Who uses Psychological Services in Canada?

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Psychologists in Canada are reaching only a small proportion of Canadians who could benefit from their services. This is one of the conclusions of a recent study conducted by Drs. John Hunsley, Tim Aubry, and Catherine Lee, professors in the School of Psychology at the University of Ottawa.

The study, funded by the Canadian Psychological Association and the Canadian Register of Health Service Providers in Psychology, was intended to provide a profile of the characteristics of Canadians who access psychological services. The research was designed to determine who are the consumers of psychological services and how they compare to the Canadian population. The results of this work provide important information for government policy makers, health care professionals, and the Canadian public about the use of psychological services.

To undertake this task, Dr. Hunsley and his colleagues analyzed data collected by Statistics Canada in the National Population Health Survey (NPHS), conducted in 1994-95. The NPHS is a longitudinal survey of a nationally representative sample of over 17,600 Canadians, aged 12 years and over, designed to track the health status of the Canadian population every two years. Access to these data were facilitated by the recent Data Liberation Initiative project that was spearheaded by the Humanities and Social Science Federation of Canada. This initiative permits inexpensive access to banks of national data by researchers in participating universities who are involved in the Data Liberation Initiative.

The target population for the survey included Canadian households in all provinces, except the Yukon and Northwest Territories and some remote areas of Ontario and Quebec. The sample also excluded First Nations people living on reserves, those living on military bases, and those living in institutions or emergency shelters.

In addition to questions about an individual's physical and mental health status, the survey included questions about the use of services of different health care professionals in the past year. The inclusion of a question about consultation with psychologists allowed the researchers to examine the characteristics of users of psychological services and to compare them to the characteristics of non-users in the Canadian population.

Approximately 2% of those surveyed indicated that they had consulted a psychologist in the 12 months prior to the survey. In population estimates, this is equivalent to
approximately 515,000 Canadians. Consistent with general patterns of utilization of mental health services, 66% of those consulting a psychologist were women or girls and 34% were men or boys. The pattern of use according to age showed greater use of psychological services in late adolescence and middle age and less use among the elderly.

The researchers also found that individuals with higher levels of education and higher levels of income were more likely to visit a psychologist. Compared to other segments of the population, adults and children living in single-parent families were more likely to use psychological services. There were dramatic differences in utilization of psychological services between those living in rural settings (1%) and those living in urban areas (3%).

Respondents to the survey also provided self-report information on their overall health status, current and past stressors, visits to their family physicians, and medication use. Individuals who consulted a psychologist reported lower overall health status, a high number of past and current stressors, and more frequent contact with their family physicians than did those who did not consult a psychologist. Compared to the general population, individuals consulting a psychologist were more likely to be taking antidepressants, tranquilizers, or sleeping pills. Of those consulting a psychologist in the past year, 30% were likely to meet the diagnostic criteria for a major depressive episode.

One striking finding was that the vast majority of individuals using psychoactive medications or experiencing emotional difficulties had not consulted a psychologist in the past year. It is particularly noteworthy that only 10% of those who felt that life was not worthwhile sought services from a psychologist. As well, the majority of depressed individuals in the population did not receive either antidepressant medication or psychosocial interventions from a psychologist, social worker, or counsellor.

Although the NPHS data are of the quality researchers have come to expect of Statistics Canada, Dr. Hunsley and his colleagues caution that interpretation of these findings should be made in light of the limitations of the NPHS. These limitations include the nature of the sampling frame described previously (e.g., the exclusion of those living in institutions and emergency shelters), the possible bias associated with respondents’ retrospective recall, and the lack of precise information on the nature of services received from psychologists (i.e., "consultation" with a psychologist could encompass diverse services including assessment or treatment).

Dr. Hunsley and his colleagues conclude from their study that there are many Canadians who could benefit from psychological services who are not currently receiving them. The researchers suggest that, despite the substantial empirical evidence of the effectiveness of psychological interventions, the Canadian public appears to be less than fully informed about the value of psychological services. They recommend that greater efforts be made to inform Canadians about the benefits of psychological services and to reduce the barriers faced by many of them to access these services. Efforts should also be made to inform front line health care providers about the potential benefits offered by psychological services in order to assure appropriate and timely referral for psychological services.