

Re-imagining regulatory frameworks for the MHSUH workforce in Canada


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Background and rationale

The impacts of the COVID-19 pandemic and toxic supply crisis on the mental health and substance use health (MHSUH) of the population are serious and long-lasting.



The MHSUH workforce is the backbone of the critical response but has often been overlooked in research and policy.



Gaps in data, regulation, and funding are undermining equitable access to services and capacity to undertake workforce planning.



No significant MHSUH workforce plans or strategies, unlike the UK, Australia, New Zealand, and the US.

MHSUH workforce research

Our team's projects

1

Understanding effects of COVID-19 on MHSUH workforce capacity in Canada

CIHR Operating Grant 2021-2022

2

Reimagining regulatory policy for the MHSUH workforce in Canada

CIHR Catalyst Grant 2022-2024

3

Policy options for a pan-Canadian MHSUH workforce strategy

CIHR Catalyst Grant 2023-2025

MHSUH Workforce II

FALL 2022



1

Literature
Synthesis

EARLY 2023



2

Key Informant
Interviews

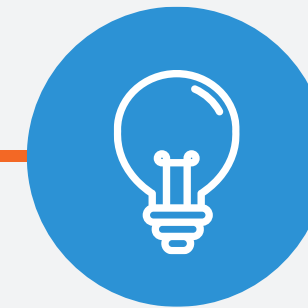
MID-LATE 2023



3

Data
Analysis

WINTER 2024



4

Paper
Development

ONGOING



5

Knowledge
Mobilization

Phase 1: Scoping review

Data collection and analysis:

- Searches for academic and grey literature in Canada and OECD countries
- Three key concepts: MHSUH providers/workforce, MHSUH workforce regulation, equity/equitable access

FALL 2022



1

Literature
Synthesis

- Included sources: 49 academic and 184 grey literature
- Scoping review protocol registered on OSF
- Manuscript under review



Phase 2: Interviews

FALL 2022



1

Literature
Synthesis

EARLY 2023



2

Key Informant
Interviews

Data collection and analysis:

- Interviews of MHSUH workforce regulation key informants
- 13 interviews with 14 participants
- Two members of the research team attending each interview

- Thematic analysis - **five themes developed**
- Qualitative findings paper under review

Theme 1

Using a range of regulatory mechanisms for safer care

*“My perspective is that **we need to have the biggest possible tent for regulation to get all practitioners under the tent** so that we can ensure some public safety and some quality control....And you do this by **not sticking to Colonial era requirements for graduate training, what you have instead is a much more modern approach** of measuring whether you can fly the plane, whether you can land the plane, I don't care if you have a diploma from flying school, the question is, can you do the job?...**If you can do the job, you should be part of the profession.**”*

Theme 2

**Achieving consistency
and clarity through
harmonized regulatory
frameworks**

*“One of the biggest issues that happened - and this is COVID driven - is that when everybody went online, it actually opened up the opportunity to serve clients not in your location...**Nobody actually understands the rules...it was just really mucky...**”*

Theme 3

Impacts of regulatory gaps on access and funding

*"Most insurance plans will only reimburse regulated healthcare providers...So the fact that there's different regulation doesn't impact us as much, but the fact that there is no regulation in some provinces does....I like the thought of a national regulator, certainly in the mental health space, where there's a lot of it delivered virtually. You know, **having access to a wider country-wide group of therapists, I think, would be best.**"*

Theme 4

Inequities in public protection based on structural stigma and policy legacies

*“What greatly impacts the ability to provide the public with regulatory, or any kind of oversight model, for safe addiction counselling and addiction treatment is that substance use disorders are heavily politicized. And so that impacts the way a particular jurisdiction or government will view the **people who are desiring of service or needing of health service and what kind of health service they may deserve, and what kind of safety protections they may deserve....We don't treat cancer so ideologically.**”*

Theme 5

Workforce policy to support equitable integration within team-based care

*“I think they've created 55 or so positions to cover the 25 communities in Nunavut and these **paraprofessional roles are essentially community members who may be peer, who may have experience, lived experience,** but who are interested in doing outreach work and supporting community members and so that's been a way in which they have been able to **increase capacity** but also have that knowledge to work alongside a psychiatric nurse or, you know, an MSW or whoever, **in that community in a way that is a bit more connecting and trusting.**”*

MHSUH workforce regulation

Key findings

- Regulation is a key lever for quality and equitable access but may need to be reimaged for the full range of the MHSUH workforce.
- Key differences within the MHSUH workforce related to the criminalization of substances, distrust of the state, and stigma.
- Context and policy legacies matter, with gaps and inequities in funding for MHSUH services in Canada showing up in gaps and inequities in regulation.

MHSUH workforce regulation

Policy and practice implications

- Build flexibility into legislation and policy for regulations that allow cross-jurisdictional virtual MHSUH services and mobility.
- Support self-governed frameworks for quality assurance among unregulated providers.
- Recognize the value of lived experience in policy, remuneration, and integrated teams.
- Expedite regulation of psychotherapists and counselling therapists across the country.

Policy progress to date

CIHI has added regulated psychotherapy and counselling therapy to health workforce data holdings.



Federal announcement regarding GST rebate for psychotherapists and counselling therapists.



AB has now regulated counselling therapists (but not addictions counsellors as planned); BC re-starting regulation process.



Peer support increasingly integrated into publicly funded services.

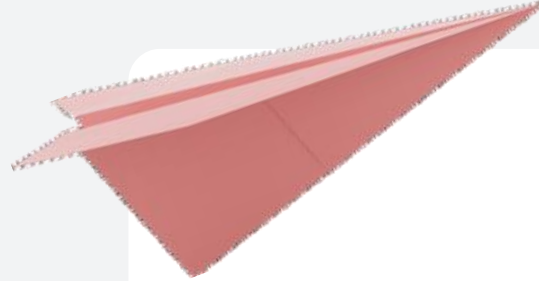
Research team & Advisors

- Sophia Myles, Research Associate
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- Kathleen (Kate) Leslie, Principal Investigator
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- Ivy Bourgeault, Co-Investigator
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Thank you



[Visit the Canadian Health Workforce Network Mental Health and Substance Use Health webpage at this link.](#)