

CANADIAN COUNSELLING AND PSYCHOTHERAPY ASSOCIATION 2022 Pre-Budget Consultations DEPARTMENT OF FINANCE



CANADIAN COUNSELLING AND PSYCHOTHERAPY ASSOCIATION

L'Association Canadienne de Counseling et de Psychothérapie



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02 – OVERVIEW

The Canadian Counselling and Psychotherapy Association (CCPA) is a national bilingual association representing the collective voice of over 10,000 professional counsellors and psychotherapists. We call on the federal government to uphold their commitment to the Common Statement of Principles on Shared Health Priorities by revising policies that limit Canadians' access to counsellors and psychotherapists in federal health programs. Canada's mental health care system was strained before the pandemic; an estimated 5.3 million Canadians reported they needed help for their mental health in 2017, but of these, 43% (2.3 million) reported that their mental health needs were only partially met or fully unmet. The need for counselling was the most likely to be unmet (34%). Improving access to counsellors and psychotherapists would address a significant number of barriers identified in this study:

BARRIERS

- Long wait times
- Shortage of accessible mental health therapists
- Culture and language barriers
- Inequalities due to geography or demographics
- Cost of services not covered by private insurance plans

Moroz N, Moroz I, D'Angelo MS. Mental health services in Canada: Barriers and cost-effective solutions to increase access. Healthcare Management Forum. 2020;33(6):282-287. Counsellous & Psychotherapists

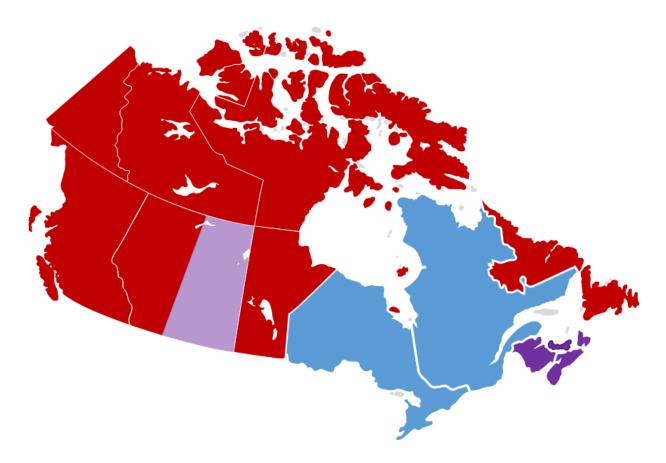
BENEFITS

- More qualified practitioners available to meet demand
- Lower wait times
- Early Intervention
- More culturally and linguistically diverse practitioners
- More practitioners with sub-specialty skills
- Increased likelihood of right fit and improved therapy effectiveness
- A more cost-effective treatment option based on hourly rate

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Five provinces have regulated the profession in the last decade: three have regulated the profession under the title of **counselling therapist** (with one in the process of awaiting proclamation), and two have regulated the profession under the title of **psychotherapist**. CCPA continues to support regulation in the remaining provinces and territories.

In provinces that have yet to regulate the profession, CCPA's **Canadian Certified Counsellor (CCC)** designation provides recognition that counsellors and psychotherapists in unregulated provinces meet the national standard for professional training, ethics, and ongoing education.



Federal health benefit programs and legislation are impacted by the evolving counselling/psychotherapy regulatory landscape because:

1- there is a misconception that the counselling and psychotherapy professions differ because they use different titles, when in actuality they are the same profession with a shared scope of practice and licensure requirements, and

2- not all provinces are regulated, and while some federal health benefit programs will recognize the services of certified counsellors/counselling therapists /psychotherapists in unregulated provinces, others will exclude them as eligible service providers.

These regulatory factors have contributed to inequalities and inconsistencies in Canadians' ability to access timely, effective, and qualified mental health care support provided by counsellors/psychotherapists through federal health benefit programs and legislation such as the Excise Tax Act and the Non-Insured Health Benefits program.



Despite these barriers, various federal mental health care plans recognize counsellors and psychotherapists from both regulated and unregulated provinces, including the Veterans Affairs health plan for retired military and RCMP members, and the Public Service Health Care Plan (PSHCP) for members of the Federal Public Service and their dependents. The Government of Canada also employs CCPA's Canadian Certified Counsellors (CCCs) nationwide in various federal Employee Assistance Programs (EAPs), and counsellors and psychotherapists are part of the therapy providers in the Wellness Together Canada program.

Other federal plans, however, only recognize those counsellors and psychotherapists from regulated provinces, such as the Interim Federal Health Program (IFHP), Non-Insured Health Benefits Program (NIHB) and the Indian Residential Schools Resolution Health Support (IRS RHS) Program. Without consistently recognizing qualified counsellors and psychotherapists in all federal plans and provinces, this leads to preventable delays in obtaining mental health support, inequality in access to care based on province of residence, and lack of continuity of care as clients transition from one federal plan's coverage to another or from one province to another.



CCPA recommends three legislative and easily actionable ways that the Federal Government can ensure consistency in federal recognition of counsellors/psychotherapists and prevent avoidable gaps in the accessibility of federal mental health supports.

O3 – RECOMMENDATION 1

CCPA recommends counselling and psychotherapy services be exempted from GST/HST, thus providing Canadians with better access to one of the most costeffective mental health care options available.

Inexplicably, a number of health providers are exempt from charging GST/HST on psychotherapy services, except for counsellors / psychotherapists themselves. In other words, if a Canadian receives psychotherapy services from a physician, psychiatrist, registered nurse, registered psychiatric nurse, psychologist, occupational therapist, or social workers, the services they receive are tax exempt. However, if that individual chooses to receive psychotherapy services from a counselling therapist/ psychotherapist who is specialized in providing these services, those same psychotherapy services are charged an added GST/HST fee. In the interest of universal accessibility and fairness, the services of counsellors/psychotherapists should also be tax exempt.

The profession of counselling/ psychotherapy is not currently tax exempt because the Department of Finance does not accept that counselling therapists and psychotherapists, who are simply regulated under different titles in the required minimum 5 provinces, are providing the same service, have a shared scope of practice, and are recognized as equivalent professions under the Canada Free Trade Agreement. These regulatory standards align with those of CCPA's CCC designation in unregulated provinces.

In December 2022, MP Lindsay Mathyssen tabled bill C-2018 An Act to amend the Excise Tax Act (psychotherapy services): This bill works to ensure that psychotherapists are treated the same as their fellow practitioners in other health care fields are, who do the same kind of work and who are exempt from the excise tax. I urge the government to get behind this very simple but very necessary bill to rectify this blatant tax inequality. The government says that Canadians' mental health is a priority, and this is an opportunity to do something good for Canadians' mental health and for tax fairness in Canada as well.

We all know the impact COVID-19 has had on people's mental health. It was a crisis before the pandemic, and we are certainly seeing the consequences on people now. This is a small but good first step to help people. I am grateful to the people who are working on this issue and who have been calling for tax fairness for psychotherapists for a very long time.

We call on the Federal Government to exempt counsellors/psychotherapists from GST/HST fees by legislatively amending either Excise Tax Act, through a finance bill or in Budget 2022 to include the profession of counselling therapy/psychotherapy in the list of GST/HST exempt health care providers under Part II section 7.

04 - RECOMMENDATION 2

CCPA recommends that the Federal Government re-instate Canadian Certified Counsellors (CCCs) to the list of approved service providers for the Non-Insured Health Benefits (NIHB) Program for First Nations and Inuit in provinces currently working toward regulating the counselling/psychotherapy profession.

There is a significant need for improved access to qualified professional mental health support for the Indigenous Peoples of Canada. Attempts at assimilation have contributed to mental health challenges for First Nations, Inuit, and Métis peoples, which, in turn, have led to harm in Indigenous communities. The loss of their culture, identity and self-determination has had profound and lasting impacts on their mental well-being.

The Non-Insured Health Benefits Program (NIHB) and the Indian Residential Schools Resolution Health Support (IRS RHS) Program provide registered First Nations and recognized Inuit with coverage for a range of health benefits, including mental health counselling. The NIHB mental health benefit is the largest-growing area in the NIHB plan, growing more than all other benefit areas combined. While Indigenous Peoples are more than twice as likely to seek professional help for mental health concerns as non-Indigenous Canadians, the NIHB and IRS RHS programs unfortunately do not provide equitable access to mental health care for all Indigenous Peoples across Canada.

CCPA's Canadian Certified Counsellors (CCCs) were eligible service providers under NIHB and IRS RHS programming until May 2015 when the designation was delisted in all provinces and territories where the profession of counselling/psychotherapy is not regulated. Health Canada decided at the time that only in exceptional circumstances, specifically rural and remote areas, would CCCs be accepted and on a limited basis. This decision has significantly reduced appropriate, universal access to mental health counselling services for Indigenous Peoples and communities across the country, and disadvantages those requiring care in unregulated provinces and territories.

In comparison, the First Nations Health Authority (FNHA) in British Columbia, who, since 2013 has held responsibility for the First Nations programs and services in the province which were formerly delivered by Health Canada, includes CCCs as eligible providers.

In September 2015, in response to the delisting of CCCs in unregulated provinces, the Assembly of First Nations (AFN) – First Nations Inuit Health Branch (FNIHB) NIHB Joint Review Steering Committee recommended immediately reinstating CCCs as eligible providers in provinces and territories that have not regulated the profession. However, this call to action was never implemented.

In the interest of equitable accessibility to mental health services for Indigenous Peoples of Canada, it is recommended that Indigenous Services Canada implement the call to action from the AFN–FNIHB Joint Review Steering Committee and immediately reinstate CCCs in unregulated provinces as eligible providers under the NIHB program, adding over 1,500 eligible providers in the unregulated provinces.

05 – RECOMMENDATION 3

CCPA recommends that the Federal Government permanently include counsellors / psychotherapists / counselling therapists as an eligible expense in the Public Service Health Care Plan, extending the Government's temporary measure.

The Public Service Health Care Plan (PSHCP) is the largest private health care plan in Canada. Before the pandemic, 50% of all approved claims under the PSHCP were in mental health.

In 2016, the Government of Canada adopted the Federal Public Service Workplace Mental Health Strategy, recognizing that "the Federal Public Service has an essential leadership role to play in supporting the mental health of its employees". However, the plan did not recognize counsellors and psychotherapists as eligible mental health providers.

The Pulse Survey on COVID-19 and its Impacts on Statistics Canada Employees (PSCISCE) recognized that many public service employees have experienced major changes in their work and lifestyle as a result of the pandemic, and found that 54% of federal public servants sampled reported their mental health as "poor" or "fair" since the COVID-19 pandemic.

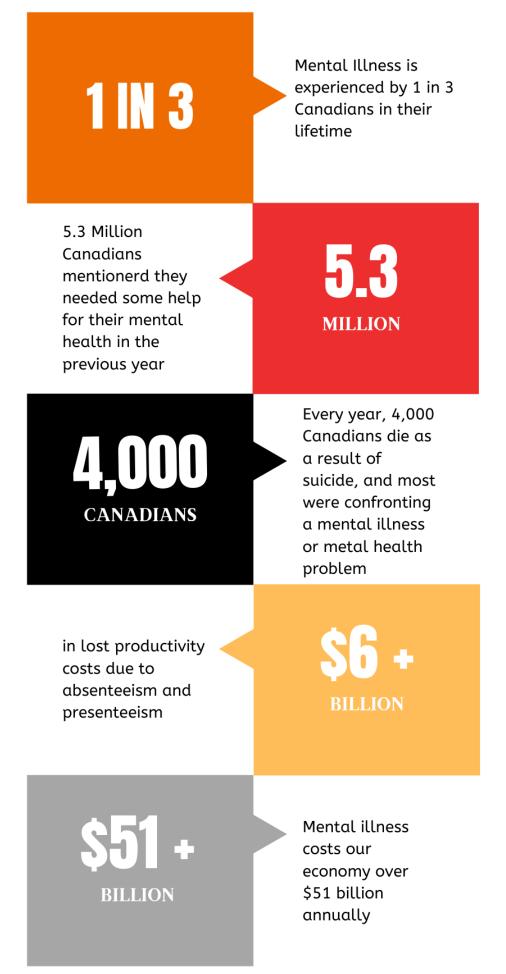
On April 24th, 2020 the Treasury Board Secretariat announced temporary changes to recognize counsellors and psychotherapists as mental health practitioners in the PSHCP to improve access to care during the COVID-19 pandemic. This temporary inclusion was nationwide: it applied to practitioners licensed in regulated provinces as well as certified through CCPA in unregulated provinces.

Plan members who are working with a counsellor/psychotherapist under this temporary measure will establish a therapeutic relationship with their mental health practitioner. If the temporary inclusion is removed, it could have detrimental impacts on the mental health of over 700,000 Federal Public Servants and their eligible dependents, and would place an increased strain on the already over-burdened public healthcare system. It would present plan members with an undue and unfair challenge, and would force them to either stop receiving treatment, pay out of pocket to continue with their current provider, or transition to a new practitioner, entering the often-long wait system to eventually begin their treatment with someone new.

Increasing the accessibility and affordability of appropriate mental health services across Canada is vital to the success of our country. The plan has not been meaningfully updated since 2006, despite a Treasury Board commitment to review it every 5 years. In April 2021, the Treasury Board resumed negotiations through the Public Service Health Care Plan Partners Committee (a joint negotiation forum consisting of bargaining agents (unions), a pensioner representative and the employer, to update the PSHCP.

Unions involved in the bargaining process support the inclusion of counsellors/ psychotherapists to the plan coverage for mental health services. We strongly urge the government, through the Treasury Board Secretariat and the National Joint Council's Public Service Health Care Plan Partners Committee, to support this recommendation and ensure permanent inclusion of this temporary pandemic measure to ensure a healthy and productive workforce and address the long-term needs of plan members.

O6 – STATISTICS



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