

**ABSTRACT - Equitable access to the  
psychotherapy services in Quebec**  
English summary

Une production de l'Institut national  
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This is the English summary of the guidance entitled Accès équitable aux services de psychothérapie au Québec published in January 2018.

The complete version of this guidance (in French) is available on the website of INESSS in the Publications section.

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# SUMMARY

The magnitude of mental health problems and mental disorders in society incite the health authorities in many countries to address the issue of accessibility of psychological care and services. In fact, it is considered that more than one in five people will have to deal with a mental disorder during his lifetime. Anxiety disorders and depressive disorders, being the most common, account for nearly two-thirds of all mental disorders. Less than half of those with common mental problems or disorders affected will seek professional help. The fear of stigma and the presence of factors that restrict access to psychological interventions in the public network are among the obstacles observed. In order to address the concerns raised by this reality, the MSSS (Ministry of Health and Social Services) have mandated the National Institute of Excellence in Health and Social Services (INESSS) to inquire into the organizational and economic issues related to the improvement of access to psychotherapy services for the Quebec population<sup>1</sup>.

In Quebec, as well as in other Canadian provinces, the current situation is such that majority of people who seek medical advice for mental health problems or disorders are given a pharmacological treatment. The international clinical practice guidelines, however, recommend the use of psychological interventions, including psychotherapy, in the treatment of anxiety and depressive disorders. Many studies have shown that such interventions are as effective as medications in treating most common mental problems and disorders in children and adolescents, as well as in adults of all ages. When left untreated, mental problems and disorders tend to become more severe, recurrent and chronic. In addition, the social and economic burden related to the mental disorders becomes even heavier because of the high rate of comorbidity and the risks of developing another health issue, mental or physical. Moreover, in the industrialized countries, these constitute the main cause of disability and entail significant costs. In Canada, one third of the hospitalizations and causes of disability are due to mental health problems and disorders.

Under the Act 28, passed in Quebec in 2009 and commonly known as the Bill 21, psychotherapy is defined as follow: "Psychotherapy is psychological treatment for a mental disorder, behavioural disturbance or other problem resulting in psychological suffering or distress, and has as its purpose to foster significant changes in the client's cognitive, emotional or behavioural functioning, his interpersonal relations, his personality or his health. Such treatment goes beyond help aimed at dealing with everyday difficulties and beyond a support or counselling role". Psychologists and doctors can practice psychotherapy. Equally, guidance counselors, occupational therapists, nurses, psychoeducators, social workers, marriage and family therapists

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<sup>1</sup> Two reports on the effectiveness of psychological interventions were published by INESSS in June 2015: the cost / effectiveness compared between pharmacological treatment and psychotherapy, and the coverage of this care in other jurisdictions. These documents are available in the Publications section of the website [inesss.qc.ca](http://inesss.qc.ca)

and sexologists, who are members of their respective professional associations and hold a psychotherapist's permit issued by the *Ordre professionnel des psychologues du Québec*, are authorized to offer this treatment.

## **Methodology and limits**

This document incorporates the updating of the scientific data presented in the first two INESSS reports on the subject of psychotherapy. The literature coverage has also been expanded to include all mental disorders and age groups. Data on three programs in England and Australia implemented to facilitate access to psychological care and services were also updated. These include the *Improving Access to Psychological Therapies* (IAPT) program, which has been in place for 10 years in the United Kingdom, and Australian programs *Access to Allied Psychological Services* (ATAPS) and *Better Access to Psychiatrists, Psychologists and General Practitioners* (Better Access). These programs were first selected as part of this study due to the similarities between the health systems of these two countries and that of Quebec. Another reason to consult these programs was the availability of performance data based on their long-standing history.

INESSS also collected contextual and experiential information in order to take into account the standpoints of the users, professionals and experts regarding psychotherapy services in Quebec. The combination of data from these various consultations and documentary sources has made it possible to answer the four evaluation questions framed to inform the MSSS. However, due to significant limitations related to the availability of data and certain kinds of necessary expertise, INESSS was unable to specify the operational modes and organizational strategies to be adopted for improving access to psychotherapy services; neither could it estimate the related costs.

## **Main findings**

In Quebec, in addition to the legal distinction between psychotherapy and related practices, there are two broad categories of psychological intervention mentioned in the literature, namely: low-intensity interventions and high-intensity interventions. The low-intensity interventions, generally based on cognitive-behavioral theoretical models, are provided by professionals who do not necessarily have specific professional training in mental health. Guided self-help, psychological education, healthy lifestyle habits training, problem solving and structured physical activity programs fall into this category. High-intensity interventions, for their part, involve weekly sessions in the presence of a properly trained professional according to the standards established in each jurisdiction. Training in social or parenting skills, various cognitive-behavioral interventions, group therapies and brief therapies, as well as psychotherapy as defined in Quebec are some examples of this type of high-intensity interventions.

### **1. Who should have access to psychotherapy?**

People of all age groups who have mental health problems or disorders may benefit

from psychological interventions.

- Studies show that low- and high-intensity interventions, including psychotherapy, are efficient treatments for most common mental problems and disorders in children, adolescents, young adults and adults, as well as in the elderly people.
- Even when accessible to all, the programs implemented in England (IAPT) and Australia (ATAPS, Better Access) are used mainly by adults with anxiety or depressive disorders.
- Experts and stakeholders consulted in Quebec believe that the access to psychotherapy should not be limited by age or mental disorders categories.
- However, while the effectiveness of psychotherapy is demonstrated to treat people of all ages and with various mental disorders, this type of intervention is not suitable for everyone. Before choosing this therapeutic option, the professional qualified to offer psychotherapy must perform a rigorous evaluation that comprehensively takes into account the preferences and the needs of the user, his treatment history, his individual biopsychosocial and cultural factors, as well as his condition and abilities.

## **2. When psychotherapy is indicated, which types and modalities of therapies should be favoured?**

The efficacy of various psychological interventions, including psychotherapy, is generally comparable. The observed differences are small, and they are more closely tied to the age group and type of mental disorder than to the therapeutic approach itself. The efficacy of psychological interventions also depends on the personal characteristics of the therapist and the user, as well as on the factors common to all psychological interventions.

- Cognitive-behavioral interventions are the most studied and their efficacy is demonstrated for the treatment of anxiety and depressive disorders. It is also these interventions that are most often offered within the English and Australian programs.
- According to the scientific data and the examined practice guidelines, the number of sessions required to observe a significant clinical change and a return to normal functioning, in the majority of people treated, is between 10 and 20.
- The experience of the English and Australian programs reveals that people attend, on average, 5 to 6 sessions, even when they have access to a maximum of 10 to 18 sessions. These interventions are almost entirely offered in one-on-one sessions.
- Experts and stakeholders consulted in Quebec recognize that the choice of the therapeutic approach and the duration of treatment remains essentially based on the clinical judgment of the professional, on the preferences and needs of the user and on the user's response to treatment.

### **3. At which stage of treatment should psychotherapy be considered?**

Most clinical practice guidelines recommend that psychological interventions for people with common mental disorders be offered as part of a stepped-care model and integrated into primary health care services.

- Low-intensity interventions are typically provided in the early stages of the model and high-intensity interventions, including psychotherapy, at subsequent stages. However, these stages, are not necessarily sequential. Therefore, high-intensity interventions, including psychotherapy, can be offered at any time depending on the needs of the user.
- The IAPT program, which has been successfully functioning in the United Kingdom for the past 10 years, is based on a stepped-care model and integrated into primary health care services. The program has focused on training and staffing in these services to improve access to psychological interventions, including psychotherapy, for people with common mental problems or disorders.
- Australian programs (ATAPS, Better Access) are based on a model of collaborative care. After analyzing the performance of these programs, the Government of Australia has undertaken a major reform of its mental health services: these will be fully integrated into a stepped-care model and into primary health care services by 2018- 2019.
- The stepped-care model is similar to the prioritization of mental health services advocated in Quebec. Psychological interventions similar to those offered in the English and Australian programs are offered to the Quebec population by professionals of the health and social services network, family medicine groups and community organizations.
- Guided and unguided self-help programs, which are low-intensity interventions frequently offered in stepped-care models, have received a favorable evaluation and are being provided in Quebec.
- In Quebec there are a large number of psychologists and psychotherapists, and more than half of them are in private practice.

### **4. What are the costs and benefits of psychotherapy?**

The work of INESSS confirm that health benefits as well as economic gains resulting from the treatment of common mental disorders have been consistently observed in the jurisdictions studied.

- According to the WHO, the return on investment for each dollar would be US \$ 5.3 for the treatment of depression and US \$ 4.0 for anxiety disorders. According to an economic analysis carried out in France, this ratio is estimated at 1.36 EUR for every euro invested in psychotherapy to treat depression, and at 0.76 EUR in cases of anxiety disorders.
- Canadian and Quebec data suggest that the return on investment here would be \$ 2 for every dollar invested in psychological services for the treatment of


depression.

- A five-year, German field-study shows that this investment is cost-effective not only for the treatment of common mental disorders, but also for personality disorders and other complex disorders. Moreover, it reveals that the investment remains profitable even if the treatment extends, on average, over thirty sessions of psychotherapy.
- Data from the English and Australian programs also confirms the cost-effectiveness of investing in psychological interventions, including psychotherapy, for the treatment of common mental problems and disorders.

### **Conclusion**

The state of knowledge carried out by INESSS confirms the efficiency and cost-effectiveness of psychological interventions, including psychotherapy, in the treatment of mental health problems and common mental disorders. We hope that these studies will inform the decision-makers as to the orientations to be pursued in order to respond to the needs of people with such problems, for their own benefit, that of their loved ones and that of the Quebec society.

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