

Issue Brief

Access to Psychological Services

The elephant in the room - Ontario's two-tiered mental health system

Equity is the cornerstone of our healthcare system. Equity is not about providing equal care for each Ontarian, but ensuring that those most in need are the first in line to receive the highest level of care. Equity is evident in most parts of the healthcare system. Triaging in an Emergency Department is a prime example of equity in action. Critically ill patients jump to the head of the line and the most competent clinicians quickly assemble to provide the best care possible - others wait for care. A referral for a suspected cancer provides a second and poignant example of equitable access to care. The cancer system is organized so that individuals with the most aggressive cancers move to the head of the queue. For other cancer patients, wait-times for their types of cancer are managed effectively so that their lives are not endangered by a long wait for care. Queue jumping (i.e. getting to the front of the line) is based on need and not on the ability to pay.

In contrast to the rest of the healthcare system, the mental healthcare sector is often described in the media by influential people, such as former Senator Michael Kirby, as a two-tiered system of care where equity is a lost value. Studies have shown a correlation between some types of mental health issues, such as depression, and socioeconomic status. While middle-class Ontarians are not immune to financial barriers to mental healthcare, those who are the most disadvantaged are the ones most likely to go without the required mental health interventions. Children Aid Societies will fund access to psychological services for children and adolescent who have been taken into their care; however, intact families still struggle to find psychological care. Children with less serious conditions can access community-based mental healthcare while those with the most serious conditions and at high risk Ping-Pong from one referral list to another without receiving the psychological interventions they so desperately need.

For some Ontarians, the ability to pay rather than an equitable mental health system allows them to jump the queue. Third party or out-of-pocket payments provide immediate access to high quality psychological services. Many of the "queue jumpers" have mental health problems that may not be as acute as those on a long wait-list. With major capacity problems in the publically paid mental health system, the most vulnerable are deprived of care they desperately need.

Major chronic disorders, such as cancer, congestive heart disease and emphysema, are acknowledged to be terminal and the system acts accordingly to provide necessary care. We tend to ignore the fact that suicidal ideation is a terminal disorder for far too many people. It is the leading cause of premature death amongst adolescents and young adults and increasingly, young seniors are ending their own lives. It is alarming that there is a growing occurrence of suicides amongst children as young as nine years of age. Suicides are preventable but stigma prevents many of the most compromised Ontarians from seeking help. In follow-up to successful anti-stigma campaigns, such as "Bell Let's Talk", more people than ever before are reaching out for help. Unfortunately, the most that is offered to them is a referral to a long wait-list that leaves them with an increased the risk of suicide.



Moreover, long wait-list or insufficient and/or inappropriate care can turn a treatable mental disorder into a chronic mental condition - with lifelong impacts on the individual, their loved ones and society in general. For those in the justice system, access to psychological services may mean the difference between diversionary programs or jail-time. For victims of major crimes, especially of a sexual or domestic nature, the lack of adequate supportive psychological care often results in psychological pain that is more intense and long lasting than the original violent event. Treating PTSD and preventing secondary PTSD amongst victims of major crimes is a major aim of Psychological Aid Ontario (PAO).

Many efforts are underway to meet the mental health needs of people across Canada. In Ontario, several strategies have been introduced to try to improve access and appropriate types of care for children, youth, adults and seniors who are dealing with developmental, behavioural, mental health, and addiction challenges. However, the issue of timely access to appropriate care remains a major barrier for many people – one that exists because of the lack of capacity amongst the current publicly funded providers. This capacity problem is heightened by the lack of options for referrals and clear accountability for assessing and prioritizing needs. While access to physicians for medication management is available in the publically funded system, the evidence strongly suggests that psychological interventions (with or without medication) are the most efficacious treatment modalities - in the short-term and in the long term. Funding is the main barrier for access to these recommended first line therapies for most Ontarians.

The income gap is perhaps most pronounced in mental health care, which has been called a "two-tier mental-health system" by former Senator, Michael Kirby, the founding chairman of Partners for Mental Health. He stated that an estimated 1.2 million Canadian children are affected by mental illness. Yet, only one in four gets appropriate treatment. Psychiatry is covered by most Medicare plans, but the wait for an appointment can be months. A psychologist or social worker can help, but the costs are not covered, and treatment can costs upwards of \$225 an hour. The "well-to-do" pay. The middle-class scrapes together the money the best they can. And those without the means wait, or do without care. Mental health problems start at a young age, before 24, and, unlike other chronic disorders, tends to hit people hardest in their prime work years. This is one of the reasons mental illness is costing the economy more than \$50-billion a year.

It is time to talk about the elephant in the room - the two-tiered mental health system. But talk is not enough. Psychology Aid Ontario provides an opportunity to eliminate financial barriers to the psychological interventions that Ontarians with mental disorders need, deserve and are demanding. Investments in an equitable mental health system are a moral imparative that fortunately simply makes good business sense.

For additional information, contact:

Jan Kasperski

Chief Executive Officer, OPA

jan_kasperski@psych.on.ca

Phone: (416) 961-5552