

September 5, 2017

Dr. David Tannenbaum  
Chair, Health Technology Advisory Committee  
Health Quality Ontario  
Delivered by email

Dear Dr. Tannenbaum,

Thank you for the opportunity to provide feedback on the Ontario Health Technology Advisory Committee's Draft Recommendations Report: Psychotherapy for Major Depressive Disorder and Generalized Anxiety Disorder. As the provincial professional association of occupational therapists who are regulated non-physician therapists who can provide psychotherapy, the Ontario Society of Occupational Therapists has great interest in these recommendations and the opportunities they present to more effectively meet the health care needs of Ontarians living with major depressive disorder and generalized anxiety disorder. The Society offers the perspectives of over 500 Ontario occupational therapists who work with a practice focus in mental health in both public and private health care systems (College of Occupational Therapists of Ontario, Annual Report 2016).

**The Ontario Society of Occupational Therapists supports the OHTAC recommendation that evidence-based, structured, individual and group psychotherapy provided by non-physicians be publicly funded for patients with major depressive disorder and/or generalized anxiety disorder. We assert that the list of non-physician professions identified needs to be amended to include nurses, psychologists, psychotherapists, and social workers and occupational therapists.**

**Ontario occupational therapists believe it is important to not only promote access to treatment but also to encourage those in need to feel unashamed about seeking help.** We believe that funding treatment reinforces that major depressive disorder and generalized anxiety disorder are treatable conditions. Early access to treatment can prevent negative progression and sequelae of the disorders.

**We agree that the provision of structured psychotherapy can be effective in a group for most people,** and that this is one cost efficient way to deliver therapy. This

notwithstanding, we concur that provisions for individualized intervention are also important to achieve objectives of addressing symptoms and preventing reoccurrence.

**We applaud the recommendation to promote funded access to an increased number and range of trained, regulated health professionals, including occupational therapists.** This recommendation addresses both issues related to limited access (wait times, cost of therapy, absence of psychiatrists in all communities, etc.) and consumer desire for choice. In Ontario, non-physician regulated health professionals providing psychotherapy services include, nurses, occupational therapists, psychologists, psychotherapists, and social workers. While this is recognized in the OHTAC Assessment Report (pages 12, 57, 70), the inclusion of occupational therapists is omitted in the recommendation for funding. We trust that this is an unintentional inconsistency, but draw attention to the need for correction. Assuring that Ontarians have access to a broad range of providers of structured psychotherapy providers best serves the needs of consumers and the health system goals of providing access to services that are timely, affordable and easily accessible. We believe that an explicit listing of *all* professionals who may provide and be funded for structured psychotherapy services best informs the public and promotes both utilization and access.

### About Occupational Therapists and Psychotherapy....

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We would like to take this opportunity to build awareness of the training and skill required of Ontario occupational therapists to meet the [standards for the performance of psychotherapy](#), by the College of Occupational Therapists of Ontario (COTO).

Occupational therapists are educated at the masters level in Canada and have a minimum of 6 years of university education in mental and physical health and rehabilitation with skills-training in client-centred individual therapy and group facilitation. Our profession has a commitment to the competent, quality practice of psychotherapy. As such, in addition to a degree in OT, the COTO requires OTs to complete a credible training program in psychotherapy and a minimum of 2 years of supervised psychotherapy practice in order to practise psychotherapy in an independent practice environment. OTs currently use Cognitive Behaviour Therapy (CBT) as one modality of psychotherapy for treatment of anxiety, depression, stress management and chronic pain management. OTs use other modalities of psychotherapy, including: mindfulness, Acceptance Commitment Therapy, Dialectical Behaviour Therapy, Interpersonal Therapy, Solution-focused Therapy, Motivational Interviewing, Trans-theoretical, Brief and Narrative Therapy, Emotion-Focused Therapy, somatic and developmental therapies, Rogerian, supportive, and Gestalt psychotherapies. OTs who practice psychotherapy are required by COTO to engage in continuous professional development to keep updated on evidence-based therapies.

Occupational therapists assess and treat a client's ability to engage in meaningful life activities (or "occupations"), which can include taking care of oneself, going to school or work, interacting with others, and participating in the community. Clients can work on

relational, behavioural and mental/emotional disorders with an OT who is competent in psychotherapy, to maintain and enhance physical, intellectual, emotional, social and interpersonal functioning. Occupational therapists work with clients across the range of impairment resulting from mental illness. Proposed amendments to the *Regulated Health Professions Act* relating to introduction of a controlled act of psychotherapy provide authority for occupational therapists registered to practice in Ontario to perform the proposed controlled act.

Occupational therapists are qualified and relevant mental health professionals for people who are working to regain or maintain meaningful life-work balance. Over 500 registered occupational therapists practice within the mental health field in Ontario in both public and private practice. Many of this number will have already sought additional training and gained experience in delivery of structured psychotherapy approaches. The approval of a funding source for psychotherapy services for Ontarians with major depressive disorder or generalized anxiety disorder will provide further incentive for all mental health professionals (including OTs) to seek and maintain training and competence to meet identified needs and projected future needs. We believe that occupational therapists' fees present an attractive alternative to equivalent physician fees and their skilled ability to manage group psychotherapy a further asset to the goals of cost efficient service delivery options.

For more information, see: Moll, S.E., Tryssenaar, J., Good, CR. & Detwiler, LM. (2013). Psychotherapy: A profile of current occupational therapy practice in Ontario, *Canadian Journal of Occupational Therapy*, 80, 328-336.

We would be pleased to discuss any of the points we have raised further and invite you to contact Christie Brenchley, Executive Director directly. Contact information is provided below.

The Society appreciates the extensive review of both clinical and economic evidence that has led to the Committee's recommendation. We believe that this recommendation, amended as we have suggested above, will identify a strategy that will serve Ontarians living with major depression and anxiety well.

Sincerely,



Christie Brenchley  
Executive Director



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