



Improving mental health outcomes for all

[About Us](#)[Focus Areas](#)[Resources](#)[Media Centre](#)[Events](#)

[Home](#) > [Catalyst - June 2017 - Opinion: Rethinking Access to Psychotherapy](#)

Catalyst - June 2017 - Opinion: Rethinking Access to Psychotherapy

[SHARE](#)

To improve access, we need new approaches to funding and delivery

By Louise Bradley, President and CEO, Mental Health Commission of Canada and Karen Cohen, CEO, Canadian Psychological Association

A sure recipe for failure is doing the same unsuccessful thing over and over, but expecting different results. With millions of Canadians reporting an unmet need for mental health care, it's time to revisit how we fund, deliver and access psychological services.

Imagine finding a lump in your breast, or blood in your urine. It's a terrifying prospect, and the visceral fear is tempered only

by the knowledge that you can seek immediate medical attention.

Now, picture a scenario where your doctor takes note of your symptoms and tells you to return in six months, when she can determine if you've deteriorated sufficiently to warrant treatment.

We don't wait until cancer reaches stage four, or hold-off on treating diabetes until gangrene sets in. We intervene as quickly as possible, because it's not news that early detection is key to more successful health outcomes.

This doesn't only apply to physical illness. Ample evidence points towards the value – in both economic savings and improved patient outcomes – of mental health promotion and early intervention.

It's high time we turned the provision of mental health services on its head. Rather than offering people what we fund, we have to pause and ask ourselves what people actually need.

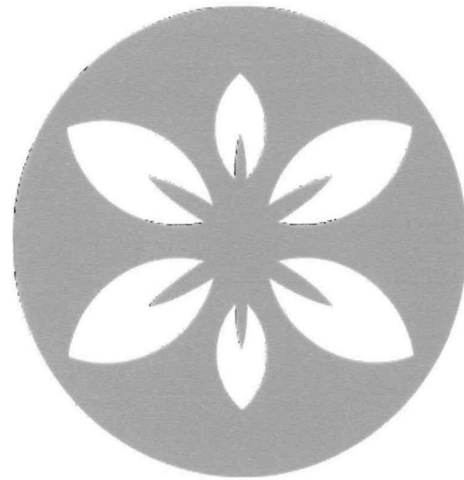
As provinces and territories are poised to receive an infusion of dollars targeted for mental health via the Health Accord, it's time to examine where new investments have the greatest potential to reinvigorate our uncoordinated patchwork of services.

We can't continue to funnel people to care providers unable or ill equipped to address their needs. Instead, we need to be asking: what do people need, where do they need it, and who should be providing it?

Right now, people are often only able to access mental health services when they are so critically ill they may be beyond help. This is because funded treatments are largely available through hospitals, where scant resources can't be expended on patients who aren't in critical distress. Additionally, primary care providers like family physicians and nurse practitioners often don't have the time, training or interest in treating mental health problems.

In an ideal world, people should be able to walk through the door of any trained health service provider and be assessed, diagnosed and appropriately triaged to the right kind of service and support. Instead, you have individuals and families pushed to the brink of despair, sitting on waitlists for mental health care. The repercussions of this unmet need reverberate throughout families, and across communities.

Sadly, our mental health system is, at best, designed to address mental health crises. What we need are appropriate provisions for helping healthy people stay well, and means to prevent moderately ill people from developing severe and persistent mental illness, which sometimes even hospital care cannot successfully treat.



Enhancing access to evidence-based psychological services has to be part of any well-thought out Canadian solution. Psychological treatments work. They are first line interventions for mental illness, particularly the ones experienced most commonly; anxiety and depression. Canada lags behind the United Kingdom and Australia, where governments have made publicly funded psychological services available.

Today in Canada, these psychological treatments are largely delivered by psychologists, specially trained social workers and psychotherapists; health providers whose services are not covered by our public health insurance systems.

While they can be accessed through private insurance, only higher earners, or those with private health insurance benefits through employment, can afford them. This leaves lower income Canadians, who report poorer mental health, unable to access effective treatment.

Often, professionals who work outside the public sector are painted as self-serving if they advocate for better access to their services. This assumption is as inherently flawed as suggesting that advocates of pharmacare are in cahoots with the drug industry.

Just as medication is effective for a range of health conditions, psychological treatments are effective for a range of mental health issues and disorders. Treatments that work should be accessible to those who need them. That is the Canadian way.

An archaic and outmoded system of care has excluded psychologists from contributing their vital services to the full scope of their capacity.

The Mental Health Commission of Canada together with the Canadian Psychological Association are among the many mental health stakeholders encouraging informed and meaningful debate about how psychological services can be best integrated into the public system.

Our efforts to date haven't been working. Our only hope of getting better results is to finally do something differently.

[Sitemap](#)

[Focus Areas](#)

[Follow Us](#)

[About Us](#)

[Caregiving](#)

**Are you in
crisis? [Call the
nearest](#)**

Focus Areas	Children and Youth
Resources	Diversity
Media Centre	E-Mental Health
Events	First Nations, Inuit and Métis
Terms and conditions	First Responders
	Housing and Homelessness
	Knowledge Exchange Centre
	Mental Health and the Law
	Mental Health First Aid
	Mental Health Indicators for Canada
	Mental Health Matters
	Mental Health Strategy for Canada
	Peer Support
	Recovery
	Seniors
	Stigma and Discrimination
	Suicide Prevention
	Workplace

Read our
Newsletter

distress
centre.

**If it is an
emergency,**
call 9-1-1 or
go to your
local
emergency
department.



© 2017 Mental Health Commission of Canada

Production of this website has been made possible through a financial contribution from Health Canada.

The views expressed herein represent the views of the Mental Health Commission of Canada.

Narcissistic Behavior

[Home](#) [Books](#) [Video Recorded Workshops](#) [Christine's Articles](#) [Radio Interviews](#) [About Christine:](#)

[Home / The Effects of Gaslighting in Narcissistic Victim Syndrome / The Effects of Gaslighting in Narcissistic Victim Syndrome](#)

by Christine | 364 comments

The Effects of Gaslighting in Narcissistic Victim Syndrome



What is "Gaslighting"?

Gaslighting is a form of psychological abuse used by narcissists in order to instill in their victim's an extreme sense of anxiety and confusion to the point where they no longer trust their own memory, perception or judgment. The techniques used in "Gaslighting" by the narcissist are similar to those used in brainwashing, interrogation, and torture that have been used in psychological warfare by intelligence operative, law enforcement and other forces for decades.



NEW Video Recorded Gaslighting Workshop

"What Is Gaslighting?"

(RECOGNISE THE NARCISSIST'S COVERT METHODS OF CONTROL)

Find Out
More

The intention is to, in a systematic way, target the victim's mental equilibrium, self confidence, and self esteem so that they are no longer able to function in an independent way. Gaslighting involves the abuser to frequently and systematically withhold factual information from the victim, and replacing it with false information. Because of it's subtly, this cunning Machiavellian behaviour is a deeply insidious set of manipulations that is difficult for anybody to work out, and with time it finally undermines the mental stability of the victim. That is why it is such a dangerous form of abuse. The emotional damage of Gaslighting is huge on the narcissistic victim. When they are exposed to it for long enough, they begin to lose their sense of their own self. Unable to trust their own judgments, they start to question the reality of everything in their life. They begin to find themselves second-guessing themselves, and this makes them become very insecure around their decision making, even around the smallest of choices. The victim becomes depressed and withdrawn, they become totally dependent on the abuser for their sense of reality. In effect the gaslighting turns the victim's reality on its head.

Home

Books

[BUY NOW! – The 3
Faces Of Evil](#)

[COMPLETE
ARTICLES E-Book](#)

Video Recorded Workshops

[Narcissistic Mother
Seminar](#)

[Gaslighting Virtual
Workshop](#)

[Narcissism Virtual
Workshop](#)

Christine's Articles

[The Narcissistic
Mother & The Drama
Triangle](#)

[What Makes A Self-
Absorbed Narcissistic
Mother?](#)

[The Effects of
Gaslighting in
Narcissistic Victim
Syndrome](#)

[Narcissistic Victim
Syndrome: What the
heck is that?](#)

[Revealing the Two
faces of Narcissism:
Overt and Covert
Narcissism.](#)

[The Typical
Narcissistic Woman
As A Friend:](#)

[10 Insights to
Understanding
Narcissistic
Personality Disorder](#)