Income-Based Inequities in Access to Psychotherapy

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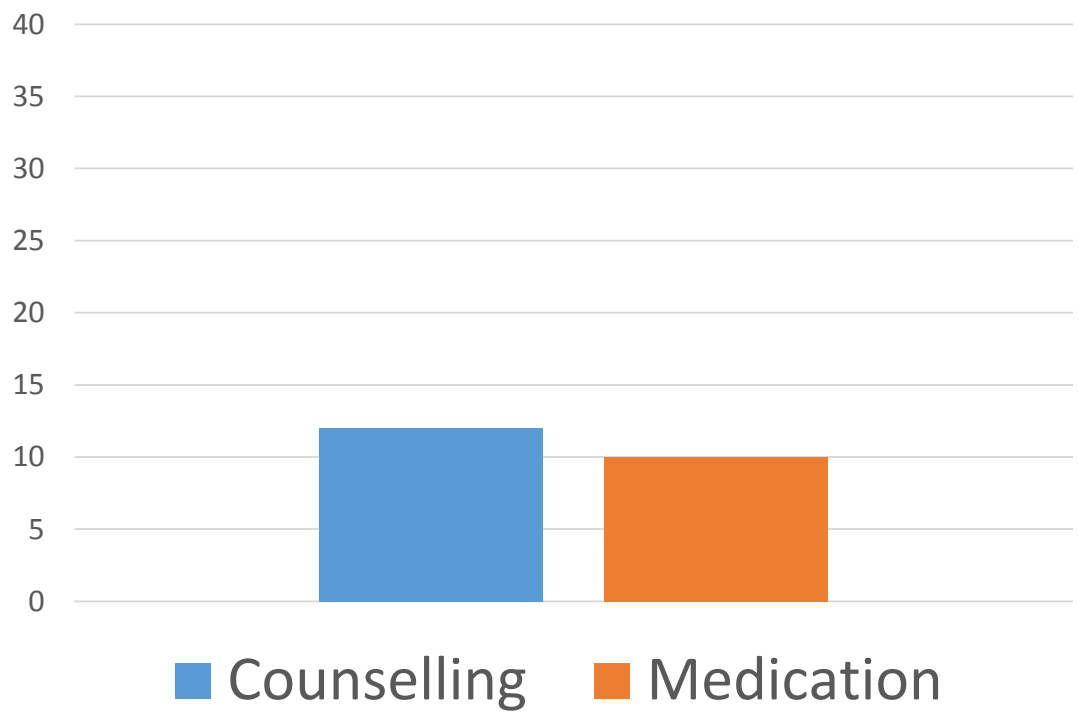
Why are income-based inequities in access to psychotherapy important?

- 1 in 5 Canadians experience mental health problems and illnesses each year
- $50B/yr cost to the economy in lost productivity and direct services
- Gaps and inequities have arisen over history of mental health policy
  - 7% of health spending vs 10-11% in UK and New Zealand
  - Significant unmet needs and inequitable access from gaps in insurance coverage

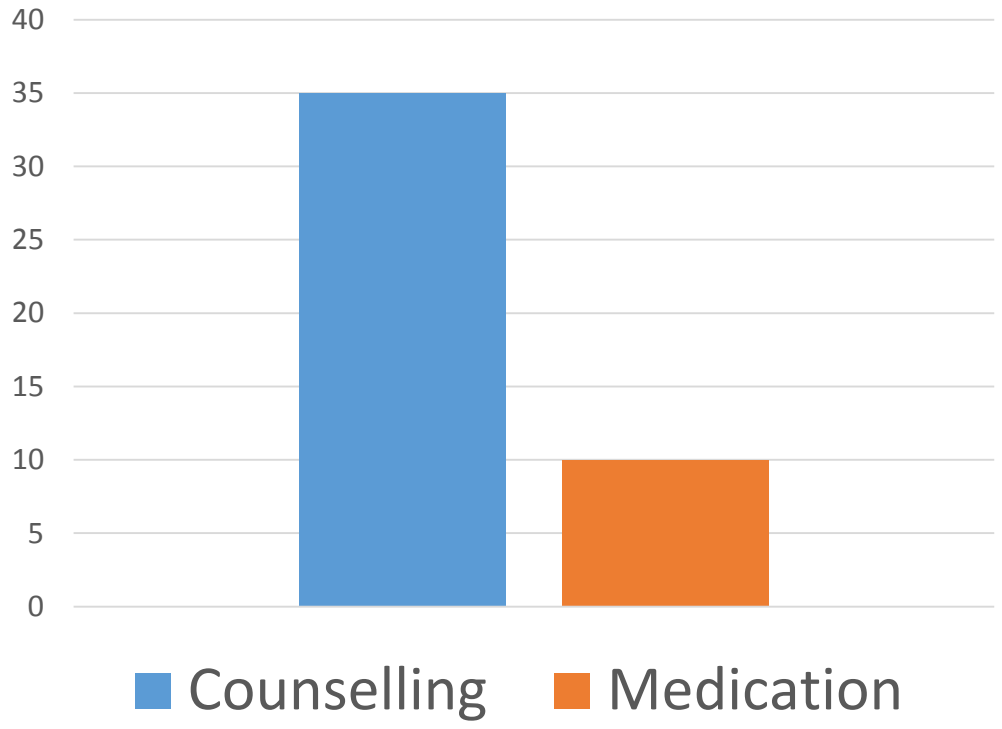
The treatment [many Canadians diagnosed with a mental illness] receive, and how much of it they get, will largely be decided not on evidence-based best practices but on their employment benefits and income level

- Anderssen, Globe and Mail, 2015

Perceived NEED in past 12 mos (% of total sample, n=25011)



Perceived UNMET NEED in past 12 mos (% of those with need)



Sunderland and Findlay, 2013

METHODOLOGY

- Need-standardized income-based inequities in probability of accessing mental health services
- STEP 1: predict probability of access based on need
  - $PA_{predicted}$ = *probit* (PA_{actual})*(NEED VARIABLES) (CONTROL VARIABLES)*
- STEP 2: calculate standardized probability of access
  - $PA_{st} = PA_{actual} - PA_{predicted} + \overline{PA}_{predicted}$
- STEP 3: measure inequality with concentration indices
  - $CI_{st} = CI_{actual} - CI_{predicted}$

See O'Donnell et al, Analyzing Health Equity Using Household Survey Data, World Bank 2008

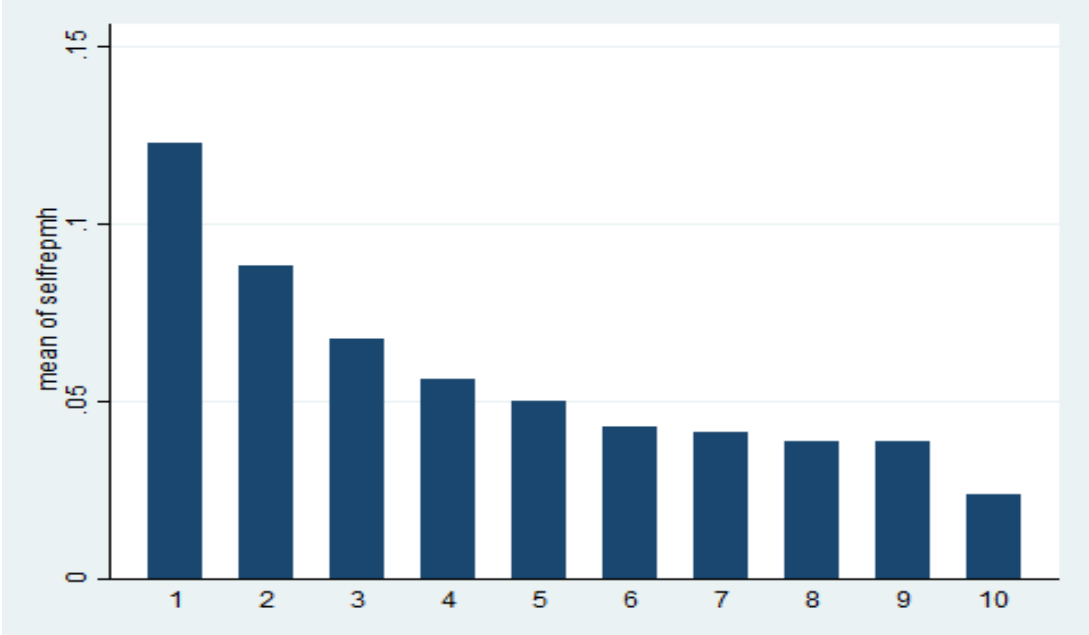
DATA

- Canadian Community Health Survey (CCHS) 2011-12 Annual
- ACCESS VARIABLES:
  - Unmet need for health care for [physical, mental health problem] in past 12 months: 0 no; 1 yes
  - Consulted [GP, psychologist] for emotional or mental health problem in past 12 months: 0 no; 1 yes
- NEED VARIABLES:
  - Perceived [health, mental health]: 0 excellent, very good, good; 1 fair, poor
  - Sex, age
- CONTROL VARIABLES:
  - education, immigration, rurality, household income

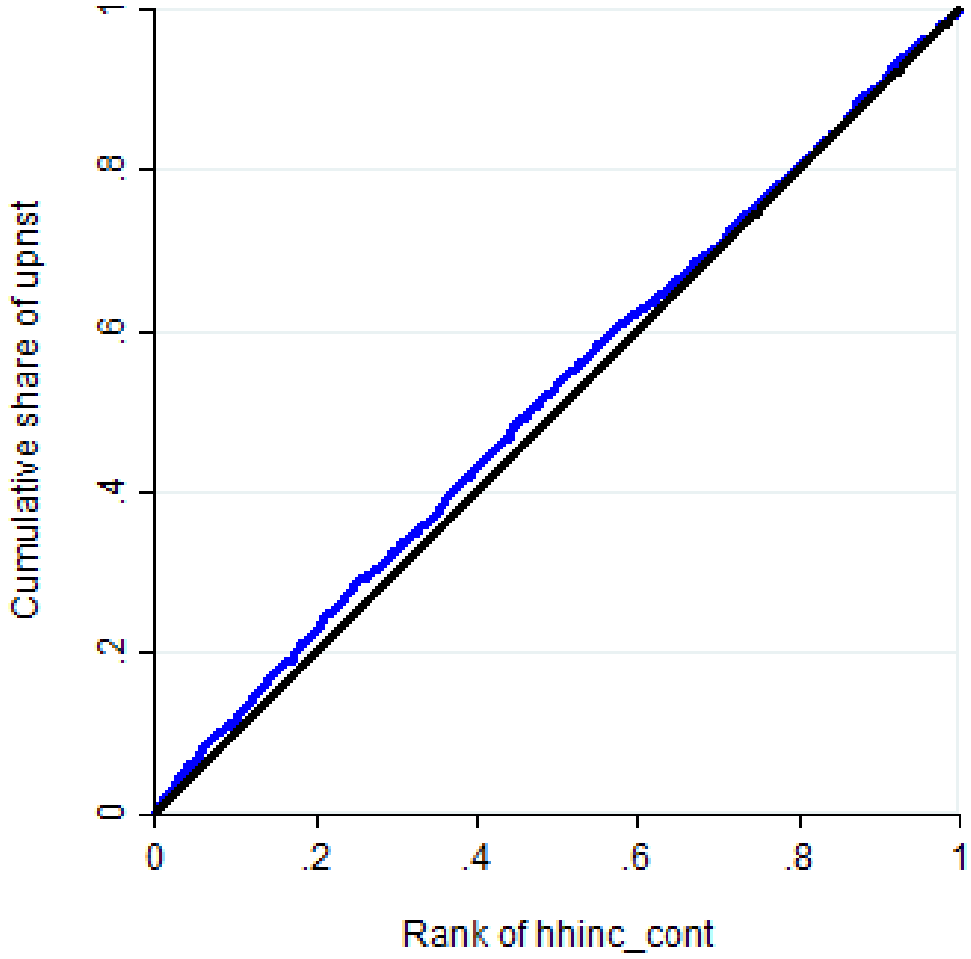
Why is it important to standardize for need?

- Horizontal equity principle: equal treatment for equal medical need, irrespective of other characteristics such as income, race, place of residence, etc.

Perceived poor mental health by household income decile (CCHS 2011-12 Annual)

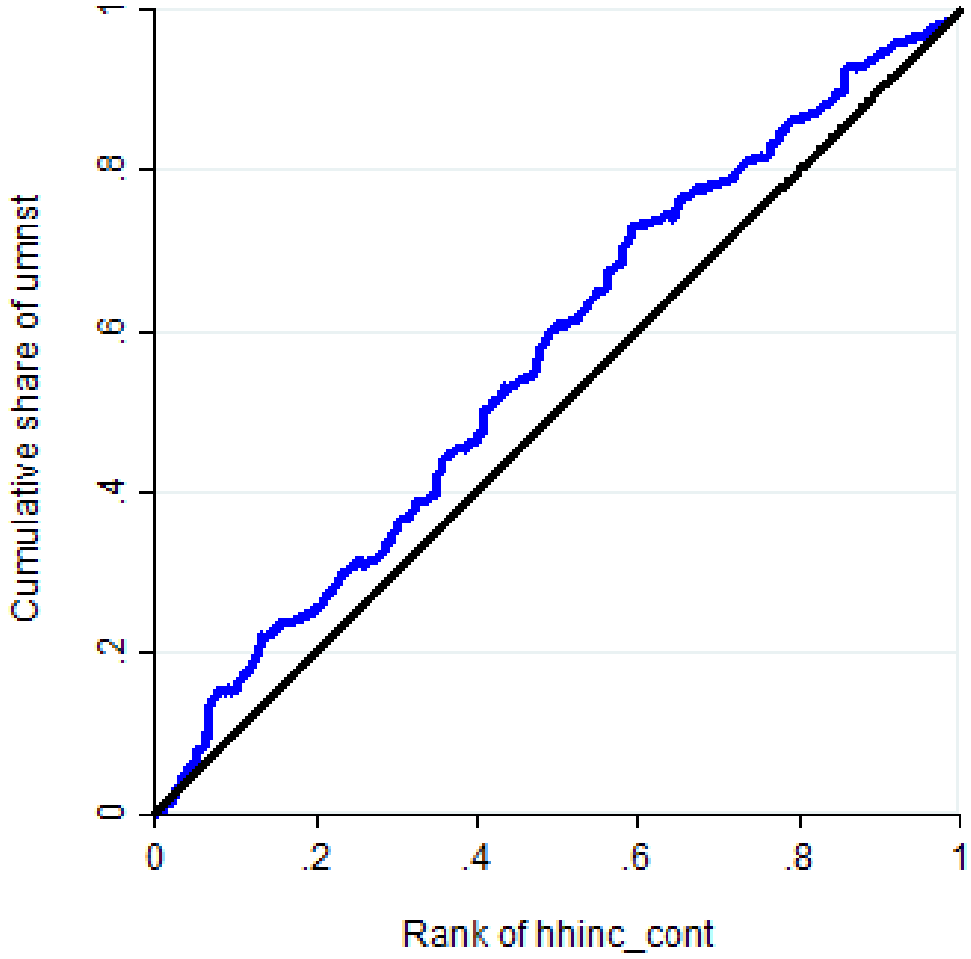


RESULTS: Probability of unmet need for physical problems



- Close to line of equality
- Standardized for need (perceived poor health, age and sex)
- Controlled for education, immigration, rurality, household income
- Weighted

RESULTS: Probability of unmet need for mental health problems



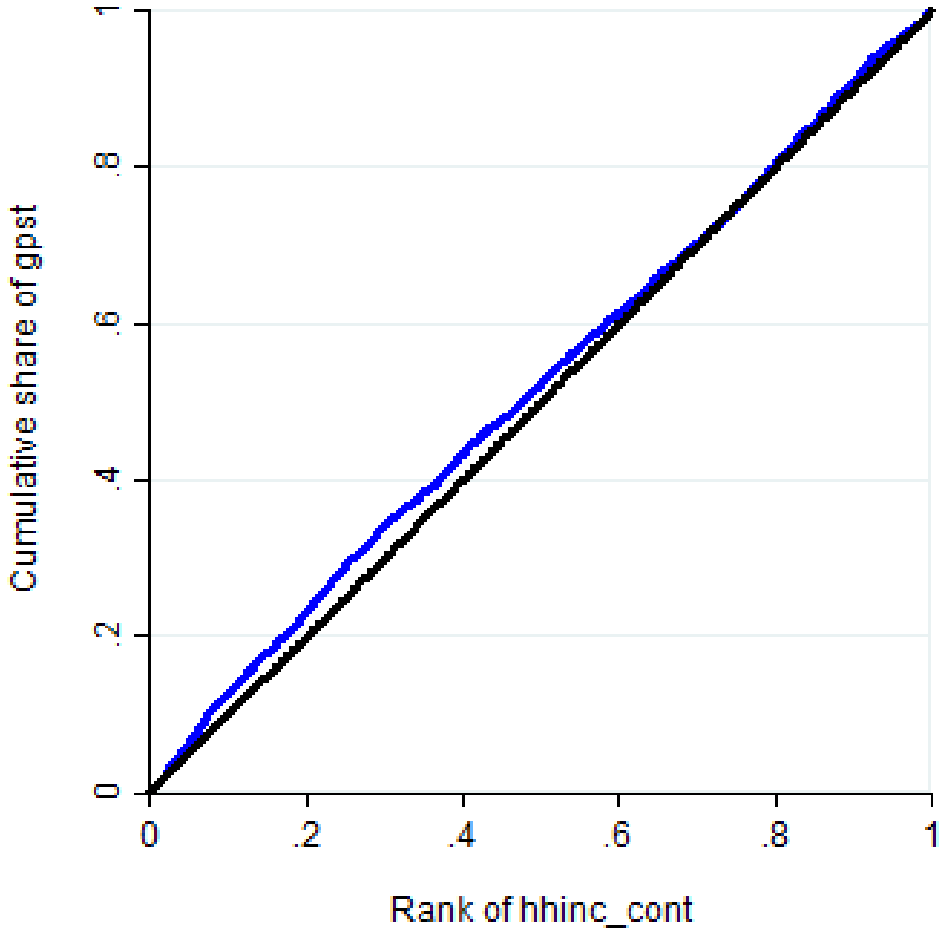
- Pro-poor distribution
- Standardized for need (perceived poor mental health, age and sex)
- Controlled for education, immigration, rurality, household income
- Weighted

Concentration Indices: PHYSICAL vs MENTAL

	PHYSICAL	MENTAL
CI Actual	-.08	-.23
CI Need Predicted	-.04	-.10
CI Standardized	**-.04**	**-.13**

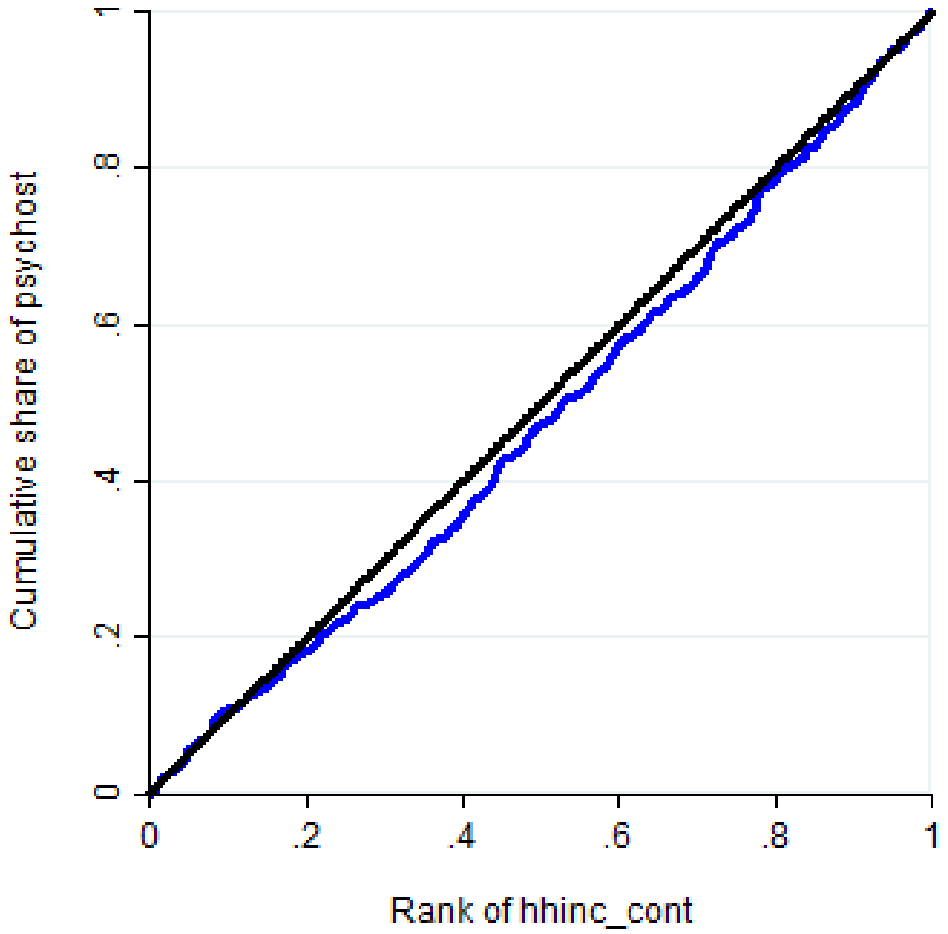
p-value = 0.000 for all

RESULTS: Probability of consulting a GP for mental health problem



- Slightly pro-poor
- Standardized for need (perceived poor mental health, age and sex)
- Controlled for education, immigration, rurality, household income
- Weighted

RESULTS: Probability of consulting a psychologist for mental health problem



- Slightly pro-rich
- Standardized for need (perceived poor mental health, age and sex)
- Controlled for education, immigration, rurality, household income
- Weighted

Concentration Indices: GP vs Psychologist

	GP	Psychologist
CI Actual	-.08	+.04
CI Need Predicted	-.05	-.01
CI Standardized	**-.04**	**+.05**

p-value = 0.000 for all

DISCUSSION

- Two-tier access to mental health services, particularly psychotherapies, does seem to be an issue in Canada
- Need to consider both horizontal inequity (income-based) and average unmet need across the population
- Federal commitments to improve access to mental health services through a new Health Accord could be a policy window
- Lessons learned from major initiatives in the UK and Australia could be adapted to the Canadian context
- NEXT STEPS: time trends across CCHS Annual; add social workers, psychiatrists