

Psychologists Add Value and Save Costs in BC Health Care Delivery

**A submission to the Select Standing Committee on Finance and
Government Services: Annual Budget Consultation**

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Executive Summary

Health care delivery is changing in BC. With the advent of the Patient Medical Homes and the Primary Care Networks, we are moving toward improved and coordinated shared care. Shared care will reduce the burden on family physicians and ensure patients get the right care at the right time by the right provider.

BC Psychological Association (BCPA) has three recommendations for how psychologists can best add value to this changed environment.

1. Have designated psychologists function as the mental health counterpart to the family physician in the Primary Care Networks. Psychologists would lead in assessing, diagnosing, and recommending evidence-based treatments provided by the most appropriate professional. The designated psychologist might have the title of **Primary Mental Health Care Provider (PMHCP)**.
2. The PMHCP would also provide oversight to mental health and addiction services within the Primary Care Network. For example, training and/or supervising mental health care providers with less training in evidence-based treatments.
3. In jurisdictions where there is integration of psychological services in primary care, registered psychologists should play two key roles: Identifying and providing for effective treatment of mental health issues, and ***helping people modify their behaviour to prevent and recover from physical health problems.***

Psychologists should work in the inter-professional Primary Care Network to provide consultative expertise to the team and the network of Patient Family Homes regarding the mental health and addiction concerns of their patients, and the psychological aspects of patients' acute and chronic illnesses.

Collaborative care teams that include registered psychologists are uniquely positioned to provide cost-effective, evidence-based assessment, diagnosis, and treatment of mental health conditions. They also serve to provide interventions geared to reducing risk factors associated with the development of major chronic illnesses, identify and provide treatments that are both appropriate and effective for patient's presenting conditions, and reducing overall health care costs. Under-served populations will have increased access when mental and behavioural health services are funded in an integrated primary care model. The model of integrated health care also serves to help eliminate stigma and increase awareness of psychosocial aspects of health.

British Columbians will be better served when Registered Psychologists are integrated into primary care.

Psychological and Physical Health: Facts

Behavioural and social factors cause or contribute to almost every cause of death, illness and disability. These include tobacco use, poor diet and physical inactivity, alcohol consumption, sexual behaviours, and use of illicit drugs. (Journal of the American Medical Association, 2004)

Behavioural and social factors link directly to the leading causes of death in Canada, which includes cancer, heart disease, stroke, diabetes. (Statistics Canada, 2011)

Registered psychologists help people modify their behaviour to prevent and recover from physical health problems, while also treating associated psychological symptoms.

For example:

- Depression is prevalent in approximately 20% of cancer patients.
- Stress-prone personality, unfavourable coping styles, and negative emotional responses are related to higher cancer incidence, poorer cancer survival, and higher cancer mortality. (Chida, et al., 2008)
- Psychological interventions with cardiac patients have been shown to reduce the risk of future cardiac events by 75% as compared to those receiving only medical care and medication. (Blumenthal, et al., 1997)

Mental and behavioural healthcare play a significant role in the prevention, diagnosis, and/or treatment of the leading causes of illness and death.

Mental Illness Is Costly

- The economic burden of mental illness in Canada is estimated at \$51 billion per year. (Mental Health Commission of Canada, 2013)
- In any given year, one in five Canadians will experience a mental health problem. (Mental Health Commission, 2013)
- People with mental illness are heavy users of medical services. (Canadian Institute for Health Information, 2006)
- Of all admissions to general hospitals, 3.8% – 1.5 million hospital days – are due to one of six mental illnesses: anxiety disorders, bipolar disorder, depressive disorders, schizophrenia, personality disorders, eating disorders, as well as suicide attempts. (Health Canada, 2002)

Mental Health Burden on Primary Care Physicians

- Up to 70% of visits to primary care physicians are behavioural, emotional or psychological in nature. (Olsen, 2008). The point of entry for patients with mental health problems is primarily through their family physician (Statistics Canada, 2004).
- With an estimated 5 million Canadians without a family physician, family physicians are pressed to meet the specialized psychological health care needs of British Columbians.
- Adding to physicians' burden is the limited referral resources available for their patients given that mental health centres and psychiatrists have long waiting lists and access to psychologists is limited to those with financial means, insurance coverage, or limited extended health benefits.

Psychological Treatment Saves Money

- A meta-analysis of studies published between 1967 and 1997 found psychological interventions resulted in an average health cost savings of 20 – 30% across studies, and 90% reported evidence of a medical cost offset. (Hunsley, 2002)
- Moreover, psychological treatments often result in similar to superior outcomes in comparison to drug treatment for panic disorder and depression, and the estimated costs are one-third less than pharmacological treatments. (Hunsley, 2002)
- A study published in *Canadian Family Physician* reported significant findings that brief psychological intervention in a family medical centre reduced medical appointments by 49% and reduced overall health costs. (Jayabarathan, 2004)

Collaboration with Family Physicians

In 2007, the BC government published the Primary Health Care Charter: A Collaborative Approach. Some of the objectives emphasized in the Charter were:

- Improving patient health outcomes
- Patients and their families assuming the role of partners in their care
- Family physicians functioning as the cornerstone of primary health care
- Physicians and allied health professionals working in integrated health network teams.

“Patients should receive accessible, appropriate, efficient, effective, safe, quality care at the right time in the right setting by the right provider.” (Primary Health Care Charter: A Collaborative Approach, 2007)

The time is now to improve British Columbians' access to psychological health care. Registered psychologists can work with primary care physicians to meet BC's mental health needs and reduce the burdens placed on family physicians.

How Registered Psychologists Can Help

Registered Psychologists are unique in their training to administer and interpret psychological tests for mental health and addiction disorders and neurological health conditions like autism, learning disabilities, and dementia. They are also qualified to independently diagnose and treat mental health conditions.

Registered psychologists are scientist-practitioners with broad clinical and research training.

They have the requisite expertise to oversee program development and evaluation, to train and supervise other health professionals in the areas of mental health and addiction, to provide evidence-based assessments and treatments, and to consult with team-based primary care units.

By better integrating registered psychologists into the health system, British Columbia can maximize value in the provincial health budget. Every \$1 spent on psychological services yields a savings of \$5 in medical costs overall. (Hunsley, J., 2002)

The BC provincial government should consider:

1. Including registered psychologists in policy review and program development for mental health and addiction (MHA) services, particularly in the areas of assessment, treatment and prevention.
2. Including registered psychologists in Primary Care Networks as Primary Mental Health Care Providers who assess, diagnose, and treat mental health conditions, as well as provide referrals and oversight to mental health service providers with less training in evidence-based treatments.
3. Mandating operational standards and funding for mental health and addiction treatment across the province with particular funds designated for registered psychologists, whether through a Medical Services Plan fee-for-service model, salaried positions, or a combination of both.

Since BC decentralized health care delivery through the creation of the five regional health authorities, there has been no standardized service delivery model for mental health and addictions. Consequently, access to psychological services is highly restricted throughout the province. Without mandating positions and designated funding for psychologists, access to psychological services is limited to those with financial means or third party coverage.

The qualification, education, training, and regulatory requirements for psychologists are comparable to those of family physicians and psychiatrists, yet the cost for psychological services is often viewed as expensive when compared to professionals with a Master's degree or less. Research has shown that access to psychological services saves global health care costs, as noted above.

Leadership from Ministry of Mental Health and Addictions

British Columbians would benefit from a service delivery model mandated by the new Ministry of Mental Health and Addictions that sets standards on how mental health treatment goals are operationalized and funded in every health authority.

Funding should be clearly designated for registered psychologists in each region's service delivery model, whether through a Medical Services Plan fee-for-service model, salaried positions, or a combination of both.

A designated Mental Health Director in each health authority should be appointed to oversee the delivery of services in each region and each health authority should have a designated psychology practice lead.

In this way, registered psychologists will be able to improve health outcomes while saving costs for the provincial health budget. The burden on family physicians and emergency rooms will be reduced and prescriptions for psychiatric medications may be lessened.

Registered Psychologists: Training and Regulatory Requirements

Registered psychologists are the largest group of regulated mental health care providers in Canada.

A reliance on evidence-based treatment is core to professional training in psychology. In addition to research, program evaluation, and assessment and diagnosis, registered psychologists are more extensively trained in evidence-based psychotherapies than any other category of health care provider.

Table 1 below is copied from an article by Murdoch *et al* entitled: *Why Psychology? An Investigation of the Training in Psychological Literacy in Nursing, Medicine, Social Work, Counselling Psychology, and Clinical Psychology*. The table compares the psychological literacy (course credits) and practical training hours of disciplines practicing in the field of mental health.

Doctoral level psychologists have as much as seven times the psychological literacy and practical training hours of physicians, and up to 16 times more than nurses and social workers.

Further, registered psychologists are behavioural health experts who can play a major role in broader health issues related to life-style problems such as the behavioural management of obesity, hypertension, chronic pain, and stress.

Registered psychologists in BC must have a doctoral degree (Ph.D., Ed.D., Psy.D.) from a recognized university and complete comprehensive oral and written examinations administered by the College of Psychologists of British Columbia. These requirements have been in place since 1980.

On average, registered psychologists have over ten years of post-secondary education, which includes pre-doctoral practica experiences and a one-year full-time doctoral residency. While in practice, they are required by the College of Psychologists of BC to participate in continuing education, stay current on research and professional issues, and to perform regular practice reviews.

Registered psychologists are regulated under the *Health Professions Act* and are bound by the rigorous ethical and professional standards maintained by the College of Psychologists of BC. Some of the skills registered psychologists are trained to provide include:

- Evidence-based psychodiagnostic and neuropsychological screening and assessments;
- Diagnoses based on the most recent and evidence-based research regarding mental illness;
- Psychological treatments for people with complex, difficult-to-treat psychopathology; somatoform disorders; and psychological aspects associated with medical conditions (e.g., obesity, smoking cessation, chronic pain, and/or health effects of stress);
- Oversight, training and supervision of health professionals providing mental health services;
- Consultation to, and collaboration with, family physicians in the coordinated treatment of British Columbians;
- Research and program evaluation; and
- Health promotion and illness prevention.

Registered psychologists are able to work in shared care practices to assist in understanding and treating the

psychological aspects of patients' acute and chronic illnesses. An informed understanding of the whole person from a biopsychosocial perspective has been demonstrated to enhance medical treatments.

Table 1 (Murdoch, *et al.*, 2015)
Summary of the Credits in Psychological and Mental Health Knowledge, Hours of Practice Experience in Mental Health Settings, and Total Training Hours

Variable	Degree	Min	Med	Max	<i>M</i>	<i>SD</i>
Entry	Nursing	0	0	9	0.40 _a	1.55
Credits	Medicine	0	0	0	0.00 _a	0.00
	Social work	0	0	18	1.46 _a	4.04
	Counselling psychology master's	0	19.5	48	21.75 _b	17.16
	Clinical psychology master's	42	54	60	51.90 _e	5.25
	Counselling psychology doctoral	30	33	33	32.50 _d	1.22
	Clinical psychology doctoral	18	60	60	54.71 _e	10.88
	Program	Nursing	0	6	18	4.63 _a
Credits	Medicine	0	1.5	27	3.64 _a	6.48
	Social work	0	3	18	3.80 _a	4.37
	Counselling psychology master's	15	30	51	32.81 _b	12.39
	Clinical psychology master's	18	30	51	32.45 _b	9.19
	Counselling psychology doctoral	9	16.5	37	20.00 _{b,c}	10.81
	Clinical psychology doctoral	12	27	70	35.17 _{b,c}	19.49
Total	Nursing	0	6	18	5.02 _a	4.21
Credits	Medicine	0	1.5	27	3.64 _a	6.48
	Social work	0	3	22	5.26 _a	6.11
	Counselling psychology master's	15	58.5	96	54.56 _b	24.73
	Clinical psychology master's	66	82.5	105	84.35 _b	11.25
	Counselling psychology doctoral	42	49.5	67	52.50 _{b,c}	9.89
	Clinical psychology doctoral	72	84	120	89.88 _{b,c}	15.82
Practice	Nursing	0	0	200	21.24 _a	47.64
Hours	Medicine	0	240	640	260.00 _b	152.32
	Social work	0	0	280	8.46 _a	46.07
	Counselling psychology master's	0	306	700	342.83 _b	219.56
	Clinical psychology master's	0	300	850	317.30 _b	250.43
	Counselling psychology doctoral	1,000	1,904	2,600	1,944.00 _c	580.96
	Clinical psychology doctoral	800	2,600	3,560	2,534.79 _d	554.12
Total	Nursing	0	78	278	86.53 _a	78.53
Hours	Medicine	0	269	660	304.06 _a	166.40
	Social work	0	39	280	76.80 _a	85.42
	Counselling psychology masters	201	1,093	1,888	1,052.15 _b	439.37
	Clinical psychology masters	1,016	1,321	2,034	1,413.85 _c	302.42
	Counselling psychology doctoral	1,546	2,632	3,306	2,626.50 _d	648.01
	Clinical psychology doctoral	2,087	3,706	4,652	3,703.17 _e	537.97

Note. For each variable we note the minimum (Min) number observed for any program, the median (Med) number of all programs, the maximum (Max) observed in any program as well as the mean and standard deviation. Within each variable, common subscripts are not significant from one another whereas different subscripts are different from one another. All differences were at the $p < .001$ unless noted by the following exceptions. In entry credits the p value for counselling psychology master's in comparison to counselling psychology doctorate was $p = .043$. In the program credits, medicine compared to counselling psychology doctorate was $p = .007$; social work compared to counselling psychology doctorate was $p = .003$; counselling psychology doctorate compared to clinical psychology doctorate was $p = .012$. In total credits counselling doctorate in comparison to nursing, medicine, social work and clinical psychology doctorate were $p = .004$, $p = .007$; $p = .003$ and $p = .012$ respectively. In practical hours, nursing compared to medicine was $p = .008$; social work compared to medicine was $p = .011$. Entry credits = total credits in psychology and mental health courses required for entry to the program; program credits = the total number of credits required within the program to graduate; total credits = entry credits plus program credits; practice hours = the total number of practicum and residency/internship hours in mental health settings required to graduate; total hours = the calculated total of hours needed to spend in courses (entry requirements plus degree courses) and practical settings required to graduate from the program.

Recommendations

It is clear that registered psychologists are uniquely positioned to help improve mental health and addiction care efficiencies in a cost-effective manner that results in:

- Reduced demands on family physicians, psychiatrists, emergency services, and medical specialists;
- Reduced costs and reduced medical complications of potentially unnecessary psychiatric medications;
- Reduced hospitalizations for people whose crises can be diverted or otherwise managed; and
- Reduced costs of chronic disease by attending to the mental health and or psychological aspects of physical disease.

Therefore, BCPA recommends that British Columbia mandate operational standards and funding (fee-for-service and salaried positions) to realize improvements to mental health and addiction services across the province that:

1. Include registered psychologists in policy review and program development for mental health and addiction services, particularly in the areas of assessment, treatment, and prevention;
2. Include registered psychologists on Primary Care Network teams as **Primary Mental Health Care Providers (PMHCP)** to provide oversight of mental health and addiction services;
3. Have PMHCPs provide evidence-based assessment, diagnosis, treatment services, and consultations to primary care health teams and referral to appropriate services for people requiring more or less complex treatments. Referrals for individuals with complex and serious mental health and addiction disorders may be made to registered psychologists in private practice who may be compensated through a Medical Services Plan, fee-for-service model of compensation.
4. Have a Mental Health Director and designated Psychology Practice Lead in all five Provincial Health Authorities.

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