

Backgrounder: Broten promises a new deal for mental health care

Why cover mental health care for children and youth?

- According to the Children’s Health Policy Centre, mental illnesses “are arguably the leading health problems that Canadian children and youth face from infancy onwards – based on the high numbers with [mental illnesses] and the unacceptable service shortfalls. These shortfalls would not be tolerated for physical health problems in young people, such as cancer or diabetes, and should no longer be tolerated for mental health problems.”ⁱ
- The Children’s Health Policy Centre also notes that, in the absence of effective interventions in children and youth, mental illness typically persists into adulthood, so “the early years are the optimal time to address mental health problems and avert poor life course outcomes.”ⁱⁱ
- Research shows about 12.6 per cent of children and youth may be experiencing clinically significant mental illnesses at any given time.ⁱⁱⁱ These are illnesses requiring intervention to alleviate distress, address symptoms and improve health outcomes.
- Experts recognize that “generally it is not desirable to engage a child in a counseling process over a long period of time.” The number of appointments needed by children and youth vary, and can be as low as two.^{iv}

Covering care for children and youth

- Coverage for children and youth to access mental health counseling for up to eight appointments per year.
- Coverage starts in 2017, with anticipated costs for the term at \$26.6 million.^v

Hiring more mental health workers to work in northern communities

- Hiring 20 mental health care workers, including psychologists (MA or MSc) and social workers (MSW).
- Assuming half recruited in year one, and remainder in year two, the costs for the four-year term are \$6.5 million.^{vi}

Expanding the Hub program to northern communities

- Two regional Hub programs, commencing in 2017, with anticipated costs for the four-year term are \$1.5 million.^{vii}

Establishing mental health multi-disciplinary clinics

- Set up two multi-disciplinary mental health clinics, building on the success of other clinical pathways (such as the spine pathway).
- These clinics will provide quick and specialized access to a multidisciplinary mental health team, to ensure Saskatchewan people experiencing mental illness receive appropriate, timely care.
- These clinics will also serve as a resource for family doctors and other primary care providers to liaise with for additional support or expertise for their patients, and allow for everyone to receive the care they need regardless of whom they see in the health care system.
- Clinics open in 2017, with anticipated costs for the term at \$8.1M.

Putting mental health assessments into Quick Care clinics

- Putting mental health services into Quick Care clinics (Regina, Saskatoon, Moose Jaw and Prince Albert) to provide assessments and emergency interventions, taking pressure off emergency rooms and giving patients an alternative to waiting in brightly lit, noisy emergency rooms.

Hiring more mental health workers to partner with police officers

- Hiring eight mental health workers to partner with police officers to more effectively respond to calls where mental health intervention is more appropriate, or complementary to police intervention.
- Cost for the four-year term is \$3.3M.^{viii}

Covering post-traumatic stress disorder through Workers' Compensation

- Currently, psychological issues are covered by Workers' Compensation, but post-traumatic stress disorder (PTSD) is not on the list of illnesses presumed to be work-related.
- Manitoba's Workers' Compensation Board (WCB) provides coverage for PTSD if a worker is exposed to certain types of traumatic events and is diagnosed with PTSD by a physician or psychologist. Alberta provides coverage as well, but limits it to emergency responders. In both cases, the WCB starts from the presumption that the PTSD stemmed from an event or events at work.

- There is no cost to taxpayers, as the Workers' Compensation system is funded through employer premiums, not government revenues. Manitoba's WCB said the expanded coverage would not increase workers' compensation rates paid by employers.^{ix}
- In 2015, Saskatchewan's WCB returned \$140M in premiums to employers.^x

ⁱ Waddell, C., Shepherd C.A., Schwartz, C., Barican, J. (2014). Child and youth mental disorders: Prevalence and evidence-based interventions. Vancouver, BC: Children's Health Policy Centre, Simon Fraser University. <http://childhealthpolicy.ca/wp-content/uploads/2014/06/14-06-17-Waddell-Report-2014.06.16.pdf>

ⁱⁱ Waddell et al. (2014).

ⁱⁱⁱ Waddell et al. (2014).

^{iv} Gelderd K., Gelderd D. (2008). *Counselling Children: A Practical Introduction*. London: Sage Publications.

^v Cost assumptions: two-thirds of youth who may benefit from assistance will access varying amounts of coverage; population numbers from Statistics Canada's CANSIM 051-0001.

^{vi} Collective Agreement between SAHO and HSAS.

^{vii} Collective Agreement between SAHO and HSAS.

^{viii} <https://www.saskatchewan.ca/government/news-and-media/2014/november/28/pact-in-saskatoon>

^{ix} <http://www.theglobeandmail.com/news/national/manitoba-to-ease-ptsd-claims-for-all-covered-workers/article24869020/>

^x <http://leaderpost.com/news/local-news/workers-compensation-board-boosting-rebate-amount>