PSYCHOLOGISTS

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Psychologists

Introduction

An estimated one in five Canadians experience mental illness at some point in their lifetimes — an estimated cost of $50 billion per year to the country's health-care system (Canadian Mental Health Association [CMHA], 2018). These statistics make the work of mental healthcare providers such as professional psychologists critically important, especially when it comes to prevention and early intervention.

Professional psychologists in Canada are a mature profession, with regulation dating back to the 1960's. They comprise a key part of Canada's regulated, mental health provider resource. The scope of practise 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 mental health diagnoses often rely (Ontario Psychological Association [OPA], 2013).

When psychologists practise outside of publicly funded institutions like hospital and schools, their services are not publicly funded. Instead, people in Canada 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 people 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 Québec 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). 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 practise 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

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 Québec.
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 practise 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 Practise 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.

Standards of practise

The development of standards of practise 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 practise 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). As discussed later in this chapter, provinces began regulating the profession of psychology in 1960.

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 practises, 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 practise, 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 practise as a psychologist is either a master's degree, which 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. Québec, 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 practise requirements. New Brunswick, a province that has also historically required a master's degree for registration, recently instituted doctoral-level entry-to-practise 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-practise 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 Practise 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 in Canada (CPA, 2018d).

Examination for professional practise in psychology

The Examination for Professional Practise in Psychology (EPPP) is the standardized written exam used by licensing boards in Canada and the United States to assess candidates for licensure and certification for the practise 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 practise, with a new standardized assessment of the *skills* needed for practise (ASPPB, 2018b). In addition to the EPPP, jurisdictions typically administer a local jurisprudence examination and an oral practise-based examination to their candidates for licensure.

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 practise 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.

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 outcome-based. Following a review and community consultation, the CPA revised its accreditation standards in 2002, retaining their prescriptive elements but incorporating an outcome-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 practise 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).

TABLE 2: Minimum licensing requirements for independent practise 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 practise 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
Québec	Doctoral degree	2,300 hours of supervised pre-doctoral practise	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 practise.

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

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

Province	Academic entry Requirements	Supervision and exams
Prince Edward Islandaa	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 practise register Jurisprudence, ethics and oral examinations

Source: Adapted from CPA, 2018c
* "Psychological associates" in Manitoba are not licenced to engage in independent practise.

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.

Supervision and internship

All doctoral programs that are accredited by the CPA require students to complete a minimum of 600 hours of supervised practise at the master's level and 1,600 hours of supervised practise 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.

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 in their province/territory of interest.

Those interested in studying psychology outside of Canada and returning to Canada to practise must consult with the regulatory body of the province/territory in which they want to practise, to ensure that the education they acquire meets the necessary credentials for registration to practise.

Source: CPA, 2018d

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 practise except in Manitoba, where psychological associates require supervision by a licensed psychologist (CPA, 2018c). In addition to independent practise, 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).

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 practise 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 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).

Scope of Practise

Psychologists work in a wide range of settings depending on the sector and specialty in which they practise, including academia (e.g., universities, schools), industry, government, hospitals, community health centres, clinics, correctional facilities and private practise (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 practise 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, psychologists and more recently, nurse practitioners. (CPA, 2016).

Limitations

Despite the fact that psychologists are one of Canada's key regulated mental health professions, there are many issues in the public health system that hinder their ability to work to their full scope of practise (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 practise 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 practise 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 in many publicly funded settings.
- **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 practise, 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. In addition, medical referral to a psychologist is sometimes a requirement of extended health care coverage in the private sector. This requirement is an administrative rather than health care requirement and can serve to impede access to needed psychological care.

It is important to note that psychologists can more fully exercise their scope of practise 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 often used to treat mental disorders either alone or in combination with psychological treatments.

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 practise 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 they have the requisite training and skills to practise in these areas when they seek licensure. In Ontario, for example, a psychologist cannot practise 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 practise professional psychology in Canada. The role of the regulatory body is to oversee the practise 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 5.

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

In New Brunswick and Québec, the regulatory bodies play a dual role as both regulatory authority and association for the profession. In recent years, however, Québec has seen the rise of a professional association of psychology whose chief mandate is advocacy rather than regulation.

As indicated in Table 6, 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 financial support to them collectively as CPAP.

TABLE 5: 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
Québec	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

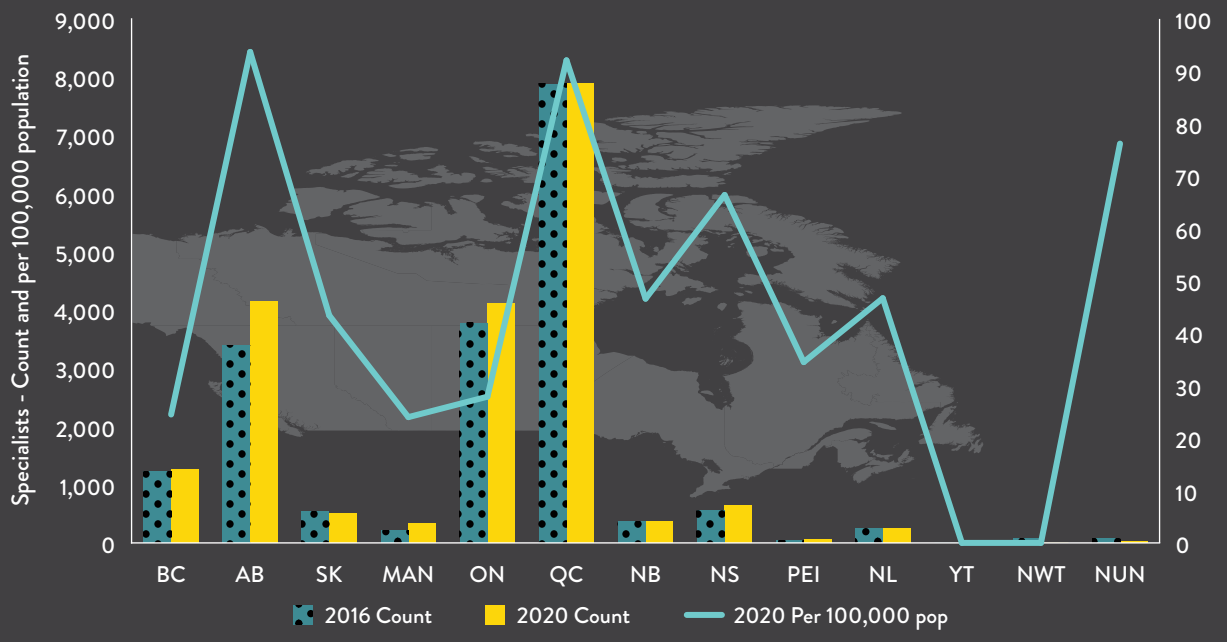
There were approximately 19,591 psychologists in Canada as of 2020, outnumbering psychiatrists by a rate of four to one (CIHI, 2022, Canadian Medical Association, 2019).

From 2016 to 2000, 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 24 psychologists per 100,000 people in Manitoba to 93.7 psychologists per 100,000 people in Alberta (CIHI, 2022).

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 Québec when the province moved to the doctoral level entry standard.

Figure 1: Psychologists—count and per population rates in Canadian provinces and territories, 2016 and 2020

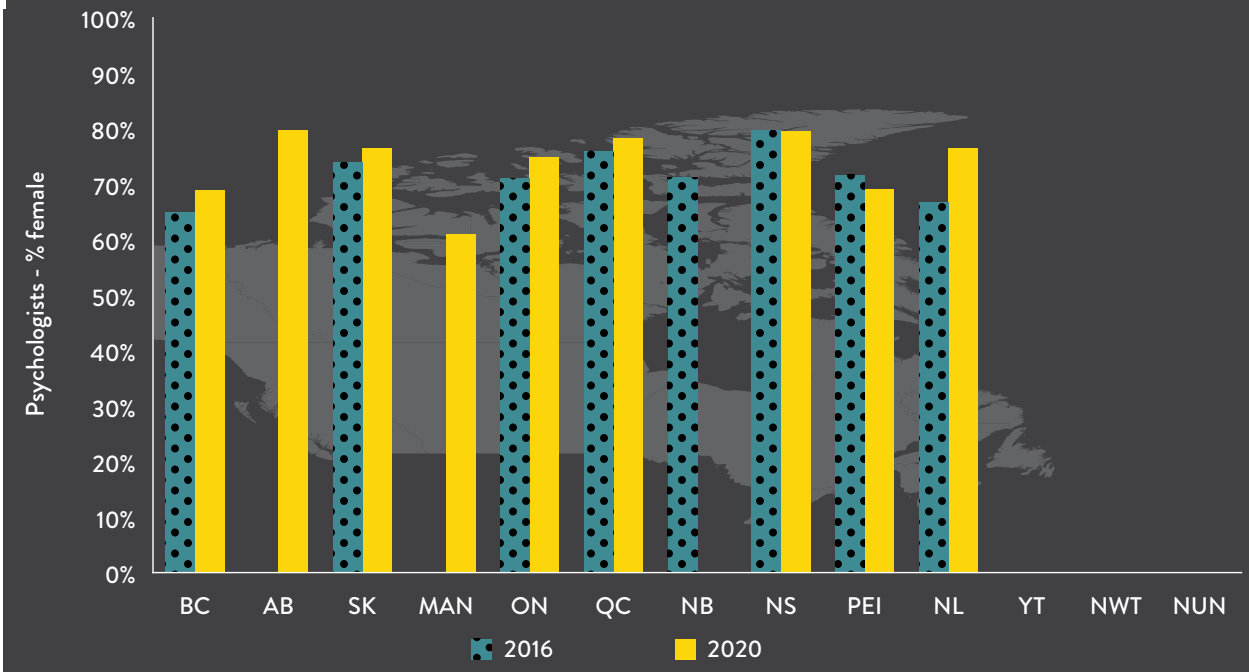


Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

Gender distribution

The 1960s marked the start of a worldwide shift toward the feminization of the profession (Brook, 2013). As of 2020, available data show that women still tend to make up the majority of the profession across the majority of provinces, with the highest percentage of women psychologists found in Alberta, where women make up 79.8% of the professional psychologists in the province. In contrast, previous data has shown that there is a gradual decline in women psychologists in the Northwest Territories where they make up only 37% of the profession (CIHI, 2017, 2019a).

Figure 2: Proportion of psychologists that identify as women, by Canadian provinces and territories, 2016 and 2020



Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

Age distribution

Data from 2020 indicate that most psychologists are between the ages of 30–59 years (CIHI, 2022) and this appears to be consistent across provinces with available data (see Figure 3 below).

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 one recent estimate reporting fewer than 12 Indigenous practising or teaching psychologists across the country (Ansloos, 2019).

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 practises and structures like the "Indian asylums" (Ansloos, 2019).

In response to the Truth and Reconciliation Commission's (TRC) Calls to Action, the CPA developed and released its response to the TRC report The response has a number of recommendations for psychology and the CPA. The CPA established a standing committee, its Knowledge Sharing Group, which oversees CPA's implementation of the report's recommendations inclusive of identifying and addressing the key factors influencing Indigenous peoples' mental health experiences and their underrepresentation in the profession.

Figure 3: Percentage of psychologists by age group, 2019

	BC	SK	ON	QC	NS
55 (%)	52	39	44	35	25
45–54 (%)	23	24	24	24	25
35–44 (%)	21	25	24	30	33
<34 (%)	4	13	8	10	17

Source: CIHI, 2019c
Note: Data only available for 5 provinces.

Advancing professional psychology practise guidelines with Indigenous peoples

In response to the 2015 report of the Truth and Reconciliation Commission, the CPA established the Indigenous Working Group 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 Working Group being a deeper integration of Indigenous rights-based approaches into professional psychology practises. 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 Working Group called on all levels of government to advance these approaches, which should help improve the representation of Indigenous psychologists throughout Canada. The CPA reserves 1% of its dues revenue to fund a bursary program for Indigenous students. The first bursaries were disbursed by the Knowledge Sharing Group in the fall of 2022.

Access to & Coverage of Services and Remuneration

The financial coverage of psychological services is largely dependent on the practise 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 practise (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 $5,000 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 practise 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 practise 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 $120/hour in Québec to as high as $225/hour in Ontario and British Columbia. (British Columbia Psychological Association, 2013; OPA, 2015).

TABLE 6: Recommended hourly rate for psychological services 2010–2020

Province	Hourly rate	Year effective
Northwest Territories	$200	2015
British Columbia	$225	2019
Alberta	$200	2020
Saskatchewan	$200	2022
Manitoba	$200	2022
Ontario	$225	2013
Québec	$120 to $180	–
New Brunswick	$190	2022
Nova Scotia	$210	2021
Prince Edward Island	$210	2019
Newfoundland and Labrador	$180	2017

Source: Association of Psychologists of the Northwest Territories, 2015; British Columbia Psychological Association, 2019; OPA, 2015, Psychologists' Association of Alberta, 2020; Psychology Association of Saskatchewan, 2022; Manitoba Psychological Society, 2022; Halifax Psychologist, 2021; College of Psychologists of New Brunswick, 2022 Psychological Association of Prince Edward Island, 2019; Association of Psychology Newfoundland and Labrador, 2017. Ordre des Psychologues du Québec, no date.

Note: Yukon and Nunavut do not have a professional association and rate schedules are not available.Impact of Pandemic on Psychologists

Impact of the COVID-19 Global Pandemic on Psychologists

The COVID-19 global pandemic has had far reaching impacts on all people and every profession. Psychologists found themselves facing increased demands for their services while undergoing the same pandemic stressors as their clients.

The pandemic meant changing the way we practised; adopting safety measures for services that remained in-person and ensuring privacy and security when service was delivered using digital platforms. With service increasingly delivered using digital platforms, physical office requirements were less, prompting decisions around lease agreements. Psychologists who work in group practises or services within hospital and schools, experienced unprecedented professional isolation doing work that benefits from collegiality to navigate the emotional demands of the job. Many Canadians, including psychologists, faced the lack of division between home and work; leaving us to query whether we were living at work, rather than working from home.

Psychologists in private practise often have the autonomy to change their working conditions to improve quality of life. They can reduce how many, or the types of clients seen, update cancellation or other office policies, and change fees or work hours. In the face of increasing demand for services, however, these decisions are difficult to make and carry their own stress. Psychologists in public institutions, like other health providers, have much less ability to make changes to their work conditions with which to better manage the stresses the pandemic brought to their professional lives. Many found themselves redeployed within hospitals doing jobs and activities that they don't typically take on which, in addition to the COVID-19 exposure risk in hospital settings, is an added stress.

Self-care is critical to wellbeing, even for health care workers. The CPA's Canadian Code of Ethics for Psychologists underscores psychologists' responsibility to avoid conditions that could impair judgment and quality of service (Principle of Responsible Caring, II.12)[1]. The perfect storm of pandemic conditions abruptly changing how psychological services were delivered, and impacting psychologists' personal lives, have highlighted how self-care is critical to personal well-being but also to remaining effective and satisfied in one's career. The impact of the pandemic on the professional lives of health care providers was recognized by psychologist, Dr. Melanie Joanisse who developed a workbook to assist health providers caring for their wellbeing during the pandemic[2].

Mental Health Research Canada (2022) reported that mental health professionals are among the frontline healthcare workers who experience the highest levels of depression and anxiety, which have been further exacerbated by the pandemic. A 2022 Statistics Canada[3] report revealed that the most common reason why healthcare workers who hadn't planned to retire are leaving their jobs, is job stress and burnout.

Early on, the Canadian Psychological Association (CPA) recognized the impact the pandemic would have on Canada's frontline health care workforce. In an organized effort by the CPA, hundreds of psychologists signed up to provide short-term, pandemic-related psychological services to their health care colleagues working on the front lines of the pandemic. This service, which continues to this day, promises rapid response and psychological services at no charge for health providers whose distress is related to their front-line work during the pandemic[4]. In addition, the CPA recognized the toll the pandemic would take on the associations that served the health professions. The CPA delivered webinars to the staff of associations that serve health professionals on managing the psychosocial impacts of the pandemic.

1 https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf
2 https://pgme.utoronto.ca/wp-content/uploads/2020/05/Psychological_FirstAid_HealthCare_COVID-19_Workbook_Final_2.pdf
3 https://www150.statcan.gc.ca/n1/daily-quotidien/220603/dq220603a-eng.htm
4 https://cpa.ca/corona-virus/psychservices/

The CPA publishes a quarterly news magazine addressing psychological science and practise perspectives on issues of public concern and policy. In 2021, one such issue was focused on COVID-19[5] and in 2022, one was focused on health provider wellness[6]. The pandemic is a physical illness which takes a toll on our psychological wellbeing[7]. It is also an illness whose management depends on human behaviour – deciding to get vaccinated[8], wearing a mask, complying with social distancing is all about how our behaviour is impacted by what we think and feel. Psychologists know something about that.

5 https://cpa.ca/docs/File/Psynopsis/2020-Vol42-3/index.html#p=1
6 https://cpa.ca/docs/File/Psynopsis/2022-Vol44-2/index.html#p=1
7 https://cpa.ca/docs/File/Advocacy/CPA%20Remarks%20to%20HESA%20Final%20March%2023%202022.pdf
8 https://montrealgazette.com/news/local-news/one-size-fits-all-approach-wont-work-on-unvaccinated-quebec-behavioural-experts-say

Conclusion

Professional psychologists are a key and long established regulated, mental health profession in Canada. 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 practise 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. Priorities for the profession include parity in funding for mental and physical health care in Canada as well as eliminating the inequities that exist in peoples' ability to access mental health services and supports. Organizations of psychology in Canada are working to support the profession in growing its cultural literacy so it can meet the needs of a diversity of people and in working to become a more inclusive profession.

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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 Practise in Psychology

OPA Ontario Psychological Association

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