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Interview Request: Toronto Star/Investigative Journalism Bureau

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Cc: Wendy-Ann Clarke <wendyannclarkeijb@gmail.com>, "Cribb, Robert" <rcribb@thestar.ca>, "Bruser, David" <DBruser@thestar.ca>

Dear ISC communications:

I'm a journalist at the Toronto Star and director of the Investigative Journalism Bureau, a non-profit investigative newsroom based at the University of Toronto's Dalla Lana School of Public Health. Myself and colleagues are preparing a story for publication that looks into the Non-insured Health Benefits (NIHB) mental health program.

We are seeking comment on our research for inclusion in our story in the interests of fairness and balance. Our deadline is July 5. We would prefer an interview with the appropriate person to ensure context and fulsome voice from ISC.

Here are the themes for which we seek comment:

1. Over 60 current and former clients, therapists, physicians and mental health advocates we spoke to describe NIHB as a system ensnared with red tape, months long wait times far outpacing Canadian averages and cultural insensitivity that harms the most vulnerable.
 - One client we spoke to says the cultural incompetence of the NIHB therapist caused her to walk out in the middle of a session and left her in tears. "I just figured if (the therapist) is funded by NIHB, then most likely they have some cultural training, cultural sensitivity, some understanding of intergenerational trauma, its symptoms and effects. There was nothing," she says
 - Another client describes a traumatic experience being connected with an NIHB therapist who had never heard of residential schools.

We seek your response to these concerns

2. In our research we found therapists with serious professional disciplinary or criminal histories who are currently on the NIHB approved provider list. Additionally, we are interested in any comments ISC may have regarding why these providers were approved to deliver service given their disciplinary backgrounds.

This includes:

- A. Thunder Bay psychologist Paul Johnson who remains on the list despite having plead guilty to professional misconduct to the disciplinary panel at the College of Psychologists in 2009
- B. Sarah Durant, a counsellor from Midland, Ont., who was disciplined by the College of Registered Psychotherapists in March 2021 following an incident in which she accosted guests in a restaurant.

C. Gerlinde Goodwin who received disciplinary action from the Ontario College of Social Workers related to an inappropriate relationship with a client, which caused the client to become suicidal.

D. Oren Amitay who has been disciplined and found guilty of professional misconduct multiple times by professional governing bodies. He also holds controversial views on Indigenous issues. Following the discovery of unmarked graves at former residential schools, he posted an article to his Facebook saying, residential schools, "had the intent of educating children, assimilating them into the broader Canadian population and lifting them out of poverty."

We spoke to Indigenous clients and mental health advocates about these providers being on the NIHB list and this is a sampling of what we heard:

"Fire' em. You go see those people where those residential schools are. All those babies that didn't make it home" and tell "Oh we were helping you."

"How can NIHB continue to have these people on their list knowing the character of these people are at high risk for harm to First Nations people?"

"It's very foul that there are people with documented sexual exploitation and disciplinary actions who are providing services to people impacted by residential schools."

We seek your response to these findings and to these comments and concerns.

3. Your website says that in order to be approved, therapists and counsellors are required to be in good standing with a provincial or territorial regulatory body and be practicing under the regulations of the licensing body. But we found dozens of providers not registered with any regulatory body. Ex. Dawn Skidders who is listed as an NIHB approved psychologist in Ontario but not registered with any self-regulatory college or association.

We seek comment as to how providers not registered with any governing body make it to the NIHB list

4. About 14 per cent of the more than 5,100 NIHB-approved therapists across Canada self-identify as Indigenous. Only about a quarter self-reported as having experience working with First Nations and Inuit communities.

We seek comment on the large majority of approved counsellors who have no experience working with First Nations and Inuit communities.

5. We contacted 100 Ontario mental health clinics with roughly 1,300 therapists and found 98% did not accept NIHB. Many providers report refusing to accept NIHB because of the long payment delays and excessive bureaucracy. Providers say it's more difficult to navigate than comparable health benefit programs.
6. An addictions physician we spoke to said, "There's no (billing) code for filling out paperwork and there's no codes for all the phone calls that you have to make so that's something that you're not going to get paid for. When you start adding in all the overhead

of running a practice and so on and so forth, (challenges with NIHB) start to become a deterrent really quickly.”

One family physician and mental health advocate said, “When we compare that to any other extended health benefits, whether that’s Blue Cross, Manulife or any of the other ones in this country, providers routinely say that the NIHB program is the most difficult and causes the most harm to patients when they want to access it.”

We seek your response to these findings and to the comments from these physicians.

7. Several providers, including counsellors, pharmacist have said they have to volunteer services to cover costs for clients when the NIHB system fails vulnerable people. One therapist amassed \$160,000 in free counselling services over a two year period due to challenges with NIHB. Pharmacists report having to cover NIHB clients struggling with addiction due to roadblocks in the system, amounting to thousands of dollars out of pocket a year.

We seek comment on these concerns and the financial burden carried by providers.

8. Clients report having to pay up front or prove they have no other insurance before they can get access to NIHB. Providers describe a system inaccessible to the most vulnerable. One therapist recalls a client who, in order to prove that he lost his coverage when he lost his job, would have had to call the government and provide letters and documents. However, the client did not have a phone or the necessary resources, so he never returned for treatment.

We seek comment on these challenges reported by providers and clients.

9. Those we spoke to also report a system open to abuse. One therapist overbilled for 15 years totalling over \$351 000 according to Health Canada briefing notes obtained through Access to Information disclosures.

We seek your comment on these findings.

10. Clients and providers expressed frustration over the difficulty in accessing the list of registered providers, which is not publicly available. They have to contact their NIHB regional office to obtain an emailed list of providers in their area, and this step is buried on the website. Furthermore, providers seeking access to the list or their Indigenous clients have been denied by NIHB, which does not provide the list to providers.

One clinic manager said, “The only thing that I’ve concluded is that (the government) is concerned that people like myself connecting people to the list, it would be used much more often than it is. Maybe that would then create cost to the government if this list was circulated and more people were aware of who they could contact to get this help.”

We are seeking your response to these findings and comments.

Again, our deadline is July 5. I look forward to speaking with you.

Gratefully,

Robert Cribb
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