



Learn More: Key Issues

Healthcare and community social service professionals are facing many challenges in the course of their work, including the following issues HSA members want to address.

Addressing shortages of Health Science Professionals in BC

For years, British Columbia's health care system has struggled with shortages of Health Science Professionals (HSP) in the public sector.

Many British Columbians have never heard of these professions, nor could they describe the critical role they play in our public health care system. Despite this lack of public awareness, health care would not function without them.

It is not just doctors and nurses who save lives and care for British Columbians; it takes a whole team of health care professionals.

Health science professions include Physiotherapists, Respiratory Therapists, Diagnostic Medical Sonographers, Medical Laboratory Technologists, Medical Imaging Technologists, and many more. In fact, there are over 70 specialized professions that are critical to the success of our public health care system - from prevention to diagnosis to treatment and rehabilitation - ensuring robust and reliable care for patients across British Columbia.

The specific reasons for shortages in these professions vary, but generally arise from recruitment and retention challenges ignored for more than a decade, including lack of provincial post-secondary training capacity, competition with the private sector, heavy workload, and professional burnout. It will come as no surprise that these challenges have been made worse by the COVID-19 pandemic.

The health care system has managed under these shortages for many years, but the situation has reached a tipping point and needs immediate attention.

[Read our backgrounder on the impact of shortages in the health science professions.](#)

Improve access to critical services provided by Child Development Centres

Child Development Centres (CDCs) provide therapy and services to more than 15,000 children and youth and their families. CDCs serve children with physical, behavioural, neurological and developmental disabilities, including cerebral palsy, Down syndrome, autism, fetal alcohol spectrum disorder, and other mental health and behavioural issues.

Funding challenges and shortages of health care and community social services professionals is taking a toll on these critical services that children and families depend on.

- *Early Intervention Therapies*

Children with special needs rely on Child Development Centres (CDCs) for early intervention therapies that enable them to participate in activities many families take for granted. *Speech language therapy* helps develop the ability to communicate, *physiotherapy* improves mobility and coordination, and *occupational therapy* enables these children to manage daily living activities.

The Ministry of Children and Family Development (MCFD) funds these therapies for children from birth to age five. There are critical developmental stages where children benefit most from therapy, but because of inadequate funding there are long waits for treatment. This means many children don't receive therapy at the optimal stage, and in some cases "age out" of the program before receiving therapy.

We are encouraging the government to significantly increase funding to CDC's for these programs to reduce wait times and ensure children who need these services get them.

- *Autism Services*

MCFD provides an "Individualized Funding" (IF) model, which provides direct funding to families/guardians, to purchase autism services. This model may work well for some families, but it is increasingly evident that does not meet the needs of lower-income and marginalized families. It burdens families with unnecessary stress and anxiety to find appropriate and affordable professional autism services in the open marketplace.

This approach is even more problematic in smaller rural and remote communities where there may be few, or no, professionals who can provide these services on a privately funded basis.

The other deeply problematic outcome, is that this funding model has constrained the ability of non-profit agencies, such as CDCs, to offer sustainable autism programs.

HSA is recommending that MCFD introduce another stream of direct and ongoing funding to Child Development Centres to provide autism services, similar to other program funding for supported child development and early intervention services.

- *Early Years Mental Health Services*

We also know that the foundation for sound mental health is built in the earliest years of life when a child develops capacities for learning and relating to others. Anxiety, depression, hyperactivity and aggression in the pre-school years can have significant negative effects on social and psychological development.

Mental health services are most effective when provided early, and when integrated with other services provided to children with special needs, such as the multidisciplinary, team-based care that CDCs provide. CDCs are an important avenue for providing the full range of mental health supports required by children and their families.

We are recommending that funding be provided to CDC's to ensure early years mental health services are available.

- *BC children with disabilities need more supported child development services*

Children with special needs around the province rely on CDCs for specialized services and supports that enable them to participate in activities that many families take for granted. Supported child development (SCD) assistance provides children with special needs the opportunity to attend child care and preschool programs.

In previous years when new child care spaces were created, there has been no increased funding for SCD services provided by CDCs. As a result, children with special needs and their families have not benefitted from these new spaces. The new federal-provincial early learning agreement provides an opportunity to ensure that SCD services are available to all children who need them, and that existing workforce challenges are urgently addressed.

[Read our backgrounder on why increased funding for CDC services is so critical.](#)

[What is a Child Development Centre](#)

Expanding Mental Health Presumptive Coverage

The Health Sciences Association applauds the government's decision to grant mental health presumptive coverage to some sectors of workers in BC, including first responders, dispatchers and nurses. What this means is that when these workers receive a diagnosis of PTSD or another mental health diagnosis as a result of a workplace traumatic event it is easier for them to advance a Workers Compensation claim.

This will reduce stress for workers, encourage them to get help when they need it, and remove onerous bureaucratic steps. We know that the faster someone seeks help, the faster the recovery and the faster they

are back at work.

However, there are a number of health care and community social services professionals currently not covered by the legislation who face ongoing workplace risks. They deserve the same access to critical resources and services.

Health care and community social service workers are often on the front line of traumatic events, violent experiences, and high-stress environments. It is their job to care for others in times of crisis, and to put their patients first.

The province is currently facing a severe shortage of health care and community social service professionals. We need to ensure that workers filling these critical roles are protected and supported, and that includes reducing the barriers to mental health supports.

[Read our backgrounder on presumptive coverage](#)

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[Presumptive coverage briefing note](#)

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