**NOW with Dave Brown on AMI-audio Funding for psychotherapy – March 25, 2020**

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DAVE BROWN: Let's check in with our accessibility reporter, Meagan Gillmore. The Ontario government has signalled for several years that it is looking at ways to reduce OHIP costs. That's the provincial health insurance program. Mental health advocates are concerned that this cost-cutting will include removing public funding for psychotherapy. Reporter Meagan Gillmore has been speaking with these groups, and she joins us on the line now from Toronto. Hey, good morning, Meagan.

MEAGAN GILLMORE: Good morning. I feel like I'm Negative Nancy. Because you just gave these two great good-news stories, and then like, hey, everybody, Ontario government's thinking of cutting mental health services.

DAVE BROWN: Meagan, if there's one thing that's clear about these last couple weeks of the show is that we oscillate and we move quick. So I don't think anybody's going to accuse you of being a Negative Nancy based on everything in the news. There's only so many positive news stories out there. So I wanted to try and sort of mow the lawn before we got into your topic. Now, what is the government planning to change in regard to OHIP coverage of psychotherapy?

MEAGAN GILLMORE: So right now, the proposal that's on the table is that Ontario would limit OHIP coverage to 24 hours of psychotherapy a year. So you would have your first 24 hours of coverage covered by OHIP. And then after that, patients would have to pay a portion of the costs. And the number that I've been told and the number that I've read in reports is 50%. So after your 24 hours, 25th hour, you, patient Meagan, would have to pay half the cost of it.

And the background of this is a little complicated. It's really interesting, actually. It comes from a contract dispute between the province and the doctors. They couldn't agree on a new contract. So as part of that, an arbitrator told the government and the doctors that they had to come up with a list of ways to cut OHIP costs.

There was a committee that was formed. And then about a year ago is when reports started coming out about this. And in August, there were more details. If you'd like to read more about it, the "Toronto Star" did a lot of reporting on appropriate and misappropriation of OHIP funds and billing of doctors. And there is some coverage of that in there.

DAVE BROWN: Yeah, this story really jumped out to me as you chose to bring it to the table for us because of the fact that, just a couple of weeks ago, we were talking about

how the Ontario government was investing a certain amount of money in kind of frontline help for people dealing with anxiety issues. And then this kind of sits in the contrast of that and one of the criticisms that was put forward as that story was coming out about the funding for anxiety issues. Well, you've taken out x amount of dollars from other mental health funding.

How do you square that away? Now Meagan, I'm going to ask you this question. And we asked it to you last week when we were talking about medical assistance and dying. What makes this a disability issue in particular?

MEAGAN GILLMORE: Sure. So one is that you can view a mental health illness or concern as a disability. That would fall under that. So obviously, that's how it fits. But then there's also a fact that I think you and I have probably discussed on this program. AMI discusses this somewhat regularly on different shows. People with any form of disability can be at a higher risk of developing a mental health problem later on. So you might need these services later on in your life.

And then there's also financial concern. People with disabilities disproportionately will have a lower income. Not everybody, but a lot of people do. So if you have to pay more for an essential health service, you're even more vulnerable.

DAVE BROWN: And you had a chance to speak to a couple of different people here about the proposal. Before we get into, maybe, some of the individuals, generally speaking, what are the main concerns about the proposal?

MEAGAN GILLMORE: Well, actually, the first one is what you mentioned a few moments ago, that while the government has been pushing some new services to help connect people with certain types of mental health support-- which is good, and people like that-- there's concern that that's not enough, that it's a one-size-fits-all approach. So in particular, the government's really pushing CBT, cognitive behavioral therapy, which looks at what's happening right now. And I've done a bit of this, like breathing exercises and thinking and all these sorts of things. And that's great for some people, but it's not for a lot of other people. So there's the concern that it's a one-size-fits-all approach.

Obviously the increase in cost is a concern. Somebody I spoke to said that. If they had found out that they would have to pay after their 24 hours were up, they just wouldn't have sought therapy anyways, because the cost would have been too much of a deterrent. And then there's a concern that because this is being brought forward as part of an arbitration and a contract negotiation, that there's limited public input or involvement.

DAVE BROWN: Yeah, that's one of the big concerns, I think, that we've seen a couple of times when we're talking about finding these deficiencies within the health system. Meagan, so you did speak to three very different people with very different stories. So let's first talk about Bethany. What insight that Bethany give you on this story?

MEAGAN GILLMORE: Sure. So Bethany Killen is the president and founder and CEO of the Dissociative Society of Canada. And they provide services and support for individuals who are living with a dissociative disorder. So she has a diagnosis, dissociative identity disorder. She was diagnosed seven years ago while she was still living in Halifax.

And then she moved to Toronto because she wanted to go back to school to be a social worker. And there she encountered a lot of difficulty getting the services that she needed. This is someone who had a diagnosis of this condition and it was still hard for her. She still is enroled in a post-secondary institution in Toronto.

And she would say that post-secondary on-campus mental health supports are typically designed for the garden variety-- that's what she would call them-- mental health concerns, like anxiety, depression. But she said that she was told that her case was too-

- it was too much for them. It was too severe. It wasn't something that they did.

She described a reliance on CBT as a Band-Aid on a gunshot wound that is festering and bleeding and totally infected. So while she is glad that these services are out there for people and that could be helpful for a lot of people, she knows that, for her, they wouldn't be. And she's concerned that they're not actually looking at the root of the problem.

DAVE BROWN: Yeah, it doesn't take into account the complexity of mental health problems for individuals as they're trying to go about their day-to-day lives. What about Gabriel? What was Gabriel's story?

MEAGAN GILLMORE: So Gabriel is unique among the three who I spoke to because he is no longer receiving therapy. So he and his doctor made a decision late last year to discontinue therapy because he was doing better. Gabriel said that he's concerned about this proposed cut because of the person that he used to be.

So he's in his late 50's. He spent most of his life in Canada, but he's originally from Argentina and witnessed several wars in Argentina while he was growing up there. So he was dealing, obviously, with some trauma from living in a war zone. And just a number of years ago, there's a whole bunch of things that just happened.

He has a graphic design business and he lost a bunch of contracts because of changes in government services and just what employers in his region were looking for. There was a death in the family. His marriage was failing. Everything came to a halt. And he talked about, if I'd called him a couple of years ago, he would have been giving me the interview from his bed instead of his desk.

So now he's still working in graphic design. He lives in Ottawa and he's doing well. But he's concerned that this is going to hurt people, and then, in turn, they might go out and hurt someone else, or at the very least, just be living like he was. Like you're trying a

whole bunch of different antidepressant drugs and you're just not living a good life because you're drugged up and trying to find something that's going to work for you.

DAVE BROWN: Mm. Yeah, again, it speaks to the complexities that exist there. Meagan, we need to skip over to sort of the last point here, just as a wrapping up, a followup on a couple of topics that you shared with us. And unfortunately, it's a COVID- 19 update to these topics. But what are the two updates surrounding Accessibility Standards Canada, as well as the Department of Justice and medical assistance and dying?

MEAGAN GILLMORE: OK, so Accessibility Standards Canada, which is the organization that creates standards for the Accessible Canada Act, has postponed its April 6 public meeting in Toronto because of COVID-19. They were supposed to have that. I was hoping to go and report on it for you all. That has been postponed until they come up with another date because of COVID.

And then also we mentioned last week that we'd reached out to the Department of Justice to see if they would still be respecting the July deadline to implement a new law, to pass a new law about medical assistance and dying. They got back to us after the program and said that, yes, they are still going to try to respect that July target. And also, a note on last week's segment, if you've been following me on Twitter, I accidentally called Tim Potter Tim Power. So Tim would just like to clarify that he's not that powerful. He's more of a Potter.

DAVE BROWN: [LAUGHS] I saw Tim tweeted about that. It gave me a good giggle. Believe me, Meagan, when you do this for multiple hours a day, you're occasionally going to misspeak. So I hope you're not beating yourself up too much about it.

MEAGAN GILLMORE: I just think his response and how witty it was reinforced my belief that he needs to write a book about being a dad to seven kids.

DAVE BROWN: I agree 100%. Hey, Meagan, glad to hear that you're doing well. Thank you for staying on these beats for us. It's super important. And we'll talk to you on the news panel on Friday.

MEAGAN GILLMORE: All right, enjoy the rest of your week.