

Increasing Access to Mental Health Services while Reducing Auto Insurance Costs and Premiums**Objective**

Increasing access to treatment and care for Ontarians who need mental health services while reducing high auto insurance costs and premiums.

Issue

Auto Insurance costs and premiums have been too high due to a number of factors. Unfortunately, attempts to reduce costs are adversely affecting accident victims with brain injuries and mental disorders. The focus of change has been to reduce accident benefits rather than to remove other costs and barriers in the system. Further cuts in accident benefits are coming June 1, 2016, reducing benefits to 1990 levels. At the same time, new knowledge of effective interventions has increased our ability to treat post-traumatic brain injuries and mental disorders. The result will be untreated conditions and an absence of opportunity for rehabilitation and return to function in life roles. There will be greater strain on the public health care system and increased cost to government. However, Ontario is already lacking sufficient resources for treatment and rehabilitation of mental disorders and brain injuries.

A Balanced Approach

Ontarians should not have to choose between lower premiums and mental health services. The Ontario Psychological Association is committed to working with Government, FSCO, and other stakeholders to reduce auto insurance costs while protecting access to care and minimizing the risk of harm to accident victims with brain injuries and mental disorders.

The Liberal Government's Leadership on Mental Health

Since 2003, the Liberal Government has demonstrated great leadership in building awareness of mental health issues and improving access to mental health services. Premier Kathleen Wynne was re-elected in part on her renewed commitment to the Ontario Mental Health and Addictions Strategy.

The Government's commitment addresses the reality that people with brain injuries and mental disorders lack timely access to necessary mental health services. The result is personal suffering and disability and far-reaching costs for society and our provincial health care system

Limits on patient access to mental health services put greater strain on other resources in our health care system and increase the cost to Government.

How Psychology Helps

Psychology is only one of two professions which can diagnose mental disorders and brain injuries (the other being medicine). Psychologists provide critically important and evidence-based services for comprehensive diagnosis and treatment of brain injuries and mental disorders.

No-Fault Benefits and Mental Health

No-fault accident benefits were introduced to provide timely access to treatment and rehabilitation for those injured in auto accidents. In addition, no-fault benefits help to avoid the shifting of costs and demand to the already strained public health care system.

In recent years, however, access to no-fault benefits for all accident victims, including those with brain injuries and mental disorders has been reduced. They are about to be reduced further: 50% reduction for those with a catastrophic impairment; 25% reduction for the basic insurance policy that responds to the needs of 99.7% of crash victims needs. In addition, the new catastrophic impairment definition which comes into effect June 1, 2016, creates a higher/more severe threshold specifically for those with brain injuries and mental disorders, so that access to the higher policy limits will be much less available to these groups. The protection in the current legislation for those with serious brain injuries to provide them timely access to services has been removed.

Access for those with Mental Disorders and Brain Injuries have Faced even more Significant Barriers

The causes:

1. A presumption that the existence and severity of mental disorders is determined by the nature of the physical injuries, implicit in the challenges faced by crash victims with so called “minor” soft tissue injuries.
2. The legal requirement that only a physician – not a psychologist – may conduct an examination or assessment to determine the existence of catastrophic impairment (except, in very limited circumstances, a neuropsychologist). In fact, psychologists have more expertise to conduct these assessments. Prior to 2010, psychologists were permitted to conduct them.
3. The rule that, in a lawsuit, an auto accident victim who suffers permanent serious impairment of an important mental or psychological function must produce evidence from one or more physicians – evidence from a psychologist alone is not good enough. This restriction is an unfortunate legacy of the previous Progressive Conservative government. For those suffering from mental disorders, it impedes access to justice and adds unnecessary costs to expensive court proceedings.
4. A proposal to require physicians to sign off on assessment and treatment applications for psychological services in the CTI which will replace the MIG. Currently insurers almost universally deny applications for psychological services for insureds who have both mental disorders and multiple soft tissue injuries, (strains, tears, contusions) inspite of physician support. Requiring physicians to sign off on plans while allowing insurers to continue to create barriers will only make access even more difficult. Together, these restrictions act as significant barriers to treatment and they impose additional costs on accident victims and our health care system. Further, they are contrary to the Government’s leadership in increasing awareness of mental health issues and improving access to mental health services. Finally, these restrictions fail to recognize the significant expertise and relative cost-effectiveness of psychologists in these matters.

Key Solutions

- Reduce the barriers to necessary psychological services for accident victims with mental disorders and brain injuries.
- Continue to acknowledge that mental disorders including brain injuries are not “minor injuries”.
- Re-instate provisions to reflect expertise and competence of psychologists by allowing them to conduct assessments and examinations for catastrophic impairment due to mental disorder.
- Do not require physicians or nurse practitioners to certify access to psychological assessment and treatment. There is no need for a physician gate keeper model. Services of psychologists and psychological associates should remain directly accessible to insured crash victims as they are now.
- Reinstate the right of an accident victim who suffers permanent serious impairment of an important mental or psychological function to rely in court solely on evidence from a psychologist with appropriate expertise.

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