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Expanding access to counselling, psychotherapies and psychological services: Funding Approaches

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Options for improving access to counselling, psychotherapies and psychological services for mental health problems and illnesses

Howard Chodos

October 31, 2017.

The foundational evidence

- Counselling, psychotherapy and psychological services are effective for many conditions and many people, and are preferred by many.
- Spending on psychologically-based treatment and support is cost effective, both in terms of its cost of delivery relative to other treatment modalities, as well as by providing a positive return on investment for individual businesses and for society as a whole.
- Access to counselling, psychotherapy and psychological services is uneven, denying many people a proven way to help improve their mental health.

The MHS recommended

- In 2012, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* advanced two recommendations to enable wider and more equitable access to counselling, psychotherapy and psychological services for mental health problems and illnesses:
 - 3.2.4 Increase access to psychotherapies and clinical counselling by service providers who are qualified to deliver approaches that are based on best available evidence.
 - 3.2.5 Remove financial barriers for children and youth and their families to access psychotherapies and clinical counselling.

“... given the numerous arguments in favour of psychotherapy, the issue facing Canadian policy-makers is no longer whether to increase access to it, but rather to consider what is the best approach to providing broader and more equitable access to psychotherapy services.”

Robert Salois

Quebec Commissioner for Health and Well-Being

2012

How do we move forward?

- Plan for the presentation:
 - Understand the **institutional causes** for the uneven access to counselling, psychotherapy and psychological services
 - Look at the different ways in which **access** to counselling, psychotherapy and psychological services could be expanded
 - Examine the different mechanisms available to governments for **funding** greater access to counselling, psychotherapy and psychological services

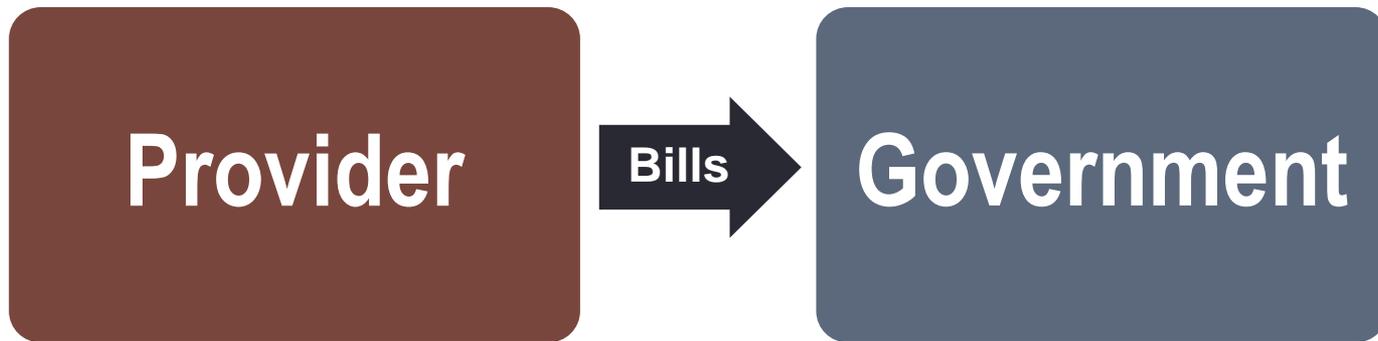
How are publicly-funded providers paid?

- There are two ways in which public money finds its way into the hands of providers to pay for their services:
 1. A provider works for an organization that receives government funding (hospital, clinic, agency) and is paid directly by that organization.
 2. A provider works as a professional who bills government directly.
- We can call the first one the “Grant Model” of funding (GF) and the second one the “Insurance Model” (IF).
- They can each be represented schematically to illustrate the flow of public funds.

Grant Funding (GF)



Insurance Funding (IF)



Both models are at work

- Both models currently operate within the publicly funded health care system in Canada.
- Both models can be used to fund universal programs or targeted to specific types of service or particular communities

IF	GF
Fee for service	Hospital funding
Quebec Pharmacare	Community mental health
Non-Insured Health Benefits	Collaborative care practices

The particularities of mental health (1)

- It is widely agreed that the factors that support mental health and contribute to mental health problems are “biopsychosocial” in nature.
 - mental health is affected not only by biology and genetics but also by our psychological and emotional status as well as the many social influences on our lives (socio-economic status, level of education, housing, job, etc.).
- Each of these dimensions affect all of us, but not necessarily in the same proportions.
 - for some, biological factors may predominate in determining the state of their mental health, while for others it might be family relations.

The particularities of mental health (2)

- The Mental Health Strategy is grounded in a recovery orientation
- Recovery does not equate with “cure,” but refers to “living a satisfying, hopeful and contributing life, even when there are ongoing limitations caused by mental health problems and illnesses.”
- The underlying principles and philosophy of a recovery approach are applicable to all providers of mental health services, regardless of setting or type of mental health problem being addressed.
- Upholding people’s ability to choose the type of support most suited to their needs implies that the “system” as a whole is able to make available the requisite range of services, treatments and supports from which people can in fact choose.

Who provides psychological services?

There are many different providers of counselling, psychotherapy and psychological services, not all of whom are regulated or certified.

Examples of providers of counselling, psychotherapy and psychological services

Psychiatrist

Family physician

Psychologist

Psychotherapist

Counsellors

Child and youth counsellor

Family therapist

Nurse

Social Worker

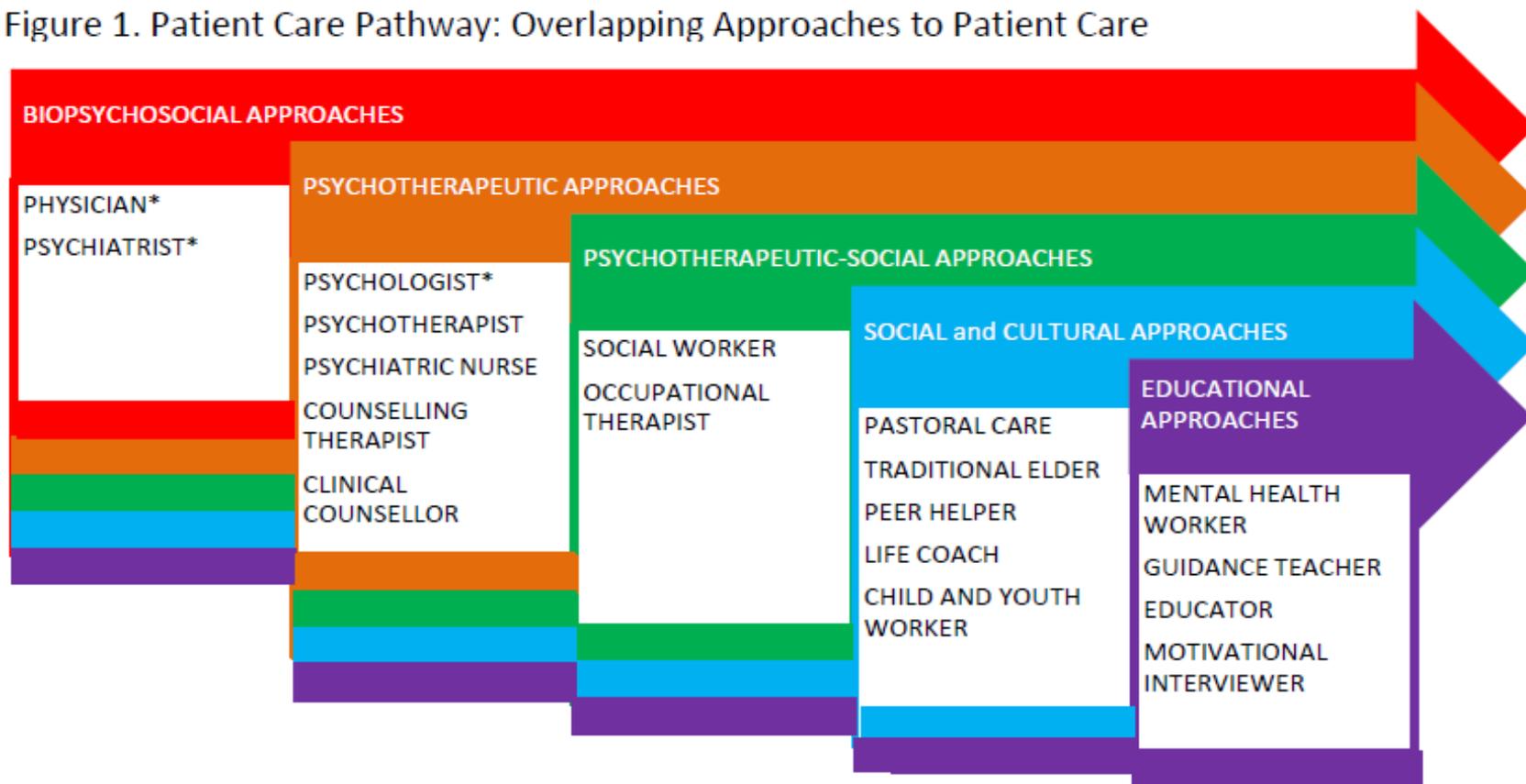
Occupational Therapist

Peer support worker

Elder / Traditional healer

Many complementary approaches

Figure 1. Patient Care Pathway: Overlapping Approaches to Patient Care



*authority to convey a diagnosis of a mental illness or disorder

From Lorna Martin, *Collaborative mental health care in Canada: The role of psychotherapists and counsellors.* (2015)

The CHA and psychological services

- In order to receive federal funding provinces and territories must respect the provisions of the CHA.
- It requires them to provide universal access to medically necessary services provided by physicians or in hospital in order to receive federal transfers.
- All jurisdictions do fund some additional mental health services delivered by a range of providers in community agencies, hospitals, schools, etc.
- However, no province or territory provides universal insurance coverage for counselling, psychotherapy and psychological services.

What about providers who do not receive public funding?

- In 2001, approximately 80% of consultations with psychologists were in the privately funded system.
- It has been estimated that Canadians annually spend \$950-million on private practice psychologists' services.
- About 30 per cent of this expenditure is funded out-of-pocket, with almost all the remainder coming from employment-based private health insurance plans.
- About 60 per cent of Canadians have some form of private employment-based insurance, but the amount available for therapy may cover only a handful of sessions.

The bias that is built into the CHA

- Conceptual bias: By only covering “medically necessary” services the CHA grounds itself in a more “biomedical” view of mental health and mental illness than in a “biopsychosocial” one.
- Practical bias: Most people rely on their family physicians to address their mental health problems.
- Most family physicians are generally aware of the efficacy of psychological treatments but are either not trained, or do not have time, to effectively deliver them.
- They are also reluctant to refer to providers in the private system because they know many people cannot afford them.
- In 2012, Statistics Canada reported that 91% of patients were able to receive the medications they sought but only 65% reported getting the therapy they wanted.

There are three possible avenues for increasing access to counselling, psychotherapy and psychological services

1. Expanding the amount of coverage afforded by private group insurance plans;
2. Increasing the amount of counselling, psychotherapy and psychological services delivered by physicians;
3. Providing public funding to pay for the services of the many providers who are not currently covered under Medicare.

Potential for enhancing private group insurance plans

- Room for expansion since many plans offer inadequate coverage
- Recent increases in coverage by some employers illustrates the business case for better coverage
 - in 2016 Starbucks announced that it would provide employees up to \$5000 per year in mental health benefits, while the insurer Manulife multiplied its benefits tenfold to a maximum of \$10,000.
- At best, however, expanding private insurance coverage would only cover the 60% of the population that already have employment based insurance

Potential for expanding physician capacity

- Family physicians would likely require additional training
- More counselling, psychotherapy and psychological services by family physicians means less of other services
- Insufficient number of psychiatrists, who would also need to shift priorities

Potential for using public funding to pay for the services of the many providers not currently covered under Medicare

- Depends on the existence of unused capacity amongst these providers or on the training of new providers
- Collaborative care models have shown it is possible to integrate different providers of counselling, psychotherapy and psychological services into primary care services
- Collaborative care practices would require additional funding to significantly increase access to counselling, psychotherapy and psychological services

New public money is needed

- It is difficult to see how the unmet need for counselling, psychotherapy and psychological services could be fully met through:
 - expansion of private employment-based insurance plans;
 - greater provision by physicians; or
 - encouraging wider implementation of collaborative care or stepped care initiatives in the absence of additional funding
- What is required is an initiative that will increase access by making more public funding available to regulated providers who are capable of providing them.

Australia (IF)

- Since 2006, Australian public health insurance has covered psychotherapy from a variety of providers: general practitioners, consulting psychiatrists, private practice psychologists, occupational therapists and social workers.
- Two types of services are covered: psychological therapy and focused psychological strategies that include: cognitive behavioural therapy; relaxation strategies; skills training; interpersonal therapy; and narrative therapy (for Aboriginal and Torres Strait Islander people).
- Only clinical psychologists may be reimbursed for psychological therapy while other registered psychologists, occupational therapists and social workers can be reimbursed for the focused psychological strategies.
- General practitioners act as gatekeeper and must provide a referral for patients to have access to either type of service.

UK (GA)

- The UK's Improving Access to Psychological Therapies (IAPT) program engineered a staged expansion of access which entailed the training of thousands of additional therapists in specific types of psychological counselling.
- It offers a stepped approach with “lower intensity” therapy provided by therapists trained to deliver a limited number of sessions of CBT (or a few alternate approaches) and more challenging or complex cases referred up to more highly trained therapists such as clinical psychologists.
- The program is largely delivered through the existing structures of the NHS by practitioners who are usually salaried employees of the NHS.

Three lessons from the Australian and British experience

1. A significant government investment was required in order to expand access.
 2. There was a carefully thought out plan that was adapted to the realities of the political and health care situations in each country.
 3. Both an IP and a GP approach have proved successful in enhancing access.
- International experience, on its own, does not solve the problem of choosing which approach is best for Canada.

There are two possible strategies for applying public resources

1. A *GF* model: one could use public money to hire additional providers of counselling, psychotherapy and psychological services within publicly funded health care and social service vehicles that already exist (or that might be developed for this purpose); or
2. An *IF* model: one could create a public insurance plan that would allow privately employed providers of counselling, psychotherapy and psychological services to bill government for their services.

Which option:

- is more affordable
- is easier to sustain over time
- is better able to respond to priority needs
- provides the best value for money
- provides the greatest number of people with access to counselling, psychotherapy and psychological services
- is more politically feasible in the Canadian context
- would be quicker to implement

Insurance Funding (IF)

Strengths	Weaknesses
Could provide universal coverage; also possible to target specific populations	Can be difficult for government to constrain costs
Could provide access to a wide range of providers	Will require changes to regulatory and certification regimes
Builds on existing private insurance system	Will likely require specific mechanisms to encourage the coordination and integration of services
Providers practice in most communities	Requires negotiations on fee rates between professional organizations and funders
Could be a uniform pan-Canadian program	Will likely require regulation of private insurance and negotiations with private insurers to ensure complementarity
Could be administered by one or more levels of government	
Very difficult for the funder to cancel the program once it is up and running	

Grant Funding (GF)

Strengths	Weaknesses
Could be integrated with existing primary health care and community mental health care services	Could require training new categories of provider
Can be used with a wide range of providers	Must function at close to capacity in order to provide value for money
Can be structured to provide stepped care	Services can be scaled back by funders facing fiscal constraints
Can target specific populations	Requires a structured entity or practice to employ or contract with providers
Allows flexible application in different jurisdictions	
Costs can be constrained	

Proposals from the “Collectif pour l'accès à la psychothérapie”

- That the Government implement a program to increase access to psychotherapy that draws on services currently available in the public and private sectors, with a priority on young people and adults without private insurance;
- That the Department of Health and Social Services develop an insurance program to cover psychotherapy services delivered through collaborative care models that incorporate trained professionals from the private sector;
- That a framework and guidelines on appropriate collaborative models of care for the delivery of psychotherapy services be developed.

Proposals from the Canadian Psychological Association

- Develop an IAPT-type program in primary care that would be staffed in accordance with the needs of the patient populations served;
- Target funds for the delivery of psychological services in integrated collaborative care practices in primary care settings;
- Staff primary care settings with psychologists who assess and diagnose mental disorders, plan and evaluate treatment, oversee the delivery of low intensity mental health care, as well as deliver complex psychological care.

Other issues to be resolved (1)

- Should funding be made available to the entire population or should it, initially at least, be reserved for a particular population or populations?
- What would the criteria be for selecting a target population?
 - addressing the widest possible need
 - addressing the most intense/immediate need
 - reducing inequities
 - intervening as early in life as possible
- Which providers should be eligible to receive public funding?
- Should users of publicly funded counselling, psychotherapy and psychological services be required to cover a portion of the costs, or should they receive first dollar coverage?

Other issues to be resolved (2)

- Should the plan be a uniform national plan or should it allow for regional or provincial variations?
- Which levels of government should contribute to the funding of the plan?
- What accountability mechanisms should be put in place to track the use of public dollars and measure health outcomes?



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Discussion





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Next Webinar: Equity and expanded access

Date: November, 2017

To rewatch or share this webinar visit:

www.mentalhealthcommission.ca/English/expandingaccess





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Thank you!

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