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
  • \( PA_{\text{predicted}} = \text{probit} (PA_{\text{actual}})(\text{NEED VARIABLES}) (\text{CONTROL VARIABLES}) \)

• STEP 2: calculate standardized probability of access
  • \( PA_{st} = PA_{\text{actual}} - PA_{\text{predicted}} + \overline{PA}_{\text{predicted}} \)

• STEP 3: measure inequality with concentration indices
  • \( CI_{st} = CI_{\text{actual}} - CI_{\text{predicted}} \)

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

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<th>PHYSICAL</th>
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<td>CI Actual</td>
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<td>-.23</td>
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<tr>
<td>CI Need Predicted</td>
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<td>-.10</td>
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<td>CI Standardized</td>
<td>-.04</td>
<td>-.13</td>
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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

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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