

# Increasing Access to Mental Health Care Through Government-Funded Psychotherapy: The Perspectives of Clinicians in Quebec

Stacy Bradley, MA, PhD Candidate

Martin Drapeau, PhD

McGill Psychotherapy Process Research Group



# Survey Development

- ◆ **Literature Search & Identification of Seminal Documents**
  - ◆ **Key Literature: IAPT & BOiMHC**
    - ◆ McGill Research Librarian
    - ◆ Search: Pubmed, Medline, Psych Info, Google, IAPT & BOiMHC websites' lists of publication
    - ◆ Training Instructions & Program Guidelines
  - ◆ **Founding reports in Canadian context**

# Survey Items

- ◆ **Demographic section**
- ◆ **Prioritization of services**
- ◆ **Mental health problems to be included**
- ◆ **Modalities of treatment**
- ◆ **Psychotherapy sessions funded per year**
- ◆ **Clinician discretion in treatment approach & materials**
- ◆ **Referral sources**
- ◆ **The role of the family physician**
- ◆ **Tracking professional competency/treatment outcome /client satisfaction**
- ◆ **Service fee & payment**
- ◆ **Work setting (e.g., public vs private)**
- ◆ **Most questions asked participants to rate their agreement on a 5-point Likert scale, 1 being 'Strongly Disagree' and 5 being 'Strongly Agree', or to rank their preferences in descending order**

# Participants

- 🔹 Licensed psychologists & psychotherapists in active psychotherapy practice
  - 🔹 Public & private sector
- 🔹 Recruitment: Email

<b>Population</b>	<b>Psychologists</b>	<b>Psychotherapists</b>	<b>Total</b>
<b>Recruitment</b>	<b>4542</b>	<b>512</b>	<b>5054</b>
<b>Sample*</b>	<b>1109</b> (87%)	<b>166</b> (13%)	<b>1275</b>
<b>Response Rate</b>	<b>24%</b>	<b>32%</b>	<b>25%</b>

\*Current sample: French-speaking participants only

# Results

Survey Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Access to psychotherapy services should be increased in Quebec.	5%	0%	1%	16%	77%
Psychotherapy services should be partially funded by the government.	2.9%	3.4%	3.5%	36.2%	54%
Psychotherapy services should be fully funded by the government.	8.7%	21.1%	13.3%	30.5%	26.4%
<i>Access to psychotherapy services should be increased by:</i>					
Creating new positions for clinicians in the public sector.	2.9%	4%	5.5%	31.7%	55.8%
Funding services offered in the private sector with government funds	4%	7%	6.8%	36.5%	45.6%

# Results

Survey Item	%
<i>Within a new government-funded psychotherapy system, treatment for which of the following mental health problems should be paid for through government funding? (Please select as many as you see fit)</i>	
Couple/Marital difficulties	51%
Disorders found in the DSM, ICD, or another established classification of mental disorders	<b>92%</b>
Family Difficulties	<b>71%</b>
Interpersonal difficulties	55%
Personal problems (e.g. existential problems)	46%
Psychological functioning related to problems in health, injury, or illness	51%
<i>A client must meet the criteria for a diagnosable mental health disorder (DSM, ICD) in order to receive psychotherapy services</i>	<b>86%</b>

\* When asked to rank the top 3 presenting problems to be prioritized: **DSM/ICD disorders, Psychological functioning related to health etc., & Family difficulties**

# Results

Survey Item	%
<i>Within a new government-funded psychotherapy system, treatment for which of the following mental health disorders should be paid for through government funding? (Please select as many as you see fit)</i>	
Anxiety Disorders	<b>91%</b>
ADHD and Disruptive Behavioural Disorders	77%
Eating Disorders	74%
Mood Disorders	<b>90%</b>
Personality Disorders	79%
Pervasive Developmental Disorders	78%
Schizophrenia and other Psychotic Disorders	<b>83%</b>
Sexual Disorders	54%
Somatoform Disorders	65%

\* When asked to rank the top 3 diagnoses to be prioritized, the same 3 choices were highlighted in descending order: **Mood Disorders, Anxiety Disorders & Schizophrenia & other Psychotic Disorders**

# Prioritizing

## How should services be prioritized?

- Age group: 15%
- Severity of mental health problem: 46%
- Prevalence of mental health problem: 39%

Survey Item	1	2	3	Total
<i>If government-funded psychotherapy had to be implemented in phases or steps over a period of time (months or years), in what order would you prioritize treatment for the following age groups? (ONLY 3 CHOICES)</i>				
Children (12 and under)	61%	6%	7.3%	74.3%
Adolescents (13 to 17)	8.9%	59.1%	17.4%	85.2%
Young Adults (18 to 30)	15.5%	18.3%	44%	77.4%
Adults (31 to 64)	13.5%	13.5%	17.5%	44.4%
Older Adults (65+)	1.1%	3.1%	13.8%	17.9%



# Type of Treatment

Survey Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>The following services should be covered under a new government-funded psychotherapy system:</i>					
Couple Therapy	4.9%	10.9%	24.7%	30.6%	28.9%
Group Therapy	4.8%	7.2%	23.8%	32.4%	31.9%
Family Therapy	2.2%	1.6%	10.4%	<b>41%</b>	<b>44.8%</b>
Individual Therapy	1.7%	1%	2.4%	<b>25.4%</b>	<b>69.5%</b>

## ◆ Number of sessions per year

- ◆ 5-10 sessions: 20%
- ◆ 11-16 sessions: 25%
- ◆ 17-22 sessions: 20%
- ◆ 23-30 sessions: 12%
- ◆ 31-40 sessions: 12%
- ◆ Unlimited sessions: 8%

U.K. IAPT program & Australian program aim to offer approx. 6-10 sessions annually, with additional sessions for unique circumstances

# Clinician Discretion

Survey Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>In a government funded psychotherapy system the treating clinician should be allowed to choose and to offer:</i>					
Any psychotherapy approach (e.g. CBT, IPT) he/she deems appropriate	4.3%	10.2%	7.9%	<b>29.2%</b>	<b>48.4%</b>
Any psychotherapy approach considered to be evidence-based by a neutral agency after a review of the scientific evidence	6.6%	13.8%	15.4%	29.2%	35%
Any psychotherapy approach pre-approved by the government program	10.5%	17.8%	14.8%	31%	25.8%
<i>When written material (e.g. handout, book) is given to clients, the clinician should:</i>					
Be able to choose any treatment materials/literature he/she deems appropriate	1.6%	5.6%	5.8%	<b>34%</b>	<b>52.8%</b>
Use treatment materials/ literature only if they have been approved by the program	22%	39.9%	16.8%	14.3%	6.9%
Use treatment materials/literature that are mandated by the program (e.g. specific self-help books)	<b>31.2%</b>	<b>37.7%</b>	17%	11%	3%

# Referral Sources

Survey Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>To gain access to government-funded psychotherapy services, a formal request for services could come from:</i>					
Client's Employer	15.2%	30.2%	19.9%	21.6%	13%
Client (self-referral) and/or client's family	2.7%	7.9%	8%	32.2%	49%
Community Organization (e.g. Ami-Quebec)	4.4%	8.7%	21.9%	36.5%	28.5%
Family Physician	1.9%	1.3%	3.2%	29.6%	64%
Guidance Counsellor (school setting)	3.6%	5.4%	13.5%	42.4%	35%
Pediatrician	1.7%	1%	3%	31.2%	63%
Psychiatrist	1.3%	1%	2%	26%	69.6%
Psychologist	1%	1.4%	2%	25.7%	69.6%
Social Worker	2.3%	2.3%	5.1%	32.7%	57.6%

- ◆ In favour of using multiple points of referral for government-funded services, as opposed to a limited referral avenue, such as the family physician only in the Australian programs

# Family Physician's Role

Survey Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>If a family physician referred a client to a psychologist / psychotherapist for psychotherapy:</i>					
The psychologist/psychotherapist should be responsible for deciding the type of psychotherapy treatment (e.g. CBT)	.6%	1.3%	.6%	<b>18.8%</b>	<b>78.9%</b>
The family physician should be responsible for deciding the type of psychotherapy treatment (e.g. CBT)	<b>60.3%</b>	<b>32.1%</b>	4.6%	2.5%	.5%
The psychologist/psychotherapist should be responsible for deciding the length of treatment	.7%	3%	3.3%	<b>32.4%</b>	<b>60.6%</b>
The family physician should be responsible for deciding the length of treatment	<b>61.8%</b>	<b>31.3%</b>	4.3%	2.2%	.5%
The psychologist/psychotherapist should conduct a follow-up meeting after termination	1.3%	4.2%	14.9%	<b>37.1%</b>	<b>42.5%</b>
The family physician should conduct a follow-up meeting after termination	22.9%	26.1%	27.1%	17.6%	6.3%

# Work Setting

Survey Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>In a new government-funded psychotherapy system, psychotherapy services should be offered by a clinician who:</i>					
Works in independent private practice	3%	4.8%	12.7%	<b>36.6%</b>	<b>42.4%</b>
Works in a private psychotherapy clinic (group practice)	2%	2.7%	11.4%	<b>37.2%</b>	<b>46.8%</b>
Works within a government-owned and operated facility (e.g., hospital, CSSS/CLSC, etc.)	2.6%	3.4%	9.3%	<b>31.9%</b>	<b>52.8%</b>
Works in a medical clinic	2.3%	2.3%	13.8%	<b>36.6%</b>	<b>45%</b>

# Salary & Fees

Survey Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>Clinicians offering government-funded psychotherapy services should:</i>					
Be hired full-time by the program, and receive a yearly salary	19.7%	25.9%	21.5%	18.1%	14.8%
Be hired part-time by the program, and receive a yearly salary	18.9%	25%	24.7%	20.9%	10.5%
Receive payment from the program on a session-to-session basis (i.e. fee for service)	3.4%	5.5%	8.5%	29%	53.6%
<i>Clinicians offering government-funded psychotherapy services should:</i>					
Charge a session fee predetermined by the government program (e.g., government reimburses the clinician a set fee per hour)	10.4%	18.7%	16.1%	31.1%	23.7%
Determine their own fee, a portion of which would be covered by the government	6%	18.5%	11.5%	30%	39.7%

# Fees

- ◆ **Lowest acceptable pre-set hourly fee**
  - ◆  $M = \$87$  ( $SD = 13.94$ )
    - ◆ Low compared to Australian Psychological Society Recommended Fee Schedule: \$122-222 (see Peachey, et al., 2013).
- ◆ **Self-determined hourly fee**
  - ◆  $M = \$98$  ( $SD = 16.79$ )
- ◆ **Minimum reimbursement to client**
  - ◆  $M = \$72$  ( $SD = 30.99$ )
- ◆ **Further analysis will help determine differences in fees between groups of participants (e.g., psychologist vs. psychotherapist; private vs. public, and different geographical regions)**

# Conclusion

- ◆ **Psychologists & psychotherapists in this sample strongly believe in the need for increased access to psychotherapy**
- ◆ **Mirroring the U.K. & Australian government-funded mental health programs, there is a need for services for those with anxiety & mood disorders**
  - ◆ **Additionally, those with schizophrenia, psychological functioning related to problems in health & family difficulties**
  - ◆ **The focus on psychological functioning related to problems in health may be related to the increasing recognition of the role of mental health professionals in treating health problems (Graff, Kaoukis, Vincent, Piotrowski & Edigar, 2012)**
- ◆ **Contrary to the principles in the U.K. & Australian programs, the concept of *severity of mental health concern*, not only prevalence, is of importance in prioritizing government-funded services**



# Conclusion

## ◆ Similarities with the Australian programs

- ◆ Offering services from both public & private work settings
- ◆ Partial reimbursement for treatment
- ◆ Payment on a session-to-session basis
- ◆ Support for the use of evidence-based practice with flexibility for autonomy in clinician choice of treatment
- \* Opposition to the central role of the family physician as gatekeeper and decision maker in psychotherapy treatment

## ◆ Similarities with the U.K. IAPT program

- ◆ In favour of multiple referral sources
- ◆ Including employment assistance with psychotherapy treatment

# Questions

**Thank you!**

**For all survey results please see Bradley & Drapeau (2014),  
Increasing access to mental health care through government funded  
psychotherapy: the perspective of clinicians, *Canadian Psychology*,  
55(2), 80-89.**

**[martin.drapeau@mcgill.ca](mailto:martin.drapeau@mcgill.ca)**