, and delivers the models, for improved access to psychological services in Canada based on demonstrating positive return on investment (ROI) for services that yield desired outcomes.

## Models and Recommendations for Canada

- 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 (i.e. depression and anxiety), staffed by teams of high (e.g. 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 are 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.
- 4) Fee-for-service models continue to be the preferred funding method for insurers, social security funds (WCB and publicly funded liability insurance), and for individuals who prefer to use private practice psychologists' services. Mental health, and the provision of appropriate mental health service, needs to be chief among the workforce concerns of Canadian employers given that lost productivity resulting from mental illness and addiction is estimated at \$20 billion annually. Employers could expect to recover \$6 to \$7 billion of this amount annually with attention to prevention, early identification and treatment of mental health problems. With timely and meaningful insurance coverage that delivers effective psychological services, insurers also stand to reduce disability costs – given that approximately 30% of long term disability claims made to Canadian employers are for mental conditions.

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Peachey, D., Hicks, V., & Adams, O. (2013). *An imperative for change: Access to psychological services for Canada*. Retrieved from [http://www.cpa.ca/docs/File/Position/An\\_Imperative\\_for\\_Change.pdf](http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf)