

**Submission to the Select Committee**

**on**

**Mental Health and Addictions**

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**by**

**Ontario Society of Psychotherapists**

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## **Executive Summary**

The Ontario Society of Psychotherapists represents over 300 members who provide service to more than 15,000 people each year across Ontario in private practice settings. Our members provide services that are accessible, culturally sensitive, and cost effective. Offering services outside of the medical model allows Ontario residents a route to mental health care that avoids much of the stigma attached to psychiatric care.

Psychotherapists play a significant role in the provision of mental health services in Ontario which has largely gone unrecognized. The College of Psychotherapists and Registered Mental Health Therapists will soon govern our members and more than an estimated 800 other therapists operating in the province. Greater opportunities for inter-professional collaboration and public recognition of the role psychotherapists play are now possible.

## **Who Are We?**

The Ontario Society of Psychotherapists [OSP] was founded 17 years ago to promote a high standard of practice in psychotherapy and to offer professional development opportunities for members, particularly those operating in private practice outside of other regulatory colleges in the province. At present we have more than 300 members, with 84 % practicing in large centres like Ottawa, Toronto or London and another 16% practicing in smaller centres like Mindemoya or Smith Falls. Approximately 15% of our members are registered members of statutory colleges [Nursing, Physicians and Surgeons, Social Workers, Psychologists, Early Childhood Educators]. The great majority of our members operate in private practice settings; a very small minority offer services through public sector such as University Counselling Services, Corrections Facilities or Family Resource Centres.

There are many associations operating locally or internationally for therapists practicing a particular modality [eg psychoanalytic psychotherapy, expressive arts therapy] or from a particular theoretical orientation [Jungian analysis or solution focussed psychotherapy]. While our members may belong to several of these as well, OSP represents its members' ambitions for enhanced public access to high quality psychotherapy services.

The regulation of the controlled act of psychotherapy<sup>1</sup> was legislated in 2007. In the coming years, the college will admit members and offer quality assurance measures. Combined with the other professional organizations which operate alongside OSP across Ontario, the number of [as yet] unregulated psychotherapists working in Ontario is estimated between 3,000 and 6,000. We estimate that 15,000 to 20,000 Ontarians use the services of a psychotherapist in a private practice setting each year.

## Who Are Our Clients?

Our clients really come from all walks of life; some are children and others are seniors. Some manage disabling depression to work part time or sporadically while others hold positions of significant responsibility in the public, private, social services and corporate sectors. Many work in offices, schools and businesses and live on farms, acreages and city neighbourhoods. Some are artists, students and retirees. What they have in common is that their needs are not met in the public healthcare system and they access psychotherapy in the private sector.

What are those needs?

### I. Availability of Treatment

Over 75% of Ontarians live in communities of 100,000 people or more and these centres, even Thunder Bay and Sudbury in the north, offer psychotherapists in private practice who are affiliated with the major provincial professional associations. People who find themselves in need of treatment can generally see one or more psychotherapists within one week. Telephone listings, internet referral services from the provincial associations and local advertising provides contact information and word of mouth often provides specific recommendations.

Publicly funded services offered through agencies that offer mental health services [generally very limited psychotherapy] are often geared to specific situations [eg addictions or relapse prevention, or family breakdown] and accessing these services requires participation in psychoeducational or case management measures. Publicly funded services offered through hospitals, M.D.s and family practice clinics are often targeted to specific treatment needs [eg.

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<sup>1</sup> Bill 171 defines psychotherapy as: *to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.*

psychotic decompensation, psychopharmacology] but psychotherapy is offered only through a few practicing psychiatrists or M.D.s in General Practice.

## **II. Non Stigmatizing Treatment**

In the public mind and popular representation there is a division between ‘therapists’ for people who are struggling to bring more meaning or satisfaction to their lives or people sympathetically beleaguered with emotional hardships, and the psychiatrist or the doctor for the person who is mentally ill. [There may even be a third category: the social worker for the person who is dysfunctional or has specific life problems]. While much progress has been made to educate the public that mental illness occurs in families of every social stratum, the public sector, by definition, can only respond to a medical or a social ill.

Private psychotherapy can be sought to enhance functioning, to console those suffering ‘a malady of the soul’, to understand a difficult childhood or to work through current relationship difficulties. The route to treatment need not be stigmatizing. This allows a wider cross section of people to seek out treatment and to find treatment sooner than might otherwise be possible.

## **III. Confidentiality of Treatment**

Some clients require a higher degree of privacy and confidentiality than is possible in a public medical or public social work setting. Discrimination and the perception of discrimination toward people who have sought medical attention for psychological difficulties is a real factor in the workplace and the insurance marketplace. Breaches, real or perceived, in the confidentiality afforded medical records also provides the incentive for some people to seek treatment outside the public domain.

## **IV. Cultural Sensitivity**

Clients coming from specific communities [eg ethno-cultural communities, Deaf/Hard of Hearing community, people identifying as LGBTQ] seek therapists who, by reputation or credentials, are already familiar with the contingencies of life in these communities. In stigmatized communities this often makes seeking treatment possible where the possibility or experience of discrimination in a mainstream treatment centre or agency poses an insurmountable barrier.

## **V. Choice of Practitioner**

A good deal of research<sup>2</sup> has shown that the client's subjective sense of the early therapeutic alliance with the therapist is significant in predicting therapeutic outcome. In practical terms, being able to pick your therapist is highly valued and this is not generally available in the public system.

## **VI. Practicing in Rural Settings**

Therapists are often more willing to work and live in smaller, rural centres without hospitals or other clinical resources than other regulated health professionals.

## **VII. Cost Effectiveness**

The service provided by psychotherapists in private practice settings is very cost effective. Fees generally range from \$60 - \$150 per session, and most therapists do some work pro bono or for reduced fees. Very few insurers cover psychotherapy unless it is provided by a registered psychologist at a fee generally nearly double the rate charged by psychotherapists. Many people pay more than \$3,000 annually in fees to a psychotherapist in private practice for their mental health needs.

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<sup>2</sup> See for example the research from the McGill Psychotherapy Process Research Group, 2008: Tellides, C., et al.

## Conclusion

The role that psychotherapists play in the provision of mental health service in Ontario is often unacknowledged or misunderstood, but it is not inconsequential. Self-regulating [non-statutory] psychotherapists in private practice settings have been meeting vital mental health needs for thousands of Ontarians for more than three decades.

Psychotherapists in private practice are accessible in urgent circumstances and are available in centres without hospitals or other health care services. In many cases, we are the only provider who can meet the client's needs for privacy, and cultural sensitivity. Where social stigma may prevent people from seeking help, our non-medical, non-psychiatric orientation allows people to ask for help or seek treatment before it has reached crisis proportions. Psychotherapy is both therapeutically effective and cost effective.

The establishment of the College of Psychotherapists and Registered Mental Health Therapists creates a vehicle to bring several thousand private practice psychotherapists into the web of inter-professional collaboration to meet the mental health needs of Ontarians. Recognition of the unique contributions of psychotherapists, and opportunities for working together with other professionals lie ahead.