



CANADIAN COUNSELLING AND
PSYCHOTHERAPY ASSOCIATION

L'ASSOCIATION CANADIENNE DE
COUNSELING ET DE PSYCHOTHÉRAPIE

SUBMISSION FOR THE PRE-BUDGET CONSULTATIONS IN ADVANCE OF THE 2021 BUDGET

By: Canadian Counselling and Psychotherapy Association (CCPA)

February 2021



Summary: 2021 Federal Budget Recommendations

Recommendation 1: The Canadian Counselling and Psychotherapy Association (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 improved 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.



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The Canadian Counselling and Psychotherapy Association (CCPA)

The Canadian Counselling and Psychotherapy Association (CCPA) is a national bilingual association representing the collective voice of approximately 8,500 professional counsellors, counselling therapists and psychotherapists.¹ CCPA promotes the profession and its contribution to the mental health and well-being of Canadians.

CCPA acknowledges that federal investments have been made in areas related to mental illness and mental health, but that there are further concrete actions that can be taken to better the lives and productivity of Canadians.

Investing in the Mental Health of Canadians is an Investment in Canada's Economy

In order to develop a more competitive, innovative, inclusive and resilient Canada and grow the economy, Canada needs a strong and healthy workforce. Prior to the COVID-19 pandemic, mental health needs were already a significant concern for Canadians. By age 40, about 50% of the Canadian population will have or have had a mental illnessⁱ Counselling is the most prevalent but least met need of the four mental health care needs identified in the 2012 Canadian Community Health Survey.ⁱⁱ Counsellors and psychotherapists are in a position to assist in reversing this negative trend.

Understandably, COVID-19 has had significant 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 illnessⁱⁱⁱ. Furthermore, the pandemic has highlighted fundamental gaps in our society through its disproportionate negative impact on certain essential populations in Canada's workforce: a recent study released by Statistics Canada^{iv} indicated that women, visible minority groups, and

¹ Counsellors refers to Registered Counselling Therapists (RCT) in Nova Scotia, Licensed Counselling Therapists (LCT) in New Brunswick, and Canadian Certified Counsellors (CCC) in unregulated provinces/territories: British Columbia, Alberta, Saskatchewan, Manitoba, Prince Edward Island, Newfoundland and Labrador, and the territories. Psychotherapists refers to Registered Psychotherapists in Ontario and psychotherapy permit holders in Quebec.



Canadian youth (who represent the future of our workforce) are experiencing the greatest declines in mental health.

Resolving certain barriers, particularly around mental health, will assist the federal government in its desire to keep Canada competitive and build back better after this pandemic. Statistics on the annual productivity impact of mental illness in the workplace are increasing each year from 6.4 billion dollars in 2011 to an estimated 16 billion by 2041.^v CCPA believes that the key to any successful business is its workers, and by ensuring that employees are healthy, businesses can maximize their productivity and competitiveness.

The following recommendations by CCPA represent three tangible that the Federal Government can support the workers that are essential to Canada's economic growth, and that require no additional funding. Many of these recommendations can be actioned through legislation or policy changes that can make immediate improvements for Canadians and deliver real results. These recommendations directly address the Federal Government's priorities, as articulated in the Speech from the Throne 2020 and Fall Economic Statement 2020, to protect public health, ensuring a strong economic recovery; and stand up for fairness and equality.

CCPA's Federal Budget Recommendations

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.

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.

On any given week, over 500,000 Canadians are missing work due to mental health problems, which contributes to \$6 billion in lost productivity due to absenteeism and presenteeism.^{vi} From a federal public service perspective, we know that before the pandemic 50% of all



approved claims under the Public Service Health Care Plan (PSHCP) fell under the category of mental health.^{vii}

On April 24th, 2020 the Treasury Board Secretariat announced temporary changes to accept mental health practitioners in the Public Service Health Care Plan (PSHCP) stating that:

(P)sychotherapists/counsellors working directly with plan participants are temporarily accepted as mental health practitioners under the PSHCP.

This change was in response to the COVID-19 pandemic and designed to help PSHCP members and eligible dependents access health care benefits while at the same time minimizing social interaction with health care professionals. We strongly urge the government to extend this measure permanently to address the long-term needs of plan members. It is difficult to predict when Canadians' anxiety and mental health struggles associated with the pandemic will subside, and it is possible there will be long-lasting impacts. Increasing the accessibility and affordability of appropriate mental health services across Canada is vital to the success of our country.

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.

Plan members who will begin to use covered counsellor/psychotherapist services due 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.^{viii} Ending coverage for this service will present plan members with an undue and unfair challenge, forcing them to either stop receiving treatment or transition to a new practitioner, having to enter the often long waiting system and eventually begin their treatment with someone new.

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. This would not only adversely



impact their ability to contribute to Canada's economic recovery, but place an increased and preventable strain on Canada's already over-burdened public healthcare system.

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, regardless of their province or territory of residence.

Currently the PSHCP permanently covers up to \$2,000 annually for a psychologist. Government workers are reimbursed for 80% of the claims.^{ix} 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.

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. It would require no additional funding from the Government.

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.

It is imperative that the Federal Government remove financial barriers in accessing mental health services provided by counsellors and psychotherapists. 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 either covered under public funds or third-party health care plans, both of which are exempt from HST. The clients of counsellors and psychotherapists are disadvantaged by the addition of HST/GST to the service delivery costs.

The profession of counselling/psychotherapy is not currently exempt from charging GST/HST because, despite achieving the minimum eligibility requirement of regulating the profession in five provinces, 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 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."x

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 hurts accessibility for those Canadians seeking care by qualified providers, such as counsellors and psychotherapists.

By reducing the out-of-pocket costs paid by Canadians for counselling and psychotherapy, we reduce one of the many barriers to accessing mental health services. The tax that is being applied to these mental health services when they are delivered by counsellors and psychotherapists may cause Canadians to reduce the frequency with which they seek these services, and negatively impact their mental health and productivity.

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

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 (NIHB) Program and the Indian Residential Schools Resolution Health Support (IRS RHS) Program for First Nations and recognized Inuit in provinces currently working toward regulating the counselling/psychotherapy profession.

The Federal Government has indicated that there remains no more important relationship to Canada than the one with Indigenous Peoples, and has committed to moving forward along the shared path of reconciliation and addressing systemic barriers facing First Nations, Inuit, and Métis Peoples. To this end, the Federal Government must ensure equitable nation-wide access to counsellors for Indigenous People of Canada. There is a significant need for improved access to qualified professional mental health support for the Indigenous Peoples of Canada. The COVID-19 pandemic has only magnified the mental health and wellness issues in Indigenous communities.^{xi}

While Indigenous Peoples are more than twice as likely to seek professional help for mental health problems as non-Indigenous Canadians^{xii} unfortunately they do not have equitable access to 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^{xiii}. 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.

In 2015, CCPA's Canadian Certified Counsellors (CCCs) were removed from the list of approved providers for Health Canada's NIHB and IRS RHS Programs 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.

CCPA is a recognized 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.

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.

Other federal departments currently recognize CCCs in unregulated provinces as approved mental health service providers, including the Treasury Board for federal public servants, and Veterans Affairs Canada for retired members of the military and RCMP. Also important to note, the First Nations Health Authority (FNHA) in BC who, since 2013 has held responsibility in BC for First Nations programs and services formerly delivered by Health Canada, includes CCCs as eligible providers.

In the interest of better and more equitable access 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, and the territories.

ⁱ Public Service Health Care Plan (2015) Medical Practitioners Benefit
<http://www.pshcp.ca/coverage/maximumeligible-expenses.aspx>.

ⁱⁱ Statistics Canada (2013). Canadian Community Health Survey: Mental Health, 2012
<https://www150.statcan.gc.ca/n1/daily-quotidien/130918/dq130918a-eng.htm>.



ⁱⁱⁱ [Mental Health and the Covid-19 Pandemic | NEJM](#)

^{iv} <https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s3-eng.htm>

^v Mental Health Commission of Canada. (2012). Making the case for investing in mental health in Canada. Ottawa, ON.

^{vi} Carolyn S. Dewa, Nancy Chau, Stanley Dermer. Examining the Comparative Incidence and Costs of Physical and Mental Health-Related Disabilities in an Employed Population. *Journal of Occupational and Environmental Medicine*, 2010; 52 (7): 758 DOI: 10.1097/JOM.0b013e3181e8cfb5.

^{vii} Mike Lapointe (2019) Approved Public Service Mental Health Claims pass 50 per cent threshold for first time.' *The Hill Times*. <https://www.hilltimes.com/>.

^{viii} Hubble, Mark & Duncan, Barry & Miller, Scott. (1999). The heart and soul of change: What works in therapy. 10.1037/11132-000.

^{ix} 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.”

^x Canada Revenue Agency, Excise and GST/HST News – No. 97

^{xi} Assembly of First Nations (August 25, 2020), AFN National Chief Bellegarde welcomes funding to support First Nations mental health during the COVID-19 pandemic

^{xii} Khan, S. (2008) Aboriginal Mental Health: The statistical reality. *Visions Journal*, 5 (1), pp. 6-7.

^{xiii} NIHB Annual report 2018-2019