

# Intelligence MEMOS



From: Rosalie Wyonch  
To: Health Policymakers Across Canada  
Date: May 11, 2018  
Re: **MENTAL HEALTH CARE (OR LACK THEREOF) IN CANADA**

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Mental health and addiction disorders are both common and costly. [About one in five Canadians experience a mental illness or addiction problem in any given year](#), with low earners and younger Canadians more likely to be affected. However, [only one-third](#) of these people have sought or received treatment. Those suffering from mental illness or addiction may have a significantly reduced quality of life and are likely to die 10 to 20 years earlier. Mental illness is a leading cause of disability in Canada and accounts for about 30 percent of worker compensation claims. Studies suggest that the direct costs of hospital stays, social services, medications, and income supports, and the indirect costs of lost productivity and lost quality of life, amount to [more than \\$50 billion annually](#).

In Canada, about 80 percent of the population consults a general practitioner/family physician annually; among those who do, between 30 and 40 percent have significant psychological symptoms. Family physicians are said to be the first contact for the majority of persons in need of mental health services and [more than half of all patients with psychiatric diagnoses](#) are cared for exclusively through primary care. Patients with rare or complex mental health disorders may be treated by psychiatrists, but there are only about 12 psychiatrists for every 100,000 people in Canada and the average wait time for a [non-urgent case is 11 weeks](#).

In Canada, [89 percent of family physicians carry out psychotherapy or counselling and 83 percent offer mental health assessment and prescribe drugs for mental health difficulties](#). In 2015/16, [six percent of payments to family physicians](#) were for psychotherapy and counselling services. Despite this, [many of them report being uncomfortable providing counselling themselves](#), for reasons ranging from a perception that they are inadequately trained for such work, to time constraints. Family physicians also report a number of barriers to referring patients to psychologists, the largest being cost, since non-physician counselling services are not covered by public health insurance.

Historically, [approximately 80 percent of consultations with psychologists were within the private system](#), with only some of the cost covered by private insurance and most of the remainder coming out of consumers' own pockets. This avenue to receiving care is likely inaccessible to many Canadians, as psychology services cost \$150 to \$220 per hour. Those without stable employment and the associated extended health benefits are likely to continue having to rely largely on general practitioners for mental health care. Even with private health insurance coverage, the funds available for psychological counselling may not be sufficient to cover the total cost of treatment.

No provincial or territorial public insurance plan currently permits the reimbursement of providers of counselling, psychotherapy and psychological services unless they are physicians who practice within the present public system.

To alleviate the burden of mental health issues on family physicians and get better care for their patients, governments should consider options to leverage the existing mental health workforce in the private sector. This could be done through funding of private counselling services for those who do not have private insurance, similar to the model used in [Australia](#). Another option is to integrate more diverse options for mental health services into the primary care setting through multi-disciplinary care teams, an approach used in the [United Kingdom](#) where the capitation-based method of financing primary care is more compatible with team-based care than the fee-for-service method that prevails in Canada and the US.

Both options have shown promise and [have the potential to yield savings](#) to the overall health system as well as improved patient outcomes.

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