CANADIAN PSYCHOLOGICAL ASSOCIATION

SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Brief to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities on Labour Shortages, Working Conditions and the Care Economy April 8, 2022

Introduction

The Canadian Psychological Association (CPA) – the national voice of researchers, practitioners, and educators in psychology – appreciates the opportunity to submit a Brief to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. The Committee's focus on labour shortages, working conditions and the care economy, which includes healthcare workers, personal support workers and childcare workers on the front lines of the COVID-19 global pandemic is timely and highly relevant.

While the people of Canada continue to benefit from the growth and impact of innovative technologies that maintain and improve our health, and support the delivery of health care services, we know that the provision of the vast majority of health care services is labour intensive. Health care is provided by people who are caring, competent and committed to people at their most vulnerable.

To ensure that we have a vibrant, responsive, and sustainable set of federal, provincial, and territorial health care systems, it is essential that we preserve, protect and accelerate our investments in our most important assets – those who dedicate their professional lives to providing care when people need it. This is a pressing health policy issue when one considers the unrelenting demand for care that health care providers have had to respond to during the pandemic, and the related issues of worker burnout.[1]

Through their analysis on anxiety and depression across workplace sectors, Mental Health Research Canada found: (1) The frontline healthcare sector experiences the highest rates of self-rated and diagnosed anxiety both pre- and post-COVID-19. This sector has also experienced the largest increases in both self-rated levels and diagnoses of anxiety and depression during the pandemic. Workers in this sector will need targeted and long-term support to address the mental health challenges they face and will continue to face throughout and following the pandemic; and (2) There is a major difference between professions in terms of their mental health: ***mental health professionals and nurses are experiencing the highest levels of anxiety and depression, which have been further exacerbated by the pandemic***.[2]

In response, CPA has organized a psychological response to Canada's front line health providers. For the past two years, psychologists across Canada have volunteered to deliver psychological care, on a *pro bono* basis, to health care providers in Canada who may be feeling stressed, overwhelmed, or distressed by being on the front lines of health care during the pandemic.[3]

Effective health care delivery depends on an adequate supply of well-trained and dedicated healthcare professionals who are themselves supported, resourced and mentally healthy. Without these ingredients, our federal, provincial, and territorial health care systems will continue to buckle under the weight of

growing demand for timely access to a range of health care services. To avoid a gridlocked system that is, overwhelmed and undermines public confidence, governments at all levels, working closely with health care providers, must act now through a combination of policy measures, to ensure that we have high performing systems of care that can meet the needs of the people of Canada today and into the foreseeable future.[4]

The remainder of the Brief will focus on the perspective that the CPA brings to the factors impacting labour shortages and the current working environment as it pertains to mental health care.

Labour Shortages, Working Conditions, the Care Economy & Mental Health

While the COVID-19 global pandemic continues to impact far too many people physically, it continues to have social, psychological, and economic impacts on us all. Recent surveys of the psychological impacts have shown that:

- **54%** of Canadians say their mental health has worsened over the past two years, particularly for women between the ages of 18 to 54, more than 60% of whom say their mental health has worsened.[5]
- More Canadians continue to report high levels of anxiety and depression (**23%** and **16%**) now than when the pandemic began (5% and 4%);[6] and
- 42% believe the pandemic will have a lasting impact on their mental health.[7]

More people are accessing mental health support now (24% versus 17% in 2021, and 9% in 2020) than at any other time during the pandemic but 43% have said it was difficult to get help.[8] While self reported mental health problems, and reaching out for professional help may have increased, timely access to psychological services has not. When asked about barriers to accessing psychological services, a 2021 CPA Nanos survey showed that more people cite financial factors (78%) than stigma (39%).[9]

The barriers to accessing mental health help are systemic ones. Psychological services are largely unfunded by Medicare and are insufficiently covered by private health insurance plans. In the context of increasing demand related to the mental health toll of the pandemic, these barriers are graver still. The access barriers are particularly felt by women, members of marginalized communities and people living with mental health and substance use problems.

Given the "excess demand" for timely access to mental health services, a key strategic policy issue is where do we, as a collection of federal and provincial and territorial health systems, go from here? Many government, professional and corporate leaders have done much to increase awareness about mental health and mental illness and thereby decrease stigma. However, we need to ensure that we have the human capacity – that is, an adequate supply of mental health care professionals, that includes psychologists – to provide timely access to care to those in need, when they need it and where it is most effectively accessed and delivered.

Providing psychological care in the context of our publicly funded health care systems is an ongoing challenge. For the most part, access to mental health care services is narrowly defined in terms of: (1) hospital-based treatment (e.g., emergency room, admitted as a patient); (2) seeing a physician (e.g., family physician, psychiatrist); or (3) community-based programming (e.g., delivery of mental health and substance use health services). Unless a psychologist is salaried in a public institution (e.g., hospital, school, correctional facility) their services are not covered by Medicare.

Furthermore, we know that:

1. Hospital budgets and capacity are significantly stretched (with bed capacity close to, or often exceeding, one hundred percent). As public institutions face budget pressures, there are negative impacts on the number of salaried positions for psychologists as well as on their conditions of work.
2. Approximately 5 million people in Canada do not have a family physician.[10]
3. There are often long wait times to see a mental health specialist, like a psychiatrist, whose services are covered by Medicare.
4. There is limited breadth of, and access to, community-based mental health programming.[11]
5. Even the services that are publicly funded with long wait lists or short supply fall short of the range of mental health services people need. For example, psychiatrists often provide medication consults and monitoring more often than psychotherapy. Psychological assessments, often needed to establish a diagnosis, are typically the purview of psychologists who services are not funded by Medicare.

Taken together, these barriers to timely access to needed care mean that the people of Canada are not receiving the mental health help they need when they need it.

In the view of the CPA, the status quo is not acceptable or sustainable. It is time to think differently about how we fund, organize, manage, and deliver publicly funded mental health care services in Canada. Looking forward, we need a more innovative approach that builds on the important principles and foundations of Medicare while taking full advantage of the clinical expertise and full scope of practice of mental health care providers, like psychologists.

We also need to keep in mind that aside from the key policy questions that need to be addressed in the context of our publicly funded health care system, much of the mental health care delivery system lies outside of Medicare. For the most part, psychologists work in the private sector, where access to mental health is often uneven and covered by their employer's health benefit plan – of which the median amount of coverage of $1,000 is less than a third of what it costs the average person to have a successful treatment outcome[12] – or they pay out-of-pocket. Clearly, issues of equitable access to care across the public and private sectors need to be addressed.

In the view of the CPA, the most effective and efficient means of achieving better access to publicly funded mental health care is to invest in integrated collaborative care practices in primary care and community-based settings in Canada.[13] The CPA, in collaboration with provincial and territorial psychological associations, have recently issued a report entitled *New Federal Investments in Mental Health: Accelerating the Integration of Psychological Services in Primary Care.* The report identifies ways in which some provinces have addressed this access gap, and how this gap can be reduced further.[14]

Doing so is effective and efficient for three reasons. Primary care is a commonly accessed doorway to health care. Problems, mental or physical, that are addressed early, typically have the most successful outcomes. Mental and physical health problems often occur together and, in fact, the effective management of the most chronic and complex of physical health conditions depend on attention to their psychological factors. Both can be addressed in primary care settings.

It is also widely recognized that health problems, particularly those that are chronic and recurrent, are best addressed through collaborative care.[15] Collaborative care is patient-centered, responds to the needs of the population it serves, offers evidence-based care, measures treatment outcomes that are meaningful to the patient, and holds health providers accountable for care provided and outcomes attained.[16] It is not health providers co-locating to provide treatment to patients, but health providers working collaboratively with patients and patient populations to effectively meet the health care needs of the community.[17]

When it comes to mental health, Canada falls far short of delivering timely and effective care to patients in communities. While patients bring their mental health problems to primary and community care practices, our public health systems do not fund the delivery of evidence-based psychological care in those practices. Primary care providers like family physicians and nurse practitioners often do not have the skill, time, or resources to deliver mental health care, and collaborative care teams are often not sufficiently funded to hire the depth and breadth of mental health human resource they need.[18]

In our view, integrating psychological services into primary care will achieve the following system-based objectives: (1) timely access to evidence-based mental health care is improved, irrespective of people's age, location and ability-to-pay; (2) mental health care is delivered more effectively and cost-effectively in communities than in resource intensive tertiary care facilities; (3) mental health problems and disorders are more likely to be identified and treated earlier, which typically leads to better outcomes; and (4) co-morbid physical and mental health conditions are better managed.

By adding a psychological health human resource to primary care teams, primary care providers like physicians and nurse practitioners, will be freed up to provide more primary health care; critical since more than 5 million Canadians do not have access to a family physician. The integration of specialized and regulated mental health providers to primary care teams also provides a mental health resource to primary care providers who are either suffering from burnout or withdrawing altogether from providing care as a result of the COVID-19 pandemic.[19] Given the impact of untreated mental illness on individuals, families, the workplace and economies, the provision of mental health care yields health care cost offsets, as well as reduction in presentism, absenteeism and short and long-term disability in the workplace.

By making investments in evidence-based mental health services – such as evidence-based psychotherapy – delivered by the regulated mental health providers who deliver it, the expectation is that these funds will make the *inaccessible accessible* (e.g., psychological services) rather than make the accessible more accessible (i.e., hospital and physician services). It also is aligned with the policy objective of achieving a high-performing health system.[20] By funding the services of the regulated health provider trained to deliver the care needed, we take a step closer to transforming Canada's medical care systems into health care systems.

The CPA would note that a number of provinces, working closely with psychologists and their associations of psychology, have or are in the process of developing their own policy roadmap to transform their mental health delivery systems.[21]

From Where We Are to Where We Need to Be – Recommendations to Move Forward

While important progress is being made in terms of integrating psychologists into publicly funded health care systems, more needs to be done to accelerate these transformations and support psychologists in practising to their full scope of practice. Furthermore, there are a combination of policy issues that must

be addressed if we are to successfully coordinate and plan how we can meet the mental health needs of the people of Canada moving forward.

1. Accelerate the Recruitment, Retention and Training of Psychologists

If we are to accelerate the integration of psychologists into the public health system, we need to look at: (1) ways in which federal, provincial, and territorial health systems can recruit and retain those that are currently in practice, and (2) expand the number of educational programs that are graduating psychologists. Currently, a large class of students training to become psychologists is 10, compared to the hundreds of students in a medical or nursing class. To better meet the diverse mental health needs of Canadians, we need to train more psychologists.

Based on the most recent data released by the Canadian Institute of Health Information (CIHI),[22] there are 19,591 psychologists in Canada, or 51.7 psychologists per 100,000 population in Canada. Seventy-three percent are under 60 years of age.

2. Address the Inter-Provincial/Territorial Regulation of Health Care Providers

The pandemic has shown us that, increasingly, health care services can be delivered virtually. Currently, the regulation of Canada's health providers is done provincially and territorially. Entry-to-practice requirements vary from one jurisdiction to another, and a health care provider cannot necessarily provide services outside of their province or territory of registration. While the Agreement on Internal Trade, and the Canadian Free Trade Agreement mandated health regulators to ensure mobility, these federal directives did not give regulators the authority to set common licensing requirements. When it comes to health care, the pandemic has underscored the limitations of systems that are provincially and territorially based, rather than nationally based.

3. More Comprehensive Public and Private Sector Data Capture

For an effective and coordinated approach to mental health human resource planning, we must routinely collect better quality data across the public and private sectors. While we have some data about the demographic and practice characteristics of health providers whose services are delivered under Medicare (e.g., physicians), we know very little about health providers, like psychologists and their practice characteristics, and whose services are largely delivered in the private sector. Because you cannot effectively manage who you do not measure, there are several steps that are needed to acquire better data that will help us plan for tomorrow's needs. These include:

- Practice and demographic data of health care providers
- Understanding of current and optimal supply, mix distribution requirements in relation to demand
- Comprehensive national public and private dataseries on mental health and substance use health expenditures, by province/territory, and category of expenditure
- Accelerate the development of mental health and substance use health system performance indicators.

While CIHI is in the process of releasing 12 new health system indicators from 2019-2022, of which 6 will focus on mental health and substance use, Canada's psychologists would strongly encourage their accelerated development and refinement. The Organization for Economic Cooperation and Development (OECD) has identified 12 health system indicators to monitor the quality of mental health care[23] and the Mental Health Commission of Canada and HealthcareCAN have identified 10 quality mental health care

indicators.[24] More needs to be done in this area to ensure that Canada has a high performing mental health care deliver system.

4. Achieving Ongoing Dialogue and Sustained Change

For people to get the mental health services they need, at the right time, in the right place, from the health provider trained to deliver it, Canada's many health care stakeholders must work together to transform our health care systems. Some have suggested that a health human resource observatory, agency or institute can facilitate the dialogue necessary to bringing about this transformation. Whatever the mechanism to create dialogue, transformation will require a long view, the commitment and collaboration of many stakeholders, and a recognition that Canada's prosperity depends on the mental health of its citizenry in large measure.

Endnotes

[1] Globe and Mail. *Canada's hospital capacity crisis will remain long after the pandemic is over*. April 2, 2022. CTV News. *Physician Burnout has nearly doubled since pandemic started: survey*. March 23, 2022.
[2] Mental Health Research Canada. *Anxiety and Depression in the Workplace Survey Results*. March 2022.
[3] https://cpa.ca/corona-virus/psychservices/.
[4] In the report released by the Commonwealth Fund in 2017 – *Designing a High-Performing Health Care System for Patients with Complex Needs: Ten Recommendations for Policymakers* – recommendation 8 states: "*Integrate health and social services, and physical and mental health care*."
[5] Angus Reid Institute. *Two Years of COVID-19: Half of Canadians say their mental health has worsened; women under 55 hit hardest*. March 2022.
[6] https://www.mhrc.ca/national-polling-covid.
[7] *KPMG Survey of Canadians*. March 30, 2021.
[8] https://ottawa.cmha.ca/1-in-4-ontarians-access-mental-health-help-the-highest-rate-during-the-pandemic/
[9] https://cpa.ca/strong-majority-of-canadians-want-improved-access-to-psychologists/.
[10] The Canadian Medical Association estimates about five million Canadians don't have a primary care physician, or family health-care team, which has spillover effects into other parts of the health-care system. Source: *Federal Budget Should Address Lack of Access to Family Doctors: CMA*. April 8, 2021. https://cpa.ca/docs/File/Advocacy/CPA%20CPAP%20New%20Federal%20Investments%20in%20Mental%20Health%20Final%20February%202022.pdf.
[11] A recent report released by the Canadian Mental Health Association found that the pandemic: (1) had devastating impacts on the mental health, substance use and homelessness of Canadians and highlighted the need for mental health, addiction and support services; (2) made visible the current patchwork of care provided in the private, public and not-for-profit sectors. The vital mental health and addiction programs, services and supports delivered by not-for-profits are crucial and need to be better integrated; (3) laid bare the inadequate and unsustainable funding of non-for-profit mental health and addictions services delivered by charitable organizations; and (4) strained the already-overstretched community mental health sector and its workforce. Source: *Running on Empty – How Community Mental Health Organizations Have Fared on the Frontlines of COVID-19*. March 2022.
[12] *2020 The Sanofi Canada Healthcare Survey – Future Forward – Frontline Perspectives on the Future of Health Benefits Plans*. Sun Life. *Shaping group benefits: Employer insights that are helping guide the plans of the future*, 2020.
[13] Joint Letter to the Honourable Jane Philpott, Federal Minister of Health. College of Family Physicians of Canada (CFPC) and the Canadian Psychological Association (CPA). January 26, 2017. Also see a report released by the CFPC, the CPA and the Canadian Psychiatric Association that highlights recent innovations that focus on integrating mental health services in primary care. *Innovation in Primary Care – Integrating mental health services in primary care*, November 2020.
[14] Canadian Psychological Association. *New Federal Investments in Mental Health: Accelerating the Integration of Psychological Services in Primary Care*. February 2022. https://cpa.ca/docs/File/Advocacy/CPA%20CPAP%20New%20Federal%20Investments%20in%20Mental%20Health%20Final%20February%202022.pdf
[15] *The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes - Brief*. Center for Health Care Strategies and Mathematica Policy Research. May 2013.
[16] *Principles of Collaborative Care*. Advancing Integrated Mental Health Solutions (AIMS). University of Washington, Psychiatry and Behavioral Sciences Division of Population Health.
[17] The report *Innovations in Primary Care: Integrating Mental Health Services in Primary Care* (2020) identifies several case studies where family physicians and psychologists work together to improve access to mental health services for their patients.
[18] 65% of primary care physicians think that better integration of primary care with hospitals, **mental health services** and community-based social services is the top priority in improving quality of care and patient access. The report notes that 62% of primary care physicians (ranging from 33% in PEI to 69% in Alberta) felt that they were well prepared in terms of having the skills and experience to manage care for patients with mental illness (e.g., anxiety or mild to moderate depression). For managing substance use, the national figure was 19%, ranging from 12% in

Quebec to 28% in Saskatchewan. *How Canada Compares – Results from the Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians*. Canadian Institute for Health Information. January 2020.

[19] Letter from the Canadian Medical Association and Canadian Nurses Association to Prime Minister Trudeau outlining recommendations to address the growing health workforce crisis. November 9, 2021.

[20] Baker RB, Axler R. *Creating a High Performing Healthcare System for Ontario: Evidence Supporting Strategic Changes in Ontario*, October 2015.One of the twelve attributes was strengthening primary care.

[21] For more information, please refer to *New Federal Investments in Mental Health: Accelerating the Integration of Psychological Services in Primary Care*, pages 9-10. Released by the Canadian Psychological Association and the Council of Professional Associations of Psychologists. February 2022.

[22] *Canada's Healthcare Providers, 2016 to 2020*. Canadian Institute for Health Information.

[23] The Organization for Economic Cooperation and Development (OECD) has recommended the following indicators for monitoring the quality of mental health care: (1) hospital re-admissions for psychiatric patients; (2) length of treatment for substance-related disorders; (3) mortality for persons with severe psychiatric disorders; (4) use of anti-cholinergic anti-depressant drugs among elderly patients; (5) continuity of visits after hospitalization for dual psychiatric/substance related conditions; (6) continuity of visits after mental health-related hospitalization; (7) timely ambulatory follow-up after medical health hospitalization; (8) case management for severe psychiatric disorders; (9) continuous anti-depressant medication treatment in acute phase; (10) continuous anti-depressant medication treatment in continuation phase; (11) visits during acute phase treatment of depression; and (12) racial/ethnic disparities in mental health follow-up rates. Source: OECD Focus on Health, July 2014.

[24] *Quality Mental Health Care Framework*. Mental Health Commission of Canada and HealthcareCAN.