



CANADIAN COUNSELLING AND  
PSYCHOTHERAPY ASSOCIATION

L'ASSOCIATION CANADIENNE DE  
COUNSELING ET DE PSYCHOTHÉRAPIE

# Canadian Counselling and Psychotherapy Association

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*Submission to the*  
**House of Commons  
Standing Committee  
on Health**



Canadian Counselling and Psychotherapy Association

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**Canadian Counselling and Psychotherapy Association (CCPA)  
submission to the  
House of Commons Standing Committee on Health (HESA)**

The Canadian Counselling and Psychotherapy Association (CCPA) is a national bilingual association representing the collective voice of approximately 8,500 professional counsellors and psychotherapists. CCPA promotes the profession and its contribution to the mental health and well-being of Canadians.

Prior to the pandemic, counselling was already the most prevalent but least met need of the four mental health care needs identified in the 2012 Canadian Community Health Survey<sup>1</sup>. Counsellors and psychotherapists are in a position to assist in reversing this negative trend.

Understandably, COVID-19 has negative impacts on the mental health of Canadians. We are seeing the impact of the major stresses that the pandemic is having on Canadians through increased and widespread emotional distress and increased risk for mental illness<sup>2</sup>. A recent Abacus Data survey found that 75% of those Canadians polled felt anxious, 37% felt lonely, and 32% said they were having a hard time falling asleep because of COVID-19<sup>3</sup>. A June 2020 survey commissioned by the Centre for Addiction and Mental Health (CAMH) reports that nearly 20% of Canadians have felt anxiety and 18.4% have experienced anxiety<sup>4</sup>.

Furthermore, a recent study released by Statistics Canada<sup>5</sup> indicated that while the mental health of Canadians is decreasing due to the COVID-19 pandemic, the greatest decline in mental health occurred by Canadian youth between the ages of 15-25 years old. Women continued to report poorer mental health than men, gender diverse individuals were more likely to report fair or poor mental health than male or female identifying participants, and visible-minority groups were consistently more likely to report that the pandemic had a negative impact on their mental health. Employment loss and substance abuse were also mediating factors in the impact of the pandemic on mental health. Evidently, the most vulnerable Canadians are at the highest risk for declines in mental health due to the pandemic.

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<sup>1</sup> Statistics Canada (2013). Canadian Community Health Survey: Mental Health, 2012.

<sup>2</sup> [Mental Health and the Covid-19 Pandemic | NEJM](#)

<sup>3</sup> Abacus Data (2020). "COVID-19 and Canadians' State of Mind: Worried, lonely, and expecting disruption for at least 2 to 3 month"

<sup>4</sup> CAMH (2020). COVID-19 National Survey Dashboard

<sup>5</sup> <https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s3-eng.htm>

It is difficult to predict when Canadians' anxiety and mental health struggles associated with the pandemic will subside; there will likely be long-lasting impacts on Canadians and the mental health care system in what has been called an "echo pandemic" in mental health.

Canada's mental health care system was fragmented before the pandemic, but now, the COVID-19 pandemic has highlighted and intensified the weaknesses of the various fragmented health care supports available to Canadians. The primary barriers of long wait times, lack of funding, and financial obstacles have become even greater hurdles to accessing appropriate mental health supports.

While health professionals such as doctors and nurses are the frontline workers battling the pandemic, counsellors and psychotherapists play an essential part of the mental health supports available to Canadians. CCPA's members work in various fields<sup>6</sup>, including private practice, schools, universities, agencies, and health care. They work with diverse clients, including adults, elderly, children, youth, families, couples, organizations and groups. Many have quickly adapted their practice to virtual care platforms in order to provide continuity of care to clients during the pandemic. Improving access to counsellors and psychotherapists would address the long wait times that Canadians currently face, as well as create more affordable options for mental health support.

The profession of counselling and psychotherapy in Canada is in the process of regulation across Canada. Those provinces who regulate the profession of counselling and psychotherapy in Canada (Quebec<sup>7</sup>, Ontario<sup>8</sup>, Nova Scotia<sup>9</sup>, New Brunswick<sup>10</sup> and Alberta<sup>11</sup>) have regulated the profession within the last decade. CCPA is actively working to support regulation in the remaining provinces and territories, where 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.

This evolving regulatory landscape has contributed to inequalities and inconsistencies in Canadians' ability to access to mental health care support provided by counsellors and psychotherapists. At the federal level, regulated and unregulated counsellors and psychotherapists across Canada are recognized mental health care service providers in various federal plans: including the Veterans

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<sup>6</sup> <https://www.ccpa-accp.ca/profession/>

<sup>7</sup> Conseiller(e)re d'orientation psychothérapeute, Orienteur psychothérapeute, Orienteur professionnel psychothérapeute, Guidance counsellor psychotherapist, Vocational Guidance Counsellor; <https://www.ordrepsy.qc.ca/psychotherapeutes>

<sup>8</sup> Registered Psychotherapist ; <https://www.crpo.ca/>

<sup>9</sup> Counselling Therapist; <https://nscct.ca/>

<sup>10</sup> Licensed Counselling Therapist, Licensed Career Counsellor, Registered Career Counsellor, Registered Counselling Therapist; <https://cctnb.ca/>

<sup>11</sup> College of Counselling Therapy of Alberta is expected to open in the Spring of 2021; <https://www.acta-alberta.ca/>

Affairs health plan for retired military and RCMP members, and recently as temporary service providers in the Public Service Health Care Plan (PSHCP) for members of the federal public service. 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, Non-Insured Health Benefits Program (NIHB) and the Indian Residential Schools Resolution Health Support (IRS RHS) Program.

Without consistently recognizing counsellors and psychotherapists in all federal plans and provinces, this leads to preventable delays in obtaining mental health support, and 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.

CCPA's recommendations to the Standing Committee on Health are three legislative and easily actionable ways that the Federal Government can ensure consistency in federal recognition of counsellors and psychotherapists and prevent avoidable gaps in the continuity of care available to plan members.

CCPA recommends three very straightforward, tangible, and immediate ways that the Government of Canada could improve access to counselling and psychotherapy support to Canadians whose mental health has declined due to the pandemic:

**Recommendation 1: 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.**

**Recommendation 2: CCPA recommends that counselling and psychotherapy services be exempted from HST/GST, thus providing Canadians with better access to one of the most cost-effective mental health care options available.**

**Recommendation 3: 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 Program for First Nations and Inuit in provinces currently working toward regulating the counselling/psychotherapy profession.**

**Recommendation 1: 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 one of the largest private health care plans in Canada, providing benefits to employees of the federal government including public servants, employees of the federal public administration, parliamentarians, federal judges, and pensioners receiving an ongoing pension benefit based on service in one of these capacities and their dependents. Members of the Canadian Forces and Royal Canadian Mounted Police may also join the Plan so they can obtain coverage for their eligible dependents. Sun Life is the Plan Administrator.

In 2016, the Government of Canada adopted the Federal Public Service Workplace Mental Health Strategy, where the Government recognizes that “the federal public service has an essential leadership role to play in supporting the mental health of its employees”.<sup>12</sup>

Before the pandemic, 50% of all approved claims under the Public Service Health Care Plan (PSHCP) fell under the category of mental health, and this figure was already increasing. It is highly likely that the pandemic has led to an even greater demand for mental health support by Federal Public Servants and their dependents. Without early and ongoing mental health support, the sustained stress from the pandemic is likely to develop into increasing mental health crises and/or other medical issues that will place increased strain on an already over-burdened public healthcare system.

We know that Federal Public Servants working from home face two additional risks to their mental health: isolation and burnout.<sup>13</sup> Studies indicate that working from home, such as during the pandemic, increases feelings of loneliness.<sup>14</sup> Working from home also brings challenges establishing clear work/life boundaries and increases the likelihood that staff work longer hours to demonstrate productivity.<sup>15</sup> In one survey, “44% of staff who work from home indicated that they have not taken a single day of vacation since they started working from home despite 97% saying that vacation days while working from home are important to ‘recharge’”.<sup>16</sup>

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<sup>12</sup> Federal Public Service Workplace Mental Health Strategy (2016)

<sup>13</sup> *Forbes* (March 17 2020) When home becomes the workplace: Mental health and remote work

<sup>14</sup> Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>

<sup>15</sup> Telus International (September 1, 2020) What’s the surprising key to long-term remote working productivity?

<sup>16</sup> *Businesswire* (October 8, 2020). 75% of American Employees Say They Have Struggled with Anxiety Caused by COVID-19 and Other World Events While Working From Home

A study in the US indicated that 75% of US workers struggled at work due to anxiety caused by the COVID-19 pandemic and other major worldwide events of 2020.<sup>17</sup> We expect that the results from the Federal Government's Pulse Survey on COVID-19 and its Impacts on Public Service Employees (PSCIPSE) will indicate that the mental health impacts of COVID-19 will mirror the significant negative impacts seen in similar surveys of the broader Canadian population.

On April 24th, 2020 the Treasury Board Secretariat announced temporary changes to accept mental health practitioners in the Public Service Health Care Plan (PSHCP) to improve access to care during the COVID-19 pandemic, stating that:

*Social workers in all areas across the country and psychotherapists/counsellors working directly with plan participants are temporarily accepted as mental health practitioners under the PSHCP.*

Effective this announcement date, psychotherapists and counsellors (including counselling therapists in provinces where this regulated title is used) are now allowed to work directly with plan participants as mental health practitioners under the PSHCP, albeit with a temporary designation. These changes were in response to the COVID-19 pandemic and designed to help PSHCP members and eligible dependents access health care benefits.

Plan members who are using covered counsellor/psychotherapist services thanks to this temporary measure will establish a therapeutic relationship with their mental health practitioner. Research shows that the client's working relationship with their therapist is the second highest factor contributing to the effectiveness of therapy, exceeded only by client factors such as their readiness to change.<sup>18</sup> Ending coverage for this service post-pandemic will present plan members with an undue and unfair challenge, and would force them to either stop receiving treatment or transition to a new practitioner, pay out of pocket to continue with their current provider, or enter the often long waiting system and 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. Allowing members of the public service to permanently bill costs related to counselling and psychotherapy would increase the range of treatment options and allow for appropriate access to healthcare that all Canadians deserve.

If the temporary inclusion is removed, it could have detrimental impacts on the mental health of 600,000 Federal Public Servants and their eligible dependents, and would likely place increased strain on the already over-burdened public healthcare system.

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<sup>17</sup> *Businesswire* (October 8, 2020). 75% of American Employees Say They Have Struggled with Anxiety Caused by COVID-19 and Other World Events While Working From Home

<sup>18</sup> Hubble, Mark & Duncan, Barry & Miller, Scott. (1999). The heart and soul of change: What works in therapy. 10.1037/11132-000.

Canadian private third-party insurance plans are increasingly including counsellors and psychotherapists as recognized mental health providers. We strongly urge the government to extend this measure permanently to address the long-term needs of plan members and set a standard for other third party insurers to also align their coverage and improve access to qualified mental health services provided by counsellors and psychotherapists. Permanent inclusion of counsellors and psychotherapists would also align the PSHCP with the coverage provided by the Veterans Affairs health plan for retired military and RCMP.

The cost for a one-hour session with a counsellor or psychotherapist typically ranges from \$70 - \$150, making it one of the most cost-effective mental health services available. Currently the PSHCP permanently covers up to \$2,000 annually for a psychologist. Government workers are reimbursed for 80% of the claims.<sup>19</sup>

It is critical to utilize the most appropriately trained mental health professionals, either as individual practitioners or as members of multi-disciplinary teams. The role of counsellors and psychotherapists is complementary to the work of other service providers. Including this resource in the continuum of care helps address the shortage, growing demand, and increasing cost of mental health services.

This recommendation could be implemented through the Treasury Board Secretariat and the National Joint Council's Public Service Health Care Plan Partners Committee under the PSHCP Medical Practitioners Benefit.

**Recommendation 2: CCPA recommends that counselling and psychotherapy services be exempted from HST/GST, thus providing Canadians with better access to one of the most cost-effective mental health care options available.**

Some, but not all mental health services are exempt from the HST/GST. The variation depends on whether the provider of the service is exempt, not the nature of the service itself. At present, physicians, psychiatrists, registered nurses, registered psychiatric nurses, psychologists, occupational therapists, and social workers are regulated health care professions that have comparable scopes of practice to counsellors and psychotherapists, but are exempt from charging HST/GST.

The profession of counselling/psychotherapy is not currently exempt from charging GST/HST because the Department of Finance does not consider the five regulated provinces as the same profession because they have chosen to regulate different titles. However, despite different titles, they have a shared scope of practice and regulatory requirements (which align with those of CCPA's Canadian

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<sup>19</sup> National Joint Council (2016). Disability Insurance Plan Board of Management - Annual Report – 2016, National Joint Council. January 1 to December 31, 2016 "Distribution of Causes of Disability for Approval Year 2016."

Certified Counsellor). Some provinces use the term Counselling Therapist and some Psychotherapist, although all regulated provinces have equivalent registration requirements and scopes of practice.

The Canada Revenue Agency has described the application of GST/HST to psychotherapy services as:

*“supplies of psychotherapy services rendered to an individual by a licensed physician or registered nurse, social worker, psychologist or occupational therapist will be exempt from the GST/HST (...), but there is no provision in the Act that specifically exempts from the GST/HST supplies of psychotherapy services or services rendered by a psychotherapist, even if the psychotherapist is licensed and renders the service in a province that regulates the profession of psychotherapy. Therefore, a psychotherapist is required to collect GST/HST on his or her supplies of services, if he or she is a GST/HST registrant.”<sup>20</sup>*

The clients of counsellors and psychotherapists are disadvantaged by the addition of HST/GST to the service delivery costs.

GST/HST across the provinces and territories varies from 5% to 15%, which is a significant additional cost that negatively impacts accessibility for those Canadians seeking care by qualified counsellors and psychotherapists.

By reducing the out-of-pocket costs paid by Canadians for counselling, we reduce one of the many barriers to accessing mental health services. The application of this tax to these mental health services when delivered by counsellors and psychotherapists may cause Canadians to reduce the frequency with which they seek these services. The effect will be that those needing mental health services, who cannot afford increased costs due to the additional burden of the HST/GST, will either languish without treatment, remain on lengthy waiting lists as their mental health potentially deteriorates, seek help from within the publicly funded healthcare system which is under tremendous cost pressure, or will not seek help at all.

In the interest of universal accessibility and fairness, the services of counsellors and psychotherapists should also be tax exempt.

The government should move forward and provide the HST/GST exemption to psychotherapy services by adding it within the list of HST/GST-exempt health care services under Part II section 7 of

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<sup>20</sup> Canada Revenue Agency, Excise and GST/HST News – No. 97

the Excise Tax Act. Alternatively, we propose amending the regulations pursuant to this Act within Prescribed Health Care Services section 10 of Part II of Schedule V to include psychotherapy services.

This recommendation would seamlessly complement the government commitment, made in Budget 2019, to expand the list of GST/HST-exempt health care services to specifically include a multidisciplinary health care service and individuals experiencing infertility.

**Recommendation 3: 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 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<sup>21</sup>. The loss of their culture, identity and self-determination have had profound and lasting impacts on the mental well-being.

Among other health factors, Indigenous Peoples have increased rates of suicide, depression, and drug use. Indigenous youth die by suicide about 5 to 6 times more often than non-Indigenous youth while suicide rates for Inuit youth are 11 times the national average and among the highest in the world.<sup>22</sup>

The COVID-19 pandemic has only magnified the mental health and wellness issues in First Nations communities<sup>23</sup>: 60% of Indigenous participants reported that their mental health had worsened with 38% reporting fair or poor mental health<sup>24</sup>.

While Indigenous Peoples are more than twice as likely to seek professional help for mental health problems as non-Indigenous Canadians<sup>25</sup>, unfortunately they do not have equitable access to

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<sup>21</sup> Truth and Reconciliation Commission of Canada, 2015

<sup>22</sup> Health Canada, 2011

<sup>23</sup> Assembly of First Nations (August 25, 2020), AFN National Chief Bellegarde welcomes funding to support First Nations mental health during the COVID-19 pandemic

<sup>24</sup> Arringada, P., Hahmann, T., & O'Donnell, V. (2020) Indigenous people and mental health during the COVID-19 pandemic, Statistics Canada

<sup>25</sup> Khan, S. (2008) Aboriginal Mental Health: The statistical reality. "Visions Journal, 5 (1), pp. 6-7.

qualified mental health professionals through the national health benefits plan for registered First Nations and recognized Inuit.

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 program aims to help close the gaps in health outcomes for Indigenous Peoples. The NIHB mental health benefit is the largest-growing area in the NIHB plan, growing more than all other benefit areas combined<sup>26</sup>. There is clearly a significant need for mental health services for Indigenous Peoples of Canada.

However, the NIHB and IRS RHS programs do not provide equitable access to mental health care for all Indigenous Peoples across Canada.

CCPA's Canadian Certified Counsellors (CCCs) had been eligible service providers under NIHB and Indian Residential Schools Resolution Health Support (IRS RHS) programming until May 2015 when the designation was delisted in all provinces and territories where the profession of counselling and 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.

CCPA's Indigenous Director and Indigenous Circle Chapter (ICC) offer the Association support in representing Indigenous Peoples by raising awareness and creating a network for Indigenous and non-Indigenous counsellors and psychotherapists to work together on issues that impact Indigenous clients, families, and communities. CCPA's attention to culturally safe practices with Indigenous and First Nations peoples and communities also is reflected and codified in professional practice requirements and our code of ethics developed in partnership with Indigenous and First Nations elders, practitioners, writers, scholars, and reviewers. CCPA is recognized as a leader among Canadian mental health professional associations for the collaborative development of a focused section on ethical practice with Indigenous Peoples, Communities, and Contexts in our Code of Ethics (2020). Our Canadian Certified Counsellors (CCCs) are qualified mental health providers, some of whom are dedicated to ongoing personal development of offering culturally-responsive approaches to mental health services for Indigenous peoples.

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<sup>26</sup> NIHB Annual report 2018-2019

In comparison to the lack of recognition of counsellors/psychotherapists in the Federal NIHB program, CCCs are recognized service providers in unregulated provinces in various comparable Federal and Provincial Government plans. It is also noteworthy that the First Nations Health Authority (FNHA) in BC who, since 2013 has held responsibility in BC for the First Nations programs and services formerly delivered by Health Canada, includes CCCs as eligible providers.

A submission by CCPA to the Assembly of First Nations (AFN)-First Nations Inuit Health Branch (FNIHB) NIHB Joint Review Steering Committee in September of 2015 led to a recommendation from said committee to “immediately reinstate as eligible providers” CCCs in provinces and territories that have not regulated the profession. However, this call to action was never implemented.

While the Federal Government announced \$82.5 million in funding toward Indigenous mental health in response to the COVID-19 pandemic, this does not address policy barriers limiting access to qualified practitioners like CCCs in unregulated provinces.

In the interest of equitable accessibility to mental health services for First Nations and Inuit, it is recommended that Indigenous Services Canada implement the call to action from the AFN-FNIHB Joint Review Steering Committee and immediately reinstate CCCs under the NIHB program in Newfoundland and Labrador, Prince Edward Island, Saskatchewan, Manitoba, Alberta (while awaiting proclamation), and the Territories.