BRITISH COLUMBIA PSYCHOLOGICAL ASSOCIATION
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Since the first case was diagnosed November 2019 over 11.5 million people have contracted the novel coronavirus (COVID-19), and as of July 1, 2020 over 535,000 have died. However, those fortunate enough to live in British Columbia have been largely spared from these devastating outcomes. **Our province has been lauded for its tremendous response to the physical pandemic**; using current research, fast action and articulate communication of science to the general public, BC's Minister Dix and Dr. Henry (who was recently featured in the NY Times), potentially saved thousands of lives from this virus.

**Unfortunately, the United Nations recently declared that a "mental health crisis is looming" and will be the next pandemic nations will have to confront.** Indeed, for many British Columbians, this pandemic has taken a huge toll on their mental health and wellbeing. A recent survey found that **60% of BC residents reported feelings of worry and over 40% reported feelings of loneliness.** Outcome data from the BC Psychological Association (BCPA) and UBC-O Psychological First Aid service (where over 200 volunteer registered psychologists donated their time over the past 3 months) is comparable, with psychologists rating **over two thirds of the 800 callers as experiencing either moderate or severe levels of distress**. Moreover, an internal BCPA survey indicates that 60% of psychologists' patients have been negatively impacted by the pandemic and over 50% indicated an inability to access other mental health resources. Most concerning, however, is new modeling from the US that estimates an additional 75,000 deaths will occur due to substance abuse and suicide as part of the fallout from COVID-19. Sadly, this is something that has already become a reality in our province. As the Minister is already aware, **May 2020 set a record for the most illicit drug toxicity deaths ever recorded in one month in B.C**., up 93% from 2019. Illicit drug toxicity deaths in May alone nearly exceeded the number of COVID-19 deaths in BC to date. In addition, there are predictable consequences of the pandemic that are yet unrealized. For example, continued stress over a prolonged period of time causes pathophysiological changes in the stress response system that compromise the immune system and exacerbate pre-existing health conditions, including diabetes, hypertension and cardiac illness, autoimmune disorders such as arthritis, lupus, and Crohn's, as well as worsening the pain experience. Moreover, long-term unmanaged stress and anxiety results in increased morbidity and mortality rates across time.

**Does the Minister agree that this health crisis transcends physical health and that health, as defined by the W.H.O, includes *physical, social, and emotional well-being* - not just the absence of disease? Does the Minister agree that caring for the *whole person* will be a priority of the BC government?**

Despite unprecedented mental health funding commitments recently made by the federal government and by our own provincial government—including the creation of the BC Ministry of Mental Health and Addictions in 2017—**only 7% of Canada's health-care budget is dedicated to mental and behavioral health**, indicating a clear healthcare inequity. As the BC Minister of Health himself said earlier this year when announcing the $5 million dollar expansion for mental health services, "we fully recognize that, too much through our history, access to mental health care or addiction support has depended on the size of your bank account." The Minister could not be more correct. Across the world and in our country, **data clearly show that lack of access to mental healthcare is most pronounced in those with lower incomes, fewer years of education, as well as among vulnerable and minority groups.** Those without access or means are increasingly suffering in silence, self-medicating to cope with their pain and distress, and living at increased risk of chronic disease and early death. In other words, **we do not have a universal "healthcare" system. What we have is a universal *medical care* system that does not guarantee access to some of the most basic evidence-based mental health services and support to all BC residents.**

Without adequate mental and behavioural health services, our medical system has become the de facto provider for those with mental health concerns. As noted by the CMHA, "many people with complex or [1]chronic mental health problems do not receive the full scope of care they need and end up cycling through the acute care system." **The reality is that these individuals will over-utilize the medical health system *because* their mental health needs are not being treated.** Data clearly demonstrate that those with mental health conditions are much more likely to develop medical problems, and vice versa. Individuals with mental illness are more likely to visit their family doctor or emergency room, and have inpatient hospital stays, **costing our healthcare system up to *twice as much* as those without mental illness.** The financial burden of mental illnesses on our economy was estimated to be $51 billion per year *prior* to COVID-19; one can only imagine how this pandemic will increase this financial impact. Moreover, with no current preventive/early intervention programming within the system, we wait until people are very sick/in crisis to provide care.

Thankfully, a large body of research has shown that proper mental health and behavioural treatment can substantially reduce these impacts. For example, research published this past year in *Diabetes Care* (the leading journal in Diabetes) from one of our own scientists here in BC shows that **when patients are provided with a brief psychological assessment and targeted, cognitive and behavioural interventions, even those with long-standing, chronic, seemingly intractable physical health conditions improve—both mentally and physically.** This type of research has huge implications for best-practices in patient care and it also speaks to how to help our overburdened medical colleagues manage these difficult to treat, high healthcare-utilization patients while also creating significant downstream healthcare cost savings. Psychological interventions are also able to offset the pain experience, leading to a reduction in the use of pain medications, including opioids. We know that the Minister is committed to these important issues and has already begun to consider and address potential modernizations and innovations within the healthcare system to meet the needs of the whole person while also creating improved efficiencies and cost-effectiveness.

**Does the Minister agree that there currently exists a health inequity with regards to mental and behavioral health (compared to physical health)? Does the Minister agree that physical and emotional well-being are directly connected to physical health outcomes and that properly addressing mental health needs from both a prevention and intervention standpoint directly impacts medical health outcomes and costs?**

Current data suggest that while anxiety or depression are the 6th leading reason for a visit to a primary care provider (with several of the other top 10 reasons including fatigue, abdominal symptoms, headache, pain, and chronic disease management), 70% of physicians report serious difficulties accessing mental health services for their patients. As a result, given patients' preference for therapy over medication (despite antidepressants and anxiety drugs being among the leading prescription drugs in both Canada and globally), physicians are currently bearing the brunt of patients' mental health needs. **Indeed, in 2018/2019 alone, over $25 million dollars in counselling was provided by *family physicians*.**

General practitioners alone cannot and should not be expected to take on Canada's current mental health crisis. GP's have limited mental health training and experience (an average of 300 hours, similar to nurses and social workers - see Figure 1), compared to psychologists who have over 3500 hours of mental health literacy, training and experience prior to registration. **Despite their extensive training and expertise in mental health and behavior change, unfortunately, psychologists are currently ineligible to provide any counselling, psychotherapy, or behavioural health services through MSP.**

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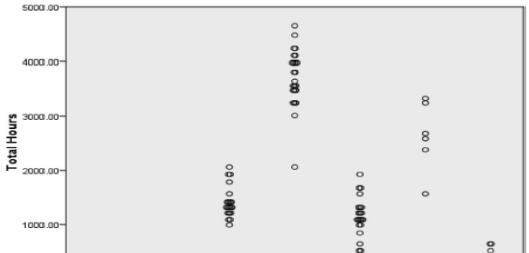

We know that every dollar spent on mental health care saves our medical system at least double that—and in many cases the savings are much greater. We also know that the majority of family doctors report serious difficulty accessing mental health supports for their patients and recognize the enormous gaps that exist in our health-care system, which in part led to the Canadian Medical Association and Canadian Psychiatric Association producing a joint statement on Access to Mental Health Care in Canada. We also know that 6 out of the 10 leading causes of mortality in Canada are rooted in lifestyle factors—**meaning that these deaths are preventable with appropriate psychological and behavioural treatment.** Despite this, **General practitioners do not have access to any behavioural support from psychologists in their practices.**

There is a solution. Primary Care Psychologists (PCPsycs) integrated into primary care clinics allow for rapid brief assessment of risk and symptoms, deployment of immediate secondary prevention-focused interventions, and/or judicious referrals to additional high-intensity clinical services when warranted. Integrating psychology into primary care reduces stigma, increases access for those who would not otherwise seek it, and creates instant equity. Moreover, **over two decades of research has shown that this type of integrated primary care results in not only improved psychological and physical health for patients, but also improved physician well-being and ultimately cost-savings through decreased healthcare utilization, medication, sick days, ER visits, and sickness and disability levels.**

For most patients, research has shown that few as 1-4 appointments with a primary care psychologist (or mental and behavioural health provider working under the supervision of a psychologist) will be adequate to improve their mental and physical health, with no further referral required. However, a small proportion of patients will require a higher level of short-term, specialized treatment to ameliorate their mental and behavioural health needs.

For those patients, assessment and short-term, structured treatment by a Registered Psychologist can address their needs and prevent the cycle of high health care utilization, increased morbidity and mortality, and increased overall economic costs. **By providing physicians with this additional speciality referral and consultation resource it will decrease the overburdened family doctors and psychiatrists for those patients needing evidence-based mental health assessment and treatment.**

MSP coverage of psychologists both within primary care and in their private practices would allow for this expanded provision of healthcare in BC - and would set the stage for monumental innovation in healthcare delivery with instant equity in access, while producing long-term cost savings. **Therefore, would the Minister consider allowing psychologists, on a temporary 12-month basis, to become eligible providers through MSP billing for consultation and psychotherapy similar to their primary care physician and other medical specialty colleagues? Psychologists can then provide the much needed mental health prevention, early intervention, and care to our residents of BC.**