The lack of parity in funding for treatment of physical illness and mental illness reflects the persistence of Mind/Body dualism in modern society. Some countries are more enlightened than others, such as Australia where funding for up to 12 sessions per year with a psychologist is provided as part of the Medicare system (Moulding, et al., 2009). In all but 16 states in the United States funding is provided for the treatment of psychological disorders, although there is much variability between states regarding the amount of funding provided (Clay, 2012).

The First Ministers’ Accord on Health Care Renewal in 2003 (http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2003accord/index-eng.php#share) has resulted in many of Canada’s provinces and territories moving toward Collaborative Health Care (CHC), which provides an opportunity for the integration of psychological services into primary medical care settings. There are a variety of models of CHC in use across Canada and internationally, and one of the current projects of the BCPA Advocacy Committee involves reviewing several models of CHC, collaborating with the Faculties of Medicine and Interprofessional Education at UBC, and advocating for funding for psychological services. Funding for psychological services, whether or not integrated with primary health care, continues to be an issue for many Canadians who lack coverage or have insufficient coverage to meet their treatment needs. In spite of the growing evidence that psychological services can save health care costs in the long term (Hunsley, 2002), our government has not provided extended medical funding for psychological services.

As many of you are aware, the Canadian Psychological Association (CPA) conducted a national survey in 2011 on Canadians’ perceptions of psychological services. Results are presented on the CPA website for the country as a whole, and results are also broken down for each province/territory (www.cpa.ca/polls). In 2012 the BC Psychological Association surveyed its members regarding access to Psychological Services for British Columbians. In this article, a brief summary of the perceptions of our BC residents per the CPA survey is described, and results of our recent survey of BC Psychologists are presented in the charts and table below.

Results from the 2011 CPA survey, which a total of 336 British Columbia residents completed, show that:

- 35% believe that MSP covers services of psychologists
- To access a psychologist, 59% of BC residents surveyed would go to their GP for a referral
- 82% reported that having to pay out of pocket to see a psychologist presents a somewhat significant or a very significant barrier to seeing a psychologist
- 75% stated that the absence of MSP coverage constitutes a somewhat significant or very significant barrier to accessing services
- The vast majority (82%) of BC residents surveyed indicated that it is important or very important for psychological services to be covered by public health plans (i.e., MSP).
BCPA SURVEY OF PSYCHOLOGISTS
Psychologist members of BCPA were invited to participate by way of email advertisements and weekly “e-blasts”, which were run between January and February of 2012. Of the 630 BCPA members who are Registered Psychologists, 141 completed the survey (22% response rate).

RESULTS
Snapshots of the results are shown in the figures below and summaries of the written comments of the psychologists who completed the survey are provided in Table 1. The average number of clients seen per week by the respondents of this survey is 12. Fifty-seven of the psychologists who completed the survey (40%) treat from 1–10 clients per week on average; 45 (32%) treat between 11–20 clients per week on average; 21 (15%) treat between 21–30 clients a week on average, and 1 (0.7%) energetic psychologist treats 40 patients a week, on average.

As shown in Figure 1, the majority of respondents (62.4%) are in favour of MSP coverage for psychological services, 23.4% are not sure or don’t know if they are in favour, and 14.2% are opposed to MSP coverage for psychological services.

Figure 1. Percentage of Respondents in Favour, Opposed, or Unsure about MSP Funding for Psychological Services.

Not all respondents provided reasons for their choice; however, rationales that were provided are summarized in Table 1. Please note that the statements in Table 1 do not necessarily reflect the views of the BCPA Board of Directors, but rather reflect views of individual members of BCPA.

![Figure 1: I am in favour of MSP coverage for psychological services to all British Columbians]
Table 1. Comments of Respondents, Summarized into Themes.

<table>
<thead>
<tr>
<th>Are you in Favour of MSP for Psychologists?</th>
<th>Comments</th>
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| Yes                                        | • **Cost Effectiveness:** Psychological services reduce health care costs through prevention and teaching self care skills (hence, fewer physician visits), lead to better management of stress and symptoms, may reduce the need for expensive prescriptions, makes good economic sense in the long term  
  • **Holistic:** Allows for more holistic treatment; psychology is as important as other services, which are covered in full or in part by government extended medical (physiotherapy, chiropractors, massage therapy)  
  • **Professional Recognition and Relationships:** would give more recognition to psychologists; opportunity for improved professional relationships with physicians  
  • **Equitable Access:** Everyone has the right to appropriate psychological care; funding improves accessibility for all BC residents; fewer people will fall between the cracks; risks associated with low SES alone would direct the consideration of universal coverage, as it did when universal health care was considered; cost is a barrier for many, leading to greater suffering; there is a huge demand for testing (psychological and neuropsychological) that is not being met due to lack of financial coverage, from children to the elderly; there is a huge gap between needs of BC residents and health care coverage; seriously mentally ill patients cannot afford psychological care in private practice; we are the only member of the G8 that does not provide these services.  
  • **Avoids Biased Treatment:** A reliance on psychiatric treatment due to the cost of psychological services biases therapy  
  • **Simplified Billing and Time Savings:** Multiple third party payers make my business very complicated; a single payer would greatly simplify it, freeing time to actually deliver billable services. |
| No                                         | • **Less Psychologist Autonomy:** would interfere with patient care; I would rather have less government involvement, and it can interfere with how we meet patients’ needs; danger of losing professional autonomy and being forced to use ‘evidence–based practices’ or whatever the current fad is instead of giving the client what they need; Would severely limit what can be treated and for how long; It is important for us to retain control over our services so we can take the requisite time with clients and use professional clinical judgement based on full knowledge of the individual client regarding therapeutic decisions; ministry control of scope of services would not be good for the profession; likely would be too many restrictions and red tape; against the takeover of my profession by government; would degrade and complicate the profession, seriously affecting my work satisfaction  
  • **Low Fees:** I am concerned psychologists will be forced into providing services at very low rates. We should focus on working with companies to extend the number of sessions for extended benefits and have many more companies provide extended benefits; having government set a flat rate with no option for a user fee would put psychology in a very difficult position, as government could set very low fees along with the requirement that we work for that fee; would lead to lower fees; fee for service will likely drop hourly rates substantially  
  • **Other:** Causes problems for continuity of services when people’s circumstances change; extra billing is unethical. |
| Not Sure                                   | • **Low Fees:** May reduce income of psychologists who are not short of work; do not think governments would pay the amount required to make private practice a viable option; increased access to the public is warranted yet I do not want my fee structure dictated by others  
  • **Unregulated Professions:** Concern it would open the door to unregulated professions  
  • **Ambiguous Consequences:** Not sure what the drawbacks might be; not sure what the consequences would be; it is a complex issue. Generally, it is valuable for psychotherapy patients to contribute to paying for their therapy, but we also know that user fees/extra-billing results in some people not seeking services; would depend on how this is handled by government regarding confidentiality and the fee paid; not sure how extended health insurance would be affected if MSP covered services; this is a thorny issue. Yes I am in favour of increasing access to services. However I am not in favour of the government determining fees and how services are delivered. A government implemented plan could be highly problematic, such as capping the fees that psychologists could charge and/or the amount of time spent with clients and/or stipulating what type of therapy must be used, etc.  
  • **Doubtful** we would have much impact on government because we are a small group  
  • **Insufficient Information:** This is too vague. What payment? How many sessions? How managed? The question should more properly be: ‘Are you in favour of public funding of services delivered by a psychologist?’ Good luck! MSP is medical doctor focussed and this is unlikely to change. And, if it were, the government would most likely look for the cheapest providers – counsellors et al.; difficult to provide perspectives on this when no parameters are in place, such as fees. Would be less than desirable if the system was set up similar to the medical system. It would be helpful to have actual options.  
  • I think there needs to be much more discussion with a broad base of psychologists to address some of the possible and likely problems associated with MSP coverage. Perhaps a survey designed to identify the pros and cons, followed by a discussion among psychologists could be conducted prior to entering into negotiations with the government. This current survey does not provide any room for discussion or debate! |
As depicted in Figure 2, approximately half of the psychologists who completed the survey (49.4%) spend at least 90% of their working time in a private practice setting, followed by 20.7% spending less than 10% of their time in private practice. Sixteen percent spend from 31–60% of their time in private practice. Data were not examined for any possible relationship between preference for MSP coverage and percentage of private practice work engaged in.
Almost 32% of respondents would accept a minimal hourly fee of $140–$160 per hour under MSP, and 22.5% would accept $160–$180 per hour. Approximately 5% would accept less than $100 per hour, and approximately 5% would accept at minimum $180 per hour (see Figure 3).

Figure 3. Minimal Acceptable MSP Hourly Fee.
If the rate of MSP funding was set at $120–$140 per hour, approximately 50% of the respondents would see less than a third of their usual caseload (Figure 4) whereas approximately 30% would see less than a third of their caseload if funding was set at $140–$160 per hour (Figure 5). At a rate of $120–$140 per hour (Figure 4), 17.6% would see at least 90% of their caseload, whereas at $140–$160 per hour almost 30% would see at least 90% of their caseload (Figure 5).

Figure 4. Percentage of caseload that would be seen if MSP coverage was $120–$140 per hour.

I would be willing to see _________% of my average caseload if MSP coverage was $120 to $140/hour.

![Bar chart showing percentage of caseload that would be seen if MSP coverage was $120–$140 per hour.](chart.png)
The majority of respondents (65.7%) are in favour of MSP funding if extra billing were allowed; 5.7% are opposed and 28.6% are not sure (Figure 6).

Most respondents (62.4%) are in favour of MSP if they themselves could opt out, followed by 19.9% not sure, and 17.7% being not in favour (Figure 7).
Would you be in favour of MSP coverage for psychological services if MSP allowed extra–billing?

- Yes: 65.7% (92)
- No: 5.7% (8)
- Don’t Know/Not Sure: 28.6% (40)

DISCUSSION AND INVITATION FOR COMMENTARY

Of those psychologist members who completed the survey, the majority are in favour of MSP funding for psychological services and approximately 14% are opposed, with the remainder being unsure. From the commentary provided by respondents, it is evident that there is some lack of knowledge on what would occur if the government were to provide funding, such as the degree of autonomy that psychologists would have over their practice. There are important arguments for and against government funding for our services that must be taken into consideration and, as one respondent indicated, discussed and debated.

The Advocacy Committee is undertaking a review of models of collaborative care, which will include a review of funding options for psychological treatment within these models of care. Collaborative Health Care is a vast and multifaceted undertaking, involving legislation, policy and other infrastructure changes; interprofessional education initiatives within our universities and post–doctoral education in community settings; input from mental health consumers; regulation and scope of practice issues; and other factors. Rushing to adopt specific models before adequately reviewing them may be counterproductive in the long term. Stay tuned to subsequent issues of the BC Psychologist for
Would you be in favour of MSP coverage for other psychologists in BC, if you yourself could opt out of providing services under MSP?

- **Yes**: 62.4% (88)
- **No**: 17.7% (25)
- **Don't Know/Not Sure**: 19.9% (28)

more information. We invite you to submit your thoughts and any questions to the BCPA editor or the author of this paper, for possible publication in future issues of the *BC Psychologist*.

**REFERENCES**

