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Mental Health Commission of Canada

Commission de la santé mentale du Canada

Expanding Access to Psychotherapy:

Australia and the United Kingdom to the Canadian Context

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Table of Contents

Introduction

This new discussion paper from the Mental Health Commission of Canada (MHCC) offers policy makers and advocates guidance on how to expand access to psychotherapies in Canada. Based on the successes, challenges, and lessons learned in the United Kingdom (UK) and Australia, the paper explores implementation and shows how these lessons could be adapted to the Canadian context.

A timely and relevant policy issue

Half of all Canadians experience a mental health problem or illness by age forty.[1] Yet in 2012, about 1.6 million people in Canada said their mental health needs were not being adequately met or were not met at all. Access to counselling was the greatest concern, with 36 per cent saying that this need was only partially met or not met at all.[2] Most people living in Canada have to pay out-of-pocket for psychotherapy due to long waits for public services and the exclusion of non-physician mental health professionals from provincial Medicare plans. While many Canadians use extended health benefits from employers to access these services, on average, these plans do not cover the minimum number of therapy sessions recommended for the most common mental illnesses. The 12 million or so Canadians without such benefits face even greater financial barriers to accessing these vital services.

A compelling economic case

Beyond the urgent impetus to resolve unmet need for mental health services, there is a strong economic case for increasing publicly funded access to psychotherapies. A recent Canadian study found that expanding access to psychotherapies to treat depression would save two dollars for

[1] Canadian Mental Health Association. (2018). Fast Facts About Mental Health. Retrieved from https://cmha.ca/media/fast-facts-about-mental-illness/

[2] Sunderland, A., & Findlay, L. C. (2013). Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey — Mental health (Statistics Canada, Catalogue no. 82-003). Retrieved from https://www150.statcan.gc.ca/n1/pub/82-003-x/2013009/article/11863-eng.htm

every dollar spent.[3] The Conference Board of Canada estimates that reducing depression and anxiety among employed Canadians could boost Canada's economy by up to $32.3 billion and $17.3 billion per year, respectively.[4]

Policy reform in the UK and Australia

The UK and Australia each introduced nation-wide programs that increased no- or low-cost access to psychotherapies for people living with mild to moderate depression and anxiety.

The UK initiative, Increasing Access to Psychological Therapies (IAPT), is a grant-based program modelled on National Institute for Health and Care Excellence (NICE) guidelines. Introduced in 2008, IAPT is administered by National Health Services England and offers evidence-based psychological therapies to people living with anxiety and depression. The program is free at the point of delivery and provided by a workforce with either IAPT-specific or IAPT-approved training. In 2017, over 960,000 people accessed IAPT services and 560,000 received treatment. About half of those who access IAPT no longer meet the diagnostic criteria for anxiety and depression after treatment. The NHS hopes to expand access from the current reach of 16 per cent of the community prevalence of anxiety and depression to a reach of 25 per cent (approximately 1.5 million people) by 2025.

Australia introduced its *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* (Better Access) initiative in 2006. Unlike IAPT, Better Access is an insurance-based program that enables people to receive therapy from a variety of providers. Psychologists, social workers and occupational therapists under Better Access bill the government through a fee-for-service model with general practitioners acting as the primary referral point. Providers choose whether clients will pay a (co-pay) fee each time they receive a

[3] Vasiliadis, H.M., Dezetter, A., Latimer, E., Drapeau, M., & Lesage, A. (2017). Assessing the costs and benefits of insuring psychological services as part of medicare for depression in Canada. *Psychiatric Services, 68*(9), 899-906. doi:10.1176/appi.ps.201600395

[4] Conference Board of Canada. (2016). Unmet mental health care needs costing Canadian economy billions [Media release]. Retrieved from https://www.conferenceboard.ca/(X(1)S(3ym53pwdnilhdhom3niayzoj))/press/newsrelease/16-09-01/Unmet_Mental_Health_Care_Needs_Costing_Canadian_Economy_Billions.aspx?AspxAutoDetectCookieSupport=1

service, which are limited to ten sessions per year. Over the first three years of the program, the estimated treatment rates for mental health problems and illnesses in Australia increased from 37 per cent (2006-07) to 46 per cent (2009-10).

Mapping lessons learned – key messages

As the UK and Australia examples show, greater access to psychotherapy can be achieved in health systems like Canada's. That said, the benefits and shortfalls Of grant-versus insurance-based approaches need to be weighed carefully. Reforms to increase access in Canada should include policies that

- enable a range of qualified providers to provide expanded services
- address mild to moderate mental health problems before broadening the scope
- do not limit too narrowly the type of evidence-based psychotherapies being offered
- allow flexibility in referral mechanisms or self-referrals
- cap the total number of sessions.

The full discussion paper maps out key policy development and planning considerations in the following areas:

Access can be increased but achieving equitable access will require concerted effort.

- Canada's population is diverse. To prevent and address inequities in access, system planners must take into account the distinct needs of newcomers,[5] an aging population, and those living in rural and remote areas, as well as sex and gender differences, economic disparities, and the unique needs of Indigenous populations.

[5] McKenzie, K., Agic, B., Tuck, A., & Antwi, M. (2016). The case for diversity: Building the case to improve mental health services for immigrant, refugee, ethno-cultural and racialized populations. Retrieved from the Mental Health Commission of Canada website: https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf

There are trade-offs between grant- and insurance-based approaches, but either option is feasible.

- IAPT's grant-based approach, characterized by central control, tight adherence to standards and targets, and robust data collection, has achieved impressive results. This model requires significant workforce and administrative resources that would need to be developed in the Canadian context.
- The insurance-based approach used in Better Access is more hands-off, relying on professional self-regulation and administrative medicare data to produce its significant improvements in access. Still, but this model quality assurance is harder to track, which makes it harder to assess patient outcomes and return on investment.
- Provincial and territorial governments have the policy levers used by IAPT and Better Access as well as targeted fiscal support from the $5 billion federal transfer. So, both the grant- and insurance-based models are feasible in Canada, despite the country's decentralized health delivery system.
- Universal approaches can be combined with targeted programming to promote equitable uptake.

Reforms will need to accommodate the unique features of the Canadian context.

- Several policy considerations arise in the context of Canada's medicare model, including whether to provide full coverage or require co-payments, how to address potential cost-shifting when moving from employment-based insurance to public plans, and the coordination of a system of stepped care.
- A made-in-Canada approach can be built on the strengths of existing mental health systems, which include a robust community mental health sector, significant advances in collaborative mental health care, wide employment-based insurance coverage for services, and on-the-ground support for implementation.

- Seamless integration of provincial/territorial expanded access programs, with federally funded services for First Nations, Inuit, veterans, military personnel, refugees, and people in the criminal justice system, requires additional attention in the Canadian context.
- In Canada's decentralized and two-tier system, reforms will require a strong approach to system performance measurement, with clear equity targets built in from the outset.
- Workforce engagement, capacity development and increased supply of psychotherapy providers have been key drivers for reform in both the UK and Australia and may be even more important in Canada where mental health workforce planning (and data) are relatively weak.

Canada has an opportunity to demonstrate international leadership.

- Canada has an opportunity to be an international leader in explicitly including psychotherapy for substance use and engaging people with lived experience in the design and delivery of psychotherapy reform (including peer support).

Implications

In March 2017 and March 2018, the MHCC brought stakeholders together to discuss options for expanding access to psychotherapy. On both occasions, mental health human resources emerged as a priority issue. Resources are required to research and understand the current capacity of service providers and forecast the human resources needs of expanded access systems. Efforts to expand access need to reinforce upstream services and supports by building on prevention and promotion initiatives and ensuring that downstream services and supports are client-focused and recovery-oriented. Moreover, Canada has an opportunity to meaningfully involve people with lived experience, who reflect the diversity of the population, in the design of these new programs to ensure that systems and services are truly responsive to their needs. Canada can also be an international leader by including peer-support specialists as part of the health human

resources talent pool, which can be leveraged in stepped care models to help meet increasing demands.

Additionally, unlike in the UK and Australia, employer-based insurance plans play a pivotal role in supporting access to mental health services in Canada. It will be vital to work in partnership with employers and insurance companies, as funders of psychotherapies, to avoid potential cost-shifting between private and public insurance plans and programs. Ongoing dialogue between these sectors is needed to ensure their respective roles are understood and actions can be coordinated to truly increase access. Establishing a private and public sector working group with decision-making authority, and representing all interests, is needed to translate discussions to date into momentum and real change.

As provinces and territories begin to develop made-in-Canada approaches to expanding access to psychotherapies, consideration should be given to how collaboration and learning can be facilitated across jurisdictions. Communication and collaboration can reinforce capacity, strengthen programs and avoid interprovincial inequities, affording provinces and territories the opportunity to innovate and emerge as leaders in meeting the mental health needs of their populations.

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