

PSYCHOLOGISTS

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Psychologists



INTRODUCTION

With about one in five Canadians experiencing mental illness at some point in their lifetime—at an estimated cost of \$50 billion per year to the country’s health-care system (Canadian Mental Health Association [CMHA], 2018). That makes the work of mental healthcare providers such as professional psychologists critically important, especially when it comes to prevention and early intervention.

Collectively, professional psychologists make up Canada’s largest group of specialized and regulated mental healthcare providers. The scope of practice of professional psychologists principally includes the assessment, diagnosis and treatment of mental health problems and disorders. One of the many defining characteristics of professional psychologists is the specialized training in scientific research methods that allows them to make mental health diagnoses, develop and evaluate treatment programs and select and implement evidence-based therapies.

(Murdoch et al., 2015). Another is their training on how to effectively construct, administer and interpret the tests on which their mental health diagnoses often rely (Ontario Psychological Association [OPA], 2013).

When psychologists practice outside of publicly funded institutions like hospital and schools, their services are not publicly funded. Instead, Canadians pay out of pocket for psychological services in the private sector or rely on coverage through private, extended health insurance benefits plans often provided through employment. As a result, many Canadians are unable to get timely access to psychological services or cannot access them at all (Canadian Psychological Association [CPA], 2016).

HISTORY OF THE PROFESSION

Canada has long played a leading role in the field of psychology, with Canadian psychologists not only helping to establish the profession in this country but also playing an important part in creating the American Psychological Association (APA) (Brock, 2013; Connors, 2013; Ferguson, 1992).

INSTITUTIONALIZATION

During the 19th century, patients with mental illness were institutionalized in mental hospitals or asylums. The Quebec Lunatic Asylum—the first of many such institutions in Canada—was established in 1845 (Barlow, Durand, & Stewart, 2006). The intent of these hospitals and asylums was to provide a place of refuge for individuals who otherwise would have been placed in jails or poorhouses, left to the care of family members, or forced to fend for themselves in the community (Barlow et al., 2006; Kirby & Keon, 2004; Moran, 2009). Most offered little in the way of treatment or care.

Advocates such as Dorothea Dix in the United States, launched the mental hygiene movement in the mid-19th century, seeking to improve the standards of care for individuals with mental illness in these institutions. Across Canada, there continued to be

insufficient resources, inappropriate staffing and inadequate care at hospitals and asylums (Barlow et al., 2006; Kirby & Keon, 2004). These issues continued well into the 20th century such that by 1950, the number of Canadian patients in psychiatric hospitals (some 66,000 people) actually outnumbered the patients in non-psychiatric hospitals (Barlow et al., 2006; Kirby & Keon, 2004). It wasn't until the 1960s that the process of deinstitutionalization began and the field of professional psychology started to expand (Barlow et al. 2006; Kirby & Keon, 2004).

RECOGNITION OF PROFESSIONAL PSYCHOLOGISTS

Professional psychology in Canada as it stands today can be traced back to 1892 and the development of the APA, the national voice for psychologist practice in the United States. Many Canadian psychologists were founding members of the APA. Canada's own national voice for the profession, the Canadian Psychological Association (CPA), was established in 1939 (Wright, 1974). Even at the time of the CPA's establishment, there were very few professional psychologists practising in Canada: fewer than 40 academic and a dozen non-academic professional psychologists were scattered across the country, each with very different backgrounds and levels of training (Wright, 1974).

The need for a scientific approach to the treatment of mental illness in Canada became apparent after the First World War, when soldiers returning from battle clearly demonstrated that vulnerability to psychological stress can apply to anyone. Yet it was the Second World War that sparked the creation of the CPA and the development of the M-Test, a pivotal milestone in the history of the profession in Canada (Wright, 1974; Blair, 1966). A collaborative effort between the CPA and Canada's armed forces, the M-Test—a series of psychological tests that measure and track mental ability and sensory-motor coordination—earned national recognition for the field of professional psychology. That, in turn, led the National Research Council to commit financial support toward psychological research and graduate student training in 1946 (Wright, 1974; Ferguson, 1992).

The M-Test and the post-war support from the National Research Council also prompted the development of standards and accreditation procedures for professional psychology. These efforts were particularly timely given that the demand to treat returning soldiers far exceeded the supply of professional psychologists following the war. This in turn led to concerns about the prevalence of unqualified individuals ready to meet that demand (Wright, 1974; Kirby & Keon, 2004).

THE CPA'S HISTORIC CONTRIBUTION: THE M-TEST

Among the most notable contributions of the CPA was the development of the M-Test in 1939. The series of psychological tests that made up the M-Test played a critical role in Canada's war efforts, helping with the selection and classification of tens of thousands of men into the Canadian Army. The M-Test was developed by the "Test Construction Committee" (later called the War Committee), led by Roy Liddy, a psychologist from the University of Western Ontario; Edward Alexander Botts, President of the CPA; and the Canadian Army.

A number of Canadian professional psychologists played an important role in further developing and adapting the M-Test to the rest of Canada's armed forces. These included Liddy and Botts as well as Drs. Nelson Morton and Chester Kellogg from McGill University, George Ferguson of the University of Toronto, K. Bernhardt (who adapted the M-Test for the Canadian Navy) and S.F. Chant from the University of British Columbia (who adapted the M-Test for the Royal Canadian Air Force).

Sources: Wright, 1974; Blair, 1966

STANDARDS OF PRACTICE

The development of standards of practice for professional psychologists in Canada began shortly after the Second World War. Having demonstrated the capacity and applicability of scientific methodology in selecting and rehabilitating soldiers prior to and following the war, it became critically important for the profession to maintain the status it had earned (Kirby & Keon, 2004).

In 1948, the Canadian Board of Examiners in Professional Psychology (CBEPP) was established with the goal of developing standards of practice and certification for professional psychologists (Wright, 1974). Due to a lack of financial resources and a membership of only 400 professional psychologists, the CBEPP opted to dissolve in 1949 and join the American Board of Examiners in Professional Psychology (ABEPP), which offered a quicker method of accrediting psychologists. As a result, professional psychologists in Canada required a diploma issued by the ABEPP to achieve certification (Wright, 1974; Canadian Institute for Health Information [CIHI], 2009).

PROFESSIONAL CODE OF ETHICS

In 1986, the CPA introduced the first Canadian Code of Ethics for Psychologists, articulating principles, values and standards for assuring the ethical behaviour and attitudes of psychologists working as scientists, practitioners and educators (CPA, 2014). The fourth edition of the CPA Canadian Code of Ethics for Psychologists was published in 2017 along with the fourth edition of an accompanying manual that illustrates how the Code can be applied (CPA, 2017a; 2017b). In addition to the updates in response to emerging issues and changes in contemporary practices, this latest version of the Code incorporates new concepts about culture and diversity from the Universal Declaration of Ethical Principles for Psychologists, which was adopted by the International Union of Psychological Science and the International Association of Applied Psychology in 2008 (CPA, 2017a).

EDUCATION AND TRAINING

Education in the field of psychology in Canada predates professional practice, with historical records suggesting the country's first psychology course was taught by Thomas McCulloch at Dalhousie University in 1838 (Granger, 2013). It wasn't until late 19th century, however, that the actual field of professional psychology began to take shape. In 1879, Dr. Wilhelm Maximilian Wundt—considered the founding father of modern psychology—established experimental psychology as a discipline and founded the first laboratory dedicated exclusively to psychological research at the University of Leipzig in Germany (Hergenhahn, 2005; Granger, 2013). A decade later, James Mark Baldwin, one of Dr. Wundt's students, established the first psychological laboratory in Canada (and one of the first 10 in North America) at the University of Toronto (Granger, 2013; University of Toronto, 2019).

Shortly after the First World War, McGill University established Canada's first independent department of psychology (McGill University, 2019; Granger, 2013). In 1941, the country's first independent francophone department of psychology was established at the University of Ottawa (Granger, 2013). Following the Second World War, formal training in professional psychology began to be offered in universities across Canada and, by the end of the 1960s, Canada saw major growth in formal clinical psychology training (CPA, 2011).

REQUIREMENTS FOR INDEPENDENT LICENCE TO PRACTISE

Professional psychologists

All professional psychologists require a licence or registration to practise in Canada, and a person cannot be called a psychologist in any Canadian province unless they are registered by the relevant provincial or territorial regulatory body of psychology.

Depending on the jurisdiction, the minimum level of education required to engage in independent practice as a psychologist is either a master's degree, which

TABLE 1: Timeline of key events in the development of professional psychology in Canada

Early 19th century: Beginnings of the field of psychology in Canada

1838 First psychology course is taught at Dalhousie University.

Mid-19th century to mid-20th century: Institutionalization

1845 First mental health institution in Canada is established in Quebec.

1855 First psychology text is written and published in Halifax.

1891 First psychology laboratory is established at the University of Toronto.

1892 Canadian psychologists help establish the American Psychological Association (APA).

1922 First department of psychology is established at McGill University.

1939 Canadian Psychological Association (CPA) is established.

1941 First francophone department of psychology is established at the University of Ottawa.

1945 Formal training in professional psychology begins to be offered by Canadian universities.

1948 Canadian Board of Examiners in Professional Psychology (CBEPP) is established to develop standards of practice and certification for professional psychologists.

1949 The CBEPP is dissolved and the certification of professional psychologists becomes a diploma issued by the American Board of Examiners in Professional Psychology (ABEPP).

1950 APA develops accreditation standards.

Late 20th century: Regulation and deinstitutionalization

1959 Mary-Jean Wright becomes the first female director of the CPA. (She then becomes president nine years later.)

1960 Ontario and Alberta are the first provinces to regulate professional psychologists.

1961 Association of State and Provincial Psychology Boards (ASPPB) develops the Examination for Professional Practice in Psychology (EPPP) to assess potential candidates for licensure and certification.

1977 Canadian Council of Professional Psychology Programs (CCPPP) is established to serve as an interface between academic programs and internship training sites.

1984 CPA drafts and implements its own training and accreditation standards.

1986 Canadian Code of Ethics for Psychologists is developed.

Early 21st century: Independence and reconciliation

2002 CPA accreditation standards are revised to be more outcomes-based.

2012 CPA and APA reach agreement to recognize accreditation equivalency.

2015 APA accreditation ends, marking the beginning of CPA independence.

takes two years to complete following a four-year bachelor's degree in psychology, or a doctoral degree, which takes an additional four years following the achievement of a master's degree or its equivalent, since some programmes admit students directly into doctoral programmes post baccalaureate (CPA, 2018b, 2018c).

The educational requirements for licensure are changing, though, as more provinces move to doctoral-level entry. Quebec, the province that is home to approximately half the country's psychologists, granted licensure based on the master's degree for many years but, in 2006, moved to doctoral-level entry to practice requirements. New Brunswick, a province that has also historically required a master's degree for registration, recently instituted doctoral-level entry-to-practice requirements (College of Psychologists of New Brunswick, 2019). Both the CPA and the Association of Canadian Psychology Regulatory Organizations (ACPRO) also take positions on entry-to-practice requirements that are based on the doctoral degree (CPA, 2012a; ACPRO, 2014).

In addition to a graduate degree (which for doctoral-trained psychologists includes a 1,600-hour internship), most provinces and territories require a minimum of one year of post-degree supervision by a registered psychologist as well as a written (see section below on the Examination for Professional Practice in Psychology) and oral exam following the successful completion of a degree (CPA, 2018c). On average, it takes seven years to complete both a master's and a doctoral degree in psychology (CPA, 2018d).

Examination for professional practice in psychology

The Examination for Professional Practice in Psychology (EPPP) is the standardized written exam used by licensing boards in Canada and the United States to assess potential candidates for licensure and certification for the practice of psychology. The EPPP was developed by the Association of State and Provincial Psychology Boards (ASPPB), which was established in 1961 to serve psychology boards in the two countries (ASPPB, 2018a).

The ASPPB recently introduced an enhanced examination process that allows jurisdictions to combine the current EPPP, which is a standardized assessment of the *knowledge* needed for practice, with a new standardized assessment of the *skills* needed for practice (ASPPB, 2018b). In addition to the EPPP, jurisdictions can administer a local jurisprudence examination and an oral practice-based examination to their candidates for licensure.

Supervision and internship

All doctoral programs that are accredited by the CPA require students to complete a minimum of 600 hours of supervised practice at the master's level and 1,600 hours of supervised practice at the doctoral level (CPA, 2011). In addition, most of Canada's regulatory bodies require candidates for licensure to practise under supervision for an additional year after completing their degree.

While most internship and doctoral programs in Canada are accredited by the CPA, some are not. A listing of all the doctoral and internship programs accredited by the CPA can be found on the CPA's website (cpa.ca/accreditation/CPAaccreditedprograms). Some of those not accredited by the CPA are listed on the website of the Canadian Council of Professional Psychology Programs (CCPPP) at ccppp.ca/directory-internship.

Psychological associates

In some provinces, the title of "psychological associate" is used to differentiate between those who are master's-prepared and those who have doctoral-level licensure. Both titles authorize independent practice except in Manitoba, where psychological associates require supervision by a licensed psychologist (CPA, 2018c). In addition to independent practice, some psychological associates may be granted permission to perform certain duties normally restricted to psychologists, such as diagnosing and communicating diagnoses to clients (Government of Canada, 2018).

TABLE 2: Minimum licensing requirements for independent practice as a registered psychologist in Canada

Province or territory	Academic entry requirements	Supervision	EPPP exam	Additional examination	Exemptions
Northwest Territories	Master's degree	1 year (1,600 hours) while on an Intern's Registry	No	An exam may be required	None
Nunavut	Master's degree	1 year (1,600 hours) while on an Intern's Registry	No	An exam may be required	None
Alberta	Master's degree	1 year (1,500 hours) of post-degree supervision	Yes	Oral examination	None
Saskatchewan*	Master's degree	1 year (1,500 hours) of post-degree supervision	Yes	Oral examination	University or provincial colleges
Nova Scotia	Master's degree	4 years of post-degree supervision	Yes	Oral examination	Individual in good standing from another Canadian jurisdiction
Newfoundland & Labrador	Master's degree	2 years of post-degree supervision	Yes	No additional requirements	University
British Columbia	Doctoral degree	600 hours of practice and a 1,600-hour pre-doctoral internship	Yes	Written jurisprudence (score of 40/50 required) Oral examination	University, government, schools, hospitals
Manitoba**	Doctoral degree	1 year of pre- and 1 year of post-doctoral supervision	Yes	Jurisprudence Oral examination	University, government, schools, hospitals
Ontario***	Doctoral degree	1 year of pre- and 1 year of post-doctoral supervision	Yes	Written jurisprudence and ethics examination Oral examination	University, unless providing psychological services or supervising the provision of psychological services
Quebec	Doctoral degree	2,300 hours of supervised pre-doctoral practice	No	Ethics course	None
New Brunswick	Doctoral degree	600 hours of post-degree supervision and a 1,600-hour pre-doctoral internship	Yes	Oral examination or interview	University
Prince Edward Island***	Doctoral degree	1 year of pre- and 1 year of post-doctoral supervision	Yes	Oral examination	University

Source: Adapted from CPA, 2018c

* Saskatchewan makes a distinction between doctoral- and master's-level training by using the titles "registered doctoral psychologist" and "registered psychologists", respectively.

** "Psychological associates" in Manitoba are master's-level psychological professionals who are not licenced to engage in independent practice.

*** Ontario and Prince Edward Island have introduced the title of "psychological associate" to identify registered master's-level psychological professionals licenced to engage in independent practice.

TABLE 3: Minimum licensing requirements for independent practice as a psychological associate in Canada

Province	Academic entry Requirements	Supervision and exams
Prince Edward Island ^a	Master's degree	2 years of post-degree supervision Oral examination
Manitoba*	Master's degree	4 years of post-degree supervision Jurisprudence and oral examinations
Ontario	Master's degree	4 years of post-degree supervision and 1 year on supervised practice register Jurisprudence, ethics and oral examinations

Source: Adapted from CPA, 2018c

* "Psychological associates" in Manitoba are not licenced to engage in independent practice.

CAREER PROSPECTS

While undergraduate courses and programs in psychology are among the most popular and readily available across the country, it is the minority of psychology undergraduates who go on to graduate training or practice as a psychologist. Only about 10–14% of all applicants are admitted into CPA accredited doctoral programs in professional psychology such as clinical psychology (CPA, 2018d). One important factor in this low acceptance rate is that class sizes in professional psychology programs are small compared to other health professional programs; a large entering class might include 10 students. Fortunately, a bachelor's degree in psychology is relevant to many different career fields, including social services, health services, gerontology, corrections, labour relations, marketing and public relations (CPA, 2018e).

ACCREDITATION

While professional psychologists themselves require a licence to practise, doctoral or internship programs can undergo a voluntary accreditation process to demonstrate that the training being delivered meets standards developed by the professional community and endorsed by the CPA (CPA, 2018f). Accreditation is not a requirement for practice in Canada; however, professional psychologists who graduate from an accredited program can more easily or more quickly demonstrate they have attained the knowledge and skills required by regulatory bodies of psychology (CPA, 2018f). Only doctoral-level programs are accredited by the CPA. The most recent list of CPA-accredited programs can be found online at www.cpa.ca/accreditation/CPAaccreditedprograms.

REQUIREMENTS FOR PROFESSIONAL PSYCHOLOGISTS TRAINED OUTSIDE OF CANADA

To practise in Canada, professional psychologists who are trained outside of Canada must obtain a licence to practise from the regulatory body for their province/territory of interest.

Those interested in studying psychology outside of Canada and return to Canada to practice must consult with the regulatory body of the province/territory they would like to return to ensure that the education they acquire meet the necessary credentials for registration to practice.

Source: CPA, 2018d

The history of accreditation in Canada dates back to 1977 and the establishment of the organization now known as the Canadian Council of Professional Psychology Programs (CCPPP). The CCPPP was instrumental in drafting the training standards that were ultimately developed and implemented by the CPA in 1984 (CCPPP, 2018; CPA, 2011). The criteria upon which the 1984 accreditation standards were based were largely modelled after those of the APA, which had been accrediting doctoral programs and internships in the United States and Canada since the 1950s (CPA, 2011).

From 1989 to 2015, the CPA worked collaboratively with the APA to concurrently accredit Canadian doctoral programs and internships in psychology that wanted both CPA and APA accreditation (CPA, 2011). In 1996, the APA substantively revised its accreditation standards, resulting in an approach to accreditation that was less prescriptive and more outcomes-based. Following a review and community consultation, the CPA revised its accreditation standards in 2002, retaining their prescriptive elements but incorporating an outcomes-based focus as well (CPA, 2011).

In 2015, the APA stopped its accreditation activities in Canada, leaving this country's professional psychology community to shape its own training course and practice for doctoral-trained professional psychologists. However, both countries mutually recognize the equivalency of each other's systems for accreditation, as set out in the 2012 First Street Accord, which was renewed in 2017 (CPA, 2012b).

The CPA's accreditation standards for academic programs and internships have since become the benchmark for doctoral and internship training in professional psychology (CPA, 2019). Professional psychology is defined by the CPA as those areas of human service psychology for which registration or licensure is typically required – clinical psychology, clinical neuropsychology, school psychology, counselling psychology.

SCOPE OF PRACTICE

Psychologists work in a wide range of settings depending on the sector and specialty in which they practise, include academia (e.g., universities, schools), industry, government, hospitals, community health centres, clinics, correctional facilities and private practice (CPA, 2009; CIHI, 2009).

Those working in healthcare settings must have developed the core competencies required to assess, diagnose and treat individuals with mental, behavioural and cognitive disorders, and also to plan and evaluate treatment programs (CPA, 2016; Government of Canada, 2018). In Ontario, for example, the scope of practice for psychologists includes assessing behavioural and mental conditions; diagnosing neuropsychological and personality disorders and dysfunctions; preventing and treating behavioural and mental disorders and dysfunctions; and maintaining and enhancing patients' physical, intellectual, emotional, social and interpersonal functioning (Government of Ontario, 1991).

While other healthcare providers such as psychiatric nurses, social workers and psychotherapists provide mental health services in Canada to some capacity, in most jurisdictions, the assessment and diagnosis of mental health conditions are restricted to physicians and psychologists (CPA, 2016).

LIMITATIONS

Despite the fact that psychologists are the largest group of specialized and regulated mental healthcare providers in Canada, there are many issues in the public health system that hinder their ability to work to their full scope of practice (CPA, 2016; Drapeau, Fleury, & Gentil, 2019; Grenier, Chomienne, Gaboury, Ritchie, & Hogg, 2008; Bourgeault & Mulvale, 2006; Durbin, Durbin, Hensel, & Deber, 2013).

One of the major issues is the public health system's heavy reliance on primary care physicians to provide mental healthcare. Although primary care physicians can prescribe medication to treat mental disorders, they have not received the same extensive training in the diagnosis and treatment of mental disorders as psychologists (APA, 2019; Drapeau et al., 2019; Durbin et al., 2013; Murdoch, Gregory, & Eggleton, 2015).

The significant misalignment between psychologists' scope of practice and the legislation governing the public health institutions in which they work has also created barriers preventing psychologists from working to their full scope. Specifically, the following legislative gaps have been identified by psychology practice leaders (CPA, 2016):

- **Inpatient/outpatient services:** The authority to open charts on patients seeking mental health services in public institutions is often reserved exclusively for physicians or psychiatrists.

- **Certification of admission for at-risk patients:** Hospital acts do not grant psychologists the authority to certify patients for admission when they are judged at risk for harm to self or others.
- **Admission decisions:** Decisions made during the course of a patient's admission that fall entirely within psychologists' regulated scope of practice, such as orders to remove restraints, authorize passes or discontinue suicide watches, often fall to physicians.
- **Referral decisions:** Decisions to refer patients to other healthcare providers are often exclusively under physicians' authority.

It is important to note that psychologists can more fully exercise their scope of practice when working in the private sector. For example, they can see patients without the requirement of a physician's referral as well as independently make assessment decisions and carry out treatment plans.

TOPICAL ISSUE: PRESCRIPTIVE PRIVILEGES

To offer cost-effective, integrated and comprehensive care, some psychologists in the United States are trained to prescribe (and un-prescribe) medication to ensure their patients receive the proper combination of therapy and medication.

To acquire this prescriptive authority, American psychologists must receive specialized training and pass a certified exam in psychopharmacology, then coordinate care with the patient's primary care physician. While such privileges have been granted to psychologists in some US states since 1960, in Canada they are reserved exclusively for physicians and, in some provinces and territories, nurse-practitioners and pharmacists.

In June 2007, the CPA established the Prescriptive Authority (RxP) Task Force to explore the benefits and concerns around giving prescriptive authority to doctoral-level psychologists in Canada. After consultations with representatives from Canadian regulatory bodies, professional associations, training accreditation organizations and other stakeholders, the CPA RxP Task Force recommended that evolutionary steps should be taken toward developing psychopharmacological training standards, but prescriptive privileges should not be the primary goal or focus of the profession. Some provincial psychological associations such as the Ontario Psychological Association however, hold a different view on the matter and feel that expanding their scope of practice to include prescribing privilege could "improve access, reduce wait times and enhance patient safety" (OPA, 2014).

Sources: APA, 2019; Bourgeault & Mulvale, 2006; Durbin et al., 2013; CPA, 2016;

SPECIALTIES AND SUBSPECIALTIES

There are several specialties and subspecialties in psychology at the graduate level, but not all are offered at all Canadian universities.

Both the CPA and the APA (2011) recognize the following specialties and sub-specialties (APA, 2011):

- Clinical psychology
- Cognitive and perceptual psychology
- Community psychology
- Counselling psychology
- Developmental psychology
- Educational psychology
- School psychology
- Engineering psychology
- Environmental psychology
- Evolutionary psychology
- Forensic psychology
- Experimental psychology
- Health Psychology
- Industrial/organizational psychology
- Neuropsychology
- Quantitative psychology
- Rehabilitation psychology
- Social psychology
- Sports psychology

While there is no specialty licensure for psychologists in Canada, in some provinces and territories, psychology regulators do require that the applicant declare their areas of speciality and demonstrate that their have the requisite training and skills to practice in these areas when they seek licensure. In Ontario, for example, a psychologist cannot practice neuropsychology if they did not declare and demonstrate training in that scope upon licensure.

REGULATION OF THE PROFESSION

A certificate of registration is required to practice professional psychology in Canada. The role of the regulatory body is to oversee the practice of psychologists and, by doing so, protect the interests and wellbeing of the public (CPA, 2018g; College of Psychologists of Ontario, 2018). In 1960, Ontario and Alberta became the first provinces to regulate professional psychology in Canada; today, regulatory bodies that exist in each province and territory (except Yukon) are responsible for regulating the profession within their respective jurisdictions (CIHI, 2009).

A full list of the regulatory bodies, legislative framework and protected titles governing psychologists across the country are provided in Table 4.



TABLE 4: Provincial/territorial regulatory bodies and legislative frameworks for psychologists and psychological associates

Province or territory	First year of regulation	Regulatory body	Legislative and regulatory framework	Protected titles*
Alberta	1960	College of Alberta Psychologists	Health Professions Act, 2000 Psychologists Profession Regulation, 2005	Psychologist, provisional psychologist
Ontario	1960	College of Psychologists of Ontario	Psychologists Act, 1991	Psychologist, psychological associate
Quebec	1962	Ordre des psychologues du Québec	Professional Code Chapter C-26	Psychologist
Manitoba	1966	Psychological Association of Manitoba	Psychologists Registration Act, 2014	Psychologist, psychological associate
New Brunswick	1967	College of Psychologists of New Brunswick	College of Psychologists Act, 1980	Psychologist
British Columbia	1977	College of Psychologists of British Columbia	Health Professions Act, Psychologists Regulation, 2008	Psychologist, psychological associate
Nova Scotia	1981	Nova Scotia Board of Examiners in Psychology	Nova Scotia Psychologists Act, 2000	Psychologist
Newfoundland & Labrador	1988	Newfoundland and Labrador Psychology Board	Psychologists Act, 2005	Psychologist
Northwest Territories	1988	Registrar of Psychologists, Department of Health and Social Services, Government of Northwest Territories	Psychologists Act, 1988	Psychologist
Prince Edward Island	1991	Prince Edward Island Psychologists Registration Board	Psychologists Act, 2009 & Regulations, 2011	Psychologist, psychological associate, psychologist candidate, psychological associate candidate
Saskatchewan	1997	Saskatchewan College of Psychologists	Psychologists Act, 1997	Psychologist, doctoral psychologist
Nunavut	1999	Registrar of Professional Licensing, Nunavut Health and Social Services, Government of Nunavut	Psychologists Act, 1988	Psychologist

Source: Adapted from CPA, 2018g

Note: Yukon does not have a regulatory body.

* Also includes derivations of the titles shown here, such as “registered psychologist”.

PROFESSIONAL ASSOCIATIONS

Associations for professional psychologists play an instrumental role in the advancement and advocacy of the profession, as well as in the promotion of high-quality services to the public. CPA, for example, runs an annual convention for the profession, publishes three peer-reviewed journals, accredits doctoral and internship programs in psychology, provides continuing professional development to psychologists and leads advocacy for the profession at the national level.

In New Brunswick and Quebec, the regulatory bodies play a dual role as both regulatory authority and association for the profession. In recent years,

however, Quebec has seen the rise of a professional association of psychology whose chief mandate is advocacy rather than regulation.

As indicated in Table 5, each province or territory has its own professional association which, collectively form the Council of Professional Associations of Psychologists (CPAP) of which the CPA is also a member. The CPA and the provincial and territorial associations are wholly independent, though the CPA does provide some financial support to them collectively as CPAP.

TABLE 4: Provincial/territorial and national associations for professional psychologists

Province or territory	Year established	Professional association	Website
National*	1939	Canadian Psychological Association	www.cpa.ca
British Columbia	1938	British Columbia Psychological Association	www.psychologists.bc.ca
Ontario	1947	Ontario Psychological Association	www.psych.on.ca
New Brunswick**	1947	College of Psychologists of New Brunswick	www.cpnb.ca
Nova Scotia	1965	Association of Psychologists of Nova Scotia	www.apns.ca
Alberta	1966	Psychologists' Association of Alberta	www.psychologistsassociation.ab.ca
Manitoba	1966	Manitoba Psychological Society	www.mps.ca
Newfoundland & Labrador	1976	Association of Psychology Newfoundland Labrador	www.apnl.ca
Quebec	2005	Association des psychologues du Québec	www.apqc.ca/
Saskatchewan	N/A	Psychology Association of Saskatchewan	www.psychsask.ca
Prince Edward Island	N/A	Psychological Association of Prince Edward Island	www.peipsychology.org
Northwest Territories	N/A	Association of Psychologists of the Northwest Territories	www.apnwt.org

Source: Adapted from CPA, 2018h

Note: Yukon and Nunavut do not have a professional association.

* CPA's mandate extends beyond professional advocacy.

** In these provinces, the regulatory body also serves as the professional association.

DEMOGRAPHICS

SUPPLY AND DISTRIBUTION

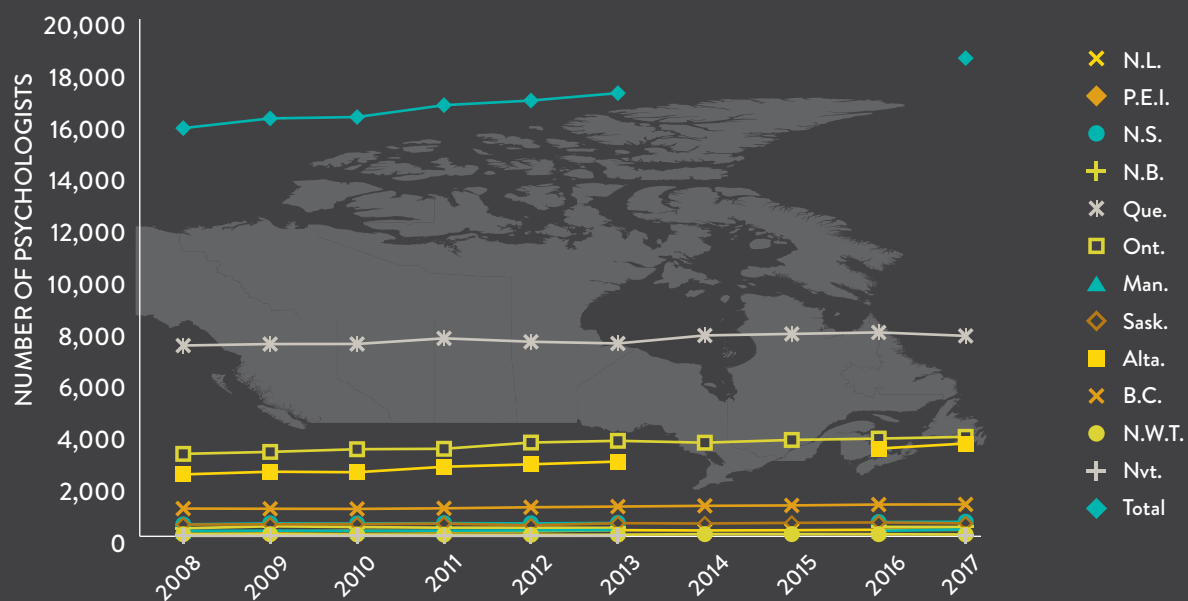
There were approximately 18,487 psychologists in Canada as of 2017, outnumbering psychiatrists by a ratio of four to one (CPA, 2016; Canadian Psychiatric Association, 2018).

Since 2006, the overall number of registered psychologists has gradually increased across the country. The number of registered psychologists varies significantly from province to province, ranging from 19.56 psychologists per 100,000 people in Manitoba to 93.4 psychologists per 100,000 people in Quebec (CIHI, 2019a).

GRADUATION RATES

Overall, the number of people graduating from doctoral psychological programs remained relatively constant between 2005 to 2011 (CIHI, 2019b). The only exception is 2007, when there was a sudden drop in the number of graduates, particularly in Quebec when the province moved to the doctoral level entry standard.

Figure 1: Number of Psychologists by Province/Territory, Canada 2008–2017



Source: CIHI, 2012, 2014, 2017 & 2019a

Note: Incomplete data for 2014, 2015 and 2016.

Note: Yukon does not have a regulatory body and therefore data is not available for this territory.

TABLE 6: Number of graduates of doctoral psychological programs by university, 2005–2011

Province and university	2005	2006	2007	2008	2009	2010	2011
British Columbia							
Simon Fraser University	3	2	–	–	4	2	9
University of British Columbia	18	11	8	13	–	9	13
University of Victoria	1	4	–	–	7	4	1
Alberta							
University of Alberta	9	4	6	9	–	4	3
University of Calgary	11	3	6	6	5	–	10
Saskatchewan							
University of Regina	2	3	2	–	–	3	5
University of Saskatchewan	4	3	5	4	11	3	6
Manitoba							
University of Manitoba	5	6	–	2	–	1	5
Ontario							
Lakehead University	–	–	4	5	–	2	7
OISE University of Toronto	–	–	–	9	16	10	12
Queen's University	10	2	–	9	–	5	3
University of Guelph	4	4	1	–	2	4	–
University of Ottawa	5	10	–	–	7	16	–
University of Waterloo	2	2	–	4	2	–	–
University of Western Ontario	4	5	3	6	6	2	4
University of Windsor	11	13	–	–	11	13	13
York University	8	13	15	–	4	10	11
Quebec							
Concordia University	7	8	8	13	10	–	14
McGill University	5	11	0	6	5	8	19
Université de Montréal	13	20	–	–	25	17	10
Université de Laval	5	7	7	24	10	8	9
New Brunswick							
University of New Brunswick	3	4	0	–	–	4	2
Nova Scotia							
Dalhousie University	3	5	–	5	4	5	–
Canada	133	140	65	115	129	130	156

Source: CIHI, 2019b

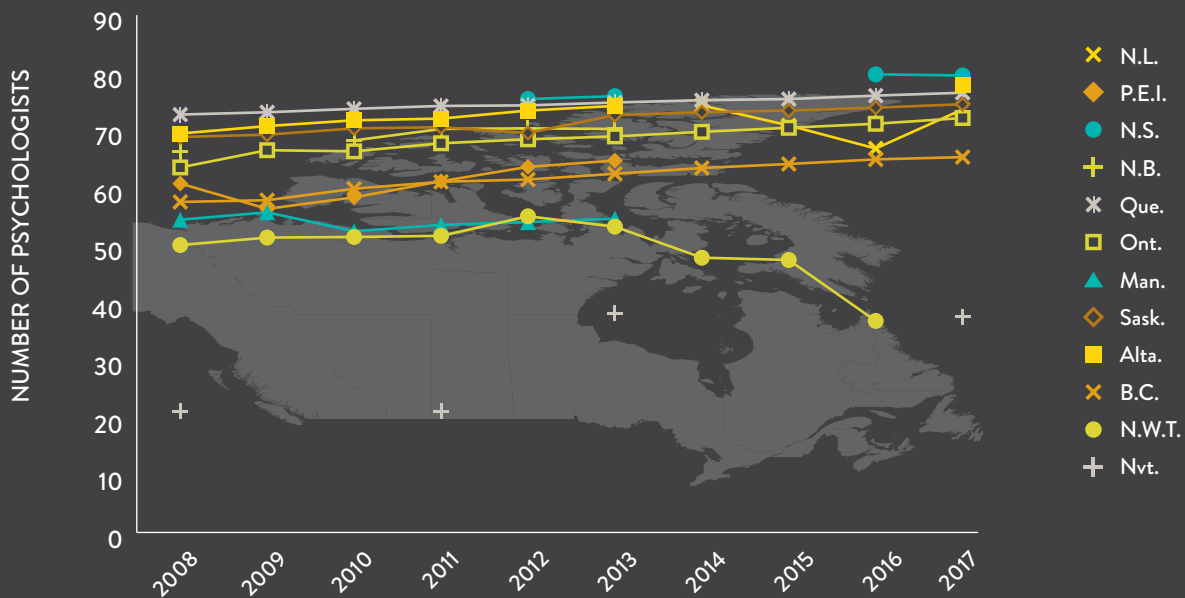
Note: Incomplete data in all years and no data available past 2011. The difficulty in this data is that students graduate when they are done their dissertation, not at the end of a particular academic year. Medical students start and graduate 4 years later. Doctoral students in psychology do not all take the same amount of time to finish their degrees.

GENDER DISTRIBUTION

The 1960s marked the start of a worldwide shift toward the feminization of the profession (Brock, 2013). As of 2017, there were nearly three times as many women psychologists as men psychologists in Canada, with the highest percentage of women psychologists found in Nova Scotia, where

women make up 80% of the professional psychologists in the province (CIHI, 2012, 2014, 2017, 2019a). In contrast to what is being seen in the provinces, there has been a gradual decline in the number of women psychologists in the Northwest Territories, where women make up only 37% of the profession (CIHI, 2012, 2014, 2017, 2019a).

Figure 2: Number of Woman Psychologists by Province/Territory, Canada 2008–2017



Source: CIHI, 2012, 2014, 2017 & 2019a

Note: Incomplete data for 2014, 2015 and 2016.

Note: Yukon does not have a regulatory body and therefore data is not available for this territory.

WOMEN IN LEADERSHIP IN PSYCHOLOGY: DR. MARY-JEAN WRIGHT

Over the course of her career, Dr. Mary-Jean Wright broke ground for women in the field by becoming the first female director, president and honorary president of the CPA. She was also the first female chair of a major psychology department, and she founded the University Laboratory School at the University of Western Ontario.

Source: Psychology's Feminist Voices, 2019;



AGE DISTRIBUTION

In Canada, the average age of a professional psychologist is 48.2 years, with the average age of retirement being 64 years (Government of Canada, 2017). Data from 2009 indicate that most psychologists are aged 55 years or older (CIHI, 2009). The latest CIHI data suggests that this trend is continuing for 5 out of 4 provinces (see Figure 3 below).

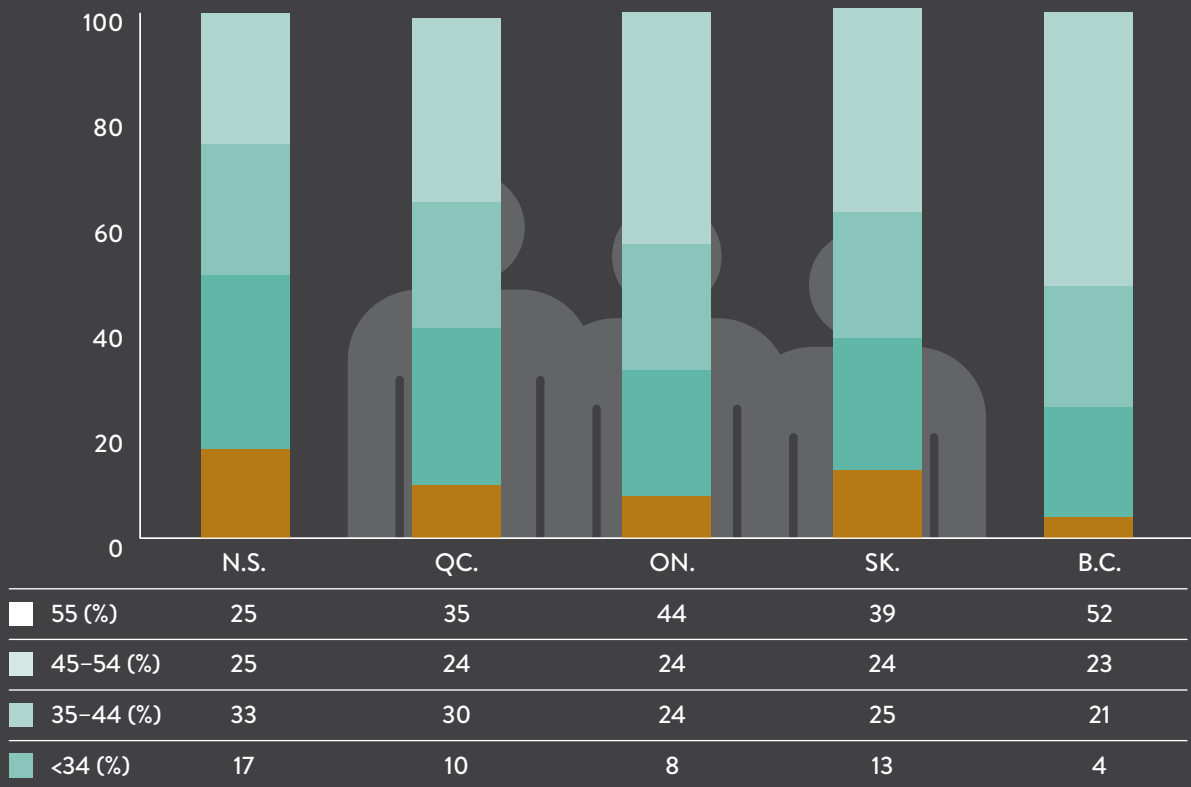
The profound psychosocial impacts of colonialism have influenced Indigenous peoples’ mental health as well as their relationship with the field of professional psychology. The profession itself is both historically and currently complicit in colonial ideology, having been involved in the administration of colonial practices and structures like the “Indian asylums” (Ansloos, 2019).

INDIGENOUS PSYCHOLOGISTS IN CANADA

When compared with the general population, Indigenous peoples in Canada experience a disproportionately high rate of mental health challenges (Ansloos, 2019). They are also significantly underrepresented in the field of professional psychology, with a recent estimate reporting fewer than 12 Indigenous practising or teaching psychologists across the country (Ansloos, 2019).

In response to the Truth and Reconciliation Commission’s Calls to Action, the CPA established an Indigenous Task Force to identify and address the key factors influencing Indigenous peoples’ mental health experiences and their underrepresentation in the profession.

Figure 3: Percentage of psychologists by age group, 2019



Source: CIHI, 2019c

Note: Data only available for 5 provinces.

ADVANCING PROFESSIONAL PSYCHOLOGY PRACTICE GUIDELINES WITH INDIGENOUS PEOPLES

In response to the 2015 report of the Truth and Reconciliation Commission, the CPA established the Indigenous Task Force to provide direction and guidelines for improving psychological service delivery to and with Indigenous peoples in Canada. In 2018, the CPA released *Psychology's Response to the Truth and Reconciliation Commission of Canada's Report*, which outlined recommendations for a collaborative model of psychology that encourages the creation of culturally safe spaces.

The report also proposed six guiding principles intended to guide day-to-day work in psychological education, research or applied psychology:

- Cultural allyship;
- Humility;
- Collaboration;
- Critical reflection;
- Respect; and
- Social justice.

Source: CPA, 2018i

A number of substantial changes will be required to better meet the needs of Indigenous communities, with one of the recommendations made by the CPA Indigenous Task Force being a deeper integration of Indigenous rights-based approaches into professional psychology practices. This will require a shift from the current urban/suburban models of psychologist training and healthcare delivery toward more culturally-centered, contextually-informed and community-oriented approaches that place a greater focus on Indigenous peoples' desires, aspirations and concerns. These models recognize the fundamental differences between Indigenous and non-Indigenous ways of knowing and the application of skills that meet the unique needs of Indigenous communities.

The CPA Indigenous Task Force is calling on all levels of government to advance these approaches, which should help improve the representation of Indigenous psychologists throughout Canada.

ACCESS TO & COVERAGE OF SERVICES AND REMUNERATION

The coverage of psychological services is largely dependent on the practice setting. For example, if a psychologist is employed by a public institution such as a hospital, school, correctional facility, some community clinics primary care teams, some family health teams, or social agency, their services come at no cost to patients. The services of psychologists working in private practice (i.e., outside of a publicly funded institution), however, are not covered by provincial or territorial health plans.

Canadians who have extended health insurance, typically offered through employment, often have some coverage for psychological services. Extended health insurance plans vary from one employer to another. In Ontario, for example, coverage can vary from around \$300 to \$1,000 per year (OPA, 2018). For some of these plans, there is coverage explicitly for psychological services and in others, the cap aggregates all extended health services covered by

the plan. Further, some plans have session caps as well as annual caps. Often annual caps do not cover the amount required by the average successfully treated patient. (15 to 20 sessions costing approximately \$3500 to \$4000). With a growing recognition of the impact unaddressed mental health problems can have on the workplace in terms of absenteeism, presenteeism, and short- and long-term disability, employers have been increasing the coverage of their plans to allow for greater usage of psychological services (CPA, 2018k; CMHA, 2018; OPA, 2018).

SALARY

The average annual salary for clinical psychologists in Canada ranges from \$60,000 for entry-level positions to \$160,000 for more experienced workers

(Neuvoo, 2019). A psychologist's salary also varies based on their practice setting. For example, a 2014 report notes that psychologists working in public institutions can expect to make around \$100,000 per year while those working in private practice can make anywhere from \$100,000 to \$200,000 per year (Canadian Business, 2014).

The provincial/territorial associations of psychology also provide recommended hourly rates for psychological services that can range from as low as \$80/hour in Quebec to as high as \$225/hour in Ontario (British Columbia Psychological Association, 2013; OPA, 2015).

TABLE 7: Recommended hourly rate for psychological services 2010–2020

Province	Hourly rate	Year effective
Northwest Territories	\$200	2015
British Columbia	\$200	2017–2018
Alberta	\$200	2020
Saskatchewan	\$180	2018
Manitoba	\$195	2020
Ontario	\$225	2013
Quebec	\$80 to \$130	
New Brunswick	\$170	2017
Nova Scotia	\$190	2018
Prince Edward Island	\$180	2019
Newfoundland and Labrador	\$180	2017

Source: Association of Psychologists of the Northwest Territories, 2015; British Columbia Psychological Association, 2013; OPA, 2015, Psychologists' Association of Alberta, 2020; Psychology Association of Saskatchewan, 2018; Manitoba Psychological Society, 2018; Halifax Psychologist, 2019; College of Psychologists of New Brunswick, 2017; Psychological Association of Prince Edward Island, 2019; Association of Psychology Newfoundland and Labrador, 2017

Note: Yukon and Nunavut do not have a professional association and rate schedules are not available.

CONCLUSION

Collectively, professional psychologists make up the largest group of specialized and regulated mental healthcare providers. Despite the growing need for timely access to mental health services, there are a number of issues hindering their ability to work to their full scope of practice in the public health system, including a heavy reliance on primary care physicians to provide mental healthcare. Primary care physicians often do not have the time, and do not typically have the training to treat mental disorders. However, outside of publicly funded institutions, it is usually only the services of physicians which are covered by our provincial and territorial health plans. This results in poor and/or unfunded access to evidence-based psychological treatments for mental health problems and disorders.

With the growing concern regarding mental health issues in this country, professional psychologists will become an even more important resource going forward. Priorities for the profession include redressing mental health-related disparities such as how our public and private health insurance plans fund health care for mental and physical health problems, those that exist among Indigenous and non-Indigenous peoples in Canada both in terms of Indigenous peoples' experiences of mental health services and their underrepresentation in the profession as well as those affecting all peoples living in rural and remote parts of the country.

ACRONYMS

ABEPP	American Board of Examiners in Professional Psychology
ACPRO	Association of Canadian Psychology Regulatory Organizations
APA	American Psychological Association
ASPPB	Association of State and Provincial Psychology Boards
CBEPP	Canadian Board of Examiners in Professional Psychology
CCPPP	Canadian Council of Professional Psychology Programs
CIHI	Canadian Institute for Health Information
CMHA	Canadian Mental Health Association
CPA	Canadian Psychological Association
CPAP	Council of Professional Associations of Psychologists
EPPP	Examination for Professional Practice in Psychology
OPA	Ontario Psychological Association

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