



Increasing Access to psychotherapies in Canada: Lessons from England and Australia

It is estimated that half of all Canadians will have experienced a mental health problem by the age of forty. Yet many people report that their mental health needs are only partially met or not met at all.



Unmet Needs

There is a great need for increased access to psychotherapies. Research shows that psychotherapies can greatly benefit people living with certain forms of mental health problems and illnesses. But access in Canada is limited and people often must pay out of pocket, if they can even afford it.

Business case for increasing access

There is a strong economic case for increasing publicly funded access to psychotherapies. Increasing access to psychotherapies to treat depression can yield a significant return on investment: **\$2 saved for every dollar spent**.

New federal funding, successful examples to learn from, and strong evidence on effectiveness of psychotherapies all provide provinces and territories with a compelling case to invest in increasing access to psychotherapies.

England and Australia both introduced nationwide programs so that people living with mild to moderate depression and anxiety could access psychotherapies at low or no cost.



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Programs in England and Australia: Highlights

England's Access to Psychological Therapies (IAPT) Program	Australia's Better Access Program
<ul style="list-style-type: none">• A grant-based program based on England's National Institute for Health and Care Excellence (NICE) guidelines.• Is centrally administered by National Health Services (NHS) England and provided by a specially-trained workforce.• Offers evidence-based psychotherapies to people living with anxiety and depression.• Follows a stepped-care model and is free for patients.	<ul style="list-style-type: none">• An insurance-based program that gives people access to psychotherapy offered by a variety of service providers.• Allows psychologists, social workers and occupational therapists to bill the government within a fee-for-service model.• Requires a referral from a general practitioner to enter the program.• Enables service providers to charge a co-payment fee to patients.



Canada can learn

Grant-based and insurance-based approaches to expanding access have tradeoffs. Canadian provinces and territories can learn and borrow from both models; it is not an either-or decision. Components from each approach can be combined.

Made-in-Canada solutions should consider addressing mild to moderate mental health problems, include a range of qualified providers and evidence-based psychotherapies, allow self-referral, and cap the total number of sessions offered.

Canada can lead

Canada can lead the way by explicitly including psychotherapy for substance use, engaging people with lived experience in program design, and including peer support as a delivery method.



To read the full report, *Expanding Access to Psychotherapy: Mapping Lessons Learned from Australia and the United Kingdom to the Canadian Context*, visit www.mentalhealthcommission.ca.

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