



CANADIAN
PSYCHOLOGICAL
ASSOCIATION
SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

INCREASING ACCESS, REDUCING COSTS AND IMPROVING OUTCOMES...

MAXIMIZING PSYCHOLOGISTS' CONTRIBUTIONS TO CANADA'S PUBLICLY FUNDED HEALTH CARE SYSTEMS

A Position Statement of the Canadian Psychological Association

Approved by the CPA Board of Directors - March 12, 2026

Prepared by:

Lesley Graff, Ph.D., C. Psych
Sean Kidd, Ph.D., C. Psych
Giuseppe Alfonsi, Ph.D.
Gordon Asmundson, Ph.D., R. Psych
Jacquie Cohen, Ph.D., R. Psych
Stephanie Greenham, Ph.D., C. Psych
Sara Hagstrom, Ph.D., C. Psych
Lana Hawkins, Ph.D., R. Psych
Lesley Lutes, Ph.D., R. Psych
Aiden O'Callahan, M.A.
Jennifer Russell, Ph.D., R. Psych
Joanne Savoie, Ph.D., L. Psych
Jo Ann Unger, Ph.D., C. Psych



CANADIAN
PSYCHOLOGICAL
ASSOCIATION
SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

ABOUT THE CPA

The Canadian Psychological Association is the national voice for the science, practice and education of psychology in the service of the health and welfare of Canadians. The CPA is Canada's largest association for psychology and represents psychologists in public and private practice, university educators and researchers, as well as students. Psychologists are the country's largest group of regulated and specialized mental health providers, making our profession a key resource for the mental health needs of Canadians. The CPA is the national accrediting body for professional training programs of psychology in all provinces and territories.

VISION

The CPA envisions a society that values and applies psychological science for the benefit of persons, communities, organizations and peoples.

MISSION

We will serve the public and the CPA's membership by advancing psychological science, practice and education through research, advocacy and collaboration.

ACKNOWLEDGEMENTS

In the development of this position paper, the task force would like to extend its sincere thanks and appreciation to Glenn Brimacombe (CPA Director, Policy and Public Affairs) and Dr. Stewart Madon (CPA Director, Professional Affairs). Both played an important role in supporting, and contributing to, the discussions and decisions of the task force. Note that the affiliation of each task force member is listed in Appendix 1.

FOR MORE INFORMATION

PLEASE VISIT OUR WEBSITE AT CPA.CA

TABLE OF CONTENTS

EXECUTIVE SUMMARY AND RECOMMENDATIONS	4
1. THE CURRENT LANDSCAPE	9
• A Snapshot of Canadians' Mental Health	
• The Need for Government Action	
• Accessing Mental Health Care Services	
• Recruiting and Retaining Psychologists in Canada's Public Health Care Systems	
2. WHAT EXPERTISE DO PSYCHOLOGISTS BRING TO THE PUBLIC HEALTH SYSTEM?	15
3. WHAT TRAINING DOES A PSYCHOLOGIST HAVE?	19
4. PSYCHOLOGICAL TREATMENTS – WHAT IS THE CLINICAL EVIDENCE?	20
5. PUBLIC FUNDING FOR MENTAL HEALTH CARE & PSYCHOLOGICAL SERVICES – WHAT IS THE RETURN-ON-INVESTMENT?	22
6. IMPROVING ACCESS TO PUBLICLY-FUNDED HEALTH CARE SERVICES – THE ROLE OF PSYCHOLOGISTS	24
7. MAXIMIZING PSYCHOLOGISTS' CONTRIBUTIONS TO OUR PUBLICLY FUNDED HEALTH CARE SYSTEMS – A ROADMAP FOR THE FUTURE	28
8. CLOSING COMMENTS	33
APPENDIX 1	34

EXECUTIVE SUMMARY AND RECOMMENDATIONS

While most governments are working to improve and expand publicly funded access to mental health and psychological services, there is a growing public consensus that they are not moving nearly fast enough in terms of the level of funding, the expansion of delivery models and the supply of mental health providers. Clearly, much more needs to be done.

Now, more than ever, it is critical that federal, provincial and territorial governments accelerate the pace of their mental health investments to ensure that those in need can get the care they require and deserve, when they need it. The cost of delayed action is significant, with continued suffering at the individual, family, and community level, as well as the growing economic cost of mental health which is in the billions annually.

The Canadian Psychological Association (CPA) strongly affirms that psychologists are an essential and underutilized clinical resource that must be part of any contemporary, high functioning, and sustainable public health care system. Psychologists are the only specialized regulated mental health professionals, outside of physicians, with broad and independent authority to diagnose and treat mental health disorders including addictions, across all jurisdictions.

Psychologists are uniquely and intensively trained for a number of diverse roles to address patient and population health care needs; providing evidence-based services that range from generalist to specialist advanced practice care for those experiencing severe and complex mental illnesses, developmental disorders, and complex medical conditions requiring psychological assessment and/or intervention. Psychologists contribute across the full continuum of care, from early intervention in primary care and community-based settings to acute and tertiary services in hospitals, significantly contributing to building capacity within and across an integrated health system. Collectively, psychologists are an essential resource for the mental health system and overall health of the people of Canada.

Despite this, only a small proportion of psychologists are practicing in Canada's publicly funded health care systems, leaving most Canadians without access to their expertise. To better meet the growing health and mental health needs of the population, health care systems need to be more responsive in terms of **retaining** the significant expertise and experience of psychologists in hospitals, primary care and community-based settings, **recruiting** psychologists into these settings, and **training** a new generation of these regulated mental health specialists.

Given the well-established scientific evidence for clinically effective psychological care, the CPA urgently calls on decision makers to accelerate the pace of system innovation which must include engaging and expanding the number of psychologists within our publicly funded health care systems.

More specifically, there is a significant and untapped potential that psychologists can play in improving and expanding timely access to cost-effective, evidence-based psychological and mental health care services in Canada. This can be done by more fully engaging psychologists in our publicly funded health systems through more robust recruitment and retention approaches.

With the objective of ensuring that the people of Canada receive cost-effective, evidence-based psychological services in a timely way within our publicly funded health care systems, the CPA recommends:

1. That provincial and territorial governments, health authorities, hospitals, primary care and community-based organizations recognize and leverage the value psychologists bring to health services, particularly when they work within well-functioning environments that utilize their unique training and specialist expertise by: (a) enabling autonomous decision-making within their full scope of practice; and (b) engaging them as leaders who enhance the capabilities of interdisciplinary teams through specialized knowledge in assessment, differential diagnosis, and psychotherapy from general to advanced levels of practice to address complexity, rehabilitation, program development, and research innovation and evaluation.

Psychologists are an undervalued and underutilized resource within our public health systems and this needs to change.

Given the evident capacity challenges health systems are facing overall, and will continue to face for the foreseeable future at all levels (hospital, primary care and community-based care) coupled with the challenge of limited or reduced access to mental health care services, it is essential that psychologists are more fully engaged in public health systems and have the opportunity to practice to their full scope of practice. This not only serves the health care systems more effectively, it strengthens professional satisfaction which facilitates retention.

Full scope of practice relates to the autonomous decision making in clinical assessments, differential diagnosis, and provision of evidence-based psychological treatments. It also incorporates utilization of psychologists' depth of research skills to develop and evaluate innovations in clinical care and service delivery and leveraging psychologists' specialist expertise for team consultation and to build capacity of other health care providers

The scope and expertise of psychologists improves clinical outcomes in a broad range of service delivery contexts, from mental health programs (e.g., inpatient psychiatry units, eating disorders programs, occupational stress injury programs, bipolar disorder clinics, anxiety clinics, early psychosis programs, flexible assertive community treatment [FACT] teams) to medical programs (e.g., bariatric surgery teams, cardiovascular health teams, sleep disorder teams) to rehabilitation programs (e.g., acquired brain injury programs, stroke recovery).

There are opportunities to expand health system capacity by optimising the use of psychologists as experts in psychological therapies, and to train other providers in the mental health workforce to effectively deliver structured, evidence-based therapies for common mental health problems, facilitating a faster scaling up of access to effective treatments.

Public health systems that protect time for these activities not only improve psychologist retention but also achieve a greater return-on-investment, as each psychologist's specialized knowledge reaches more patients through the clinicians they train and programs they develop. Further, there are opportunities to leverage psychologists' extensive research training to measure and evaluate key performance indicators and improve service delivery and health outcomes at a system level.

Noting the overlapping and complementary competencies with psychiatrists in mental health practice, psychologists are well-positioned to assess and triage patients referred for diagnosis, and provide targeted therapies, often first-line, for moderate and severe clinical presentations, reducing wait times in psychiatric patient flow.

Finally, psychologists play a critical integrative role across the health care system. Their expertise drives quality improvement, measurement-based care, implementation science and program evaluation, roles that are central to advancing health system innovation. They serve as consultative resources for primary care teams and community programs, helping to align care across the continuum and strengthen clinical pathways. They expand system capacity by training and supervising psychology trainees and interdisciplinary colleagues. For these reasons, psychologists in hospitals must be recognized not only as clinical specialists but as system-level assets essential to health system transformation.

Actualizing these opportunities are predicated on addressing key system barriers: (1) insufficient number of funded psychologist positions; (2) challenges to attract or retain psychologists in the public health care systems due to remuneration disparities; (3) inconsistent integration into interdisciplinary teams; and (4) underutilization of the capacity and potential of psychologists. Left unaddressed, psychologist engagement in the publicly-funded health system will not turn around, placing additional strain on primary care physicians and psychiatrists, and lengthening unnecessary delays for patients who would benefit from timely care.

2. That provincial and territorial governments, health authorities, hospitals, primary care and community-based organizations improve practice conditions and infrastructure to retain psychologists in the workplace and optimize the return-on-investment in psychological services, ensuring that evidence-based interventions achieve their full cost-saving and outcome-improving potential.

Given the significant concerns that exist about the current and projected shortages of health care professionals, including psychologists, it is essential that governments invest in our most important health care assets, people. Framed under the rubric of conditions of work in the public health care systems, there are a number of related dimensions that need to be addressed to effectively engage and support psychologists in the public sector. These include:

- **Organizational culture:** When enabled to work to their full scope of practice, psychologists, as a specialist trained health profession, can provide autonomous diagnostic and treatment services, as well as consultation to expand clinical reach, and capacity-building to strengthen workforce skills overall. An organizational culture which values psychologists' professional strengths and ensures resources and infrastructure to optimize clinical care will serve to attract psychologists to work in this public sector environment. As an example, psychologists, similar to physicians, struggle to maximize time in clinical care given their significant administrative burden, and would benefit from streamlined administrative demands, sufficient administrative support, and access to tools which improve efficient clinical documentation.
- **Opportunities for advancement:** Psychologists can provide leadership in, and development and evaluation of, clinical services, offering new models of care, initiating clinical innovations, and evaluating system performance, when given the opportunities and support to do so. These opportunities offer creativity and flexibility which can be attractive to established psychologists and provide clear benefit for the health system as well. There are excellent examples where psychologists have played a leadership role in the design, implementation, training and evaluation of a new model of care, including the Ontario Structured Psychotherapy program, British Columbia's Cognitive Remediation Training Advanced Practice program, and Manitoba's Return to Sleep program.
- **Fair and reasonable compensation:** Remuneration for doctoral-trained clinical psychologists in the public health system is well below other doctoral-trained health or medical professionals despite parallel years of training and scopes of practice. The disparity is even more pronounced when

comparing earnings in the private sector versus the public sector, noting that net earnings are commonly more than double for psychologists in the private sector. For the public health care systems to attract and retain a larger number of psychologists, there needs to be a commitment to equity within the public health systems, and to narrow the gap between the public and private sectors.

Fair compensation can play a critical role in the initial recruitment and long-term retention of psychologists in our public health care systems. Recent data identifies that the vacancy rates for psychologists across a number of Canadian hospitals and health regions have worsened, increasing by twenty to forty percent or more in some jurisdictions. Health systems across the country are using aggressive recruitment incentives for physicians, and only recently have been introducing some modest incentives for recruiting and retaining psychologists.

For psychology, the gap between what can be earned in the public sector versus the private sector is pronounced. As a consequence, more psychologists are considering leaving or have left the public sector. For governments to ensure there is capacity to provide timely psychological care for the public, it is critical that psychologists be competitively compensated for the work they do.

3. That provincial and territorial governments, with support from the federal government, increase psychologists' training and infrastructure capacity to meet population need. The number of training seats for psychologists has not kept up with population growth or health needs. It will be important for provincial and territorial governments to increase investments in doctoral and residency training programs to increase the supply of graduating psychologists who will practice in the public health care systems. This will include ensuring that hospitals, primary care clinics and community-based organizations have the capacity and infrastructure to provide clinical training experiences and leverage early exposure in order to attract employment post-graduation. This also includes ensuring that accredited psychology training programs have the resources (i.e., faculty and infrastructure) to train expanded cohorts of psychologists.

Doctorate of Psychology (PsyD) programs offer an accelerated training path, with 30% reduction in training time (i.e., 5 years vs. 7 years post-baccalaureate) through a focused professional curriculum to establish core clinical competencies while maintaining essential breadth of training for specialized services. This Professional School of Psychology model, offered in parallel with the clinician scientist or scientist practitioner (PhD) doctoral training programs, leverages existing academic infrastructure and provides an innovative approach for increasing the supply of psychologists.

With the recent announcement by the federal government to create a \$5 billion Health Infrastructure Fund, the CPA believes there are opportunities for both levels of government to collaborate with a critical leadership role to be played by the provincial/territorial Ministries of Health and Education.

4. That provincial and territorial governments, health authorities, hospitals, primary care and community-based organizations identify opportunities to continue to integrate psychological research to drive quality improvement, access, cost-effective outcomes and accountability. Psychologists, particularly doctoral-trained, receive more extensive training in research than any other regulated discipline in health care. This depth of training uniquely positions psychologists to: (a) synthesize and apply the current evidence across a range of care settings and levels of patient complexity, ensuring that diagnoses are accurate and the delivery of care is up-to-date and most effective; (b) lead and apply sound research and evaluation programs to ensure

that the care provided is effective, efficient, culturally relevant and accessible, and will maximize safety, quality, efficiency and accountability in a fixed resource environment; and (c) communicate research and evaluation findings to government, system leaders and the public to improve awareness about key policy issues, clinical practice and overall system performance.

5. That the provincial and territorial psychological associations, supported by the Canadian Psychological Association, increase awareness of the roles and beneficial impact that psychologists have on individual and system-level outcomes within public health care systems including but not limited to: (a) assessment, diagnosis and intervention to prevent, reduce the impact of, and/or facilitate recovery from mental health disorders, developmental disorders and addictions; (b) addressing the psychological components that prevent illness, improve outcomes for medical disease and injury, and promote health, wellness and behaviour change; and (c) working within integrated health care services to improve access and outcomes.

Given that the organization, management, funding and delivery of health care services largely falls under the purview of the provinces and territories, noting the exception of federally defined populations, there is a significant leadership role for the provincial and territorial psychological associations to play, supported by the CPA, in terms of engaging governments, including the relevant Ministers, Deputy Ministers, senior political staff, and senior government officials, and the senior leadership of health organizations including hospitals, health authorities, primary care and community-based health agencies on a range of policy issues.

A key component of this engagement is to ensure that these decision maker groups have a clear understanding of the role, beneficial impact and potential that psychologists bring to our health care systems. At the same time, there is an opportunity and need for the psychological associations to provide leadership to engage and educate the public and media about the scope of the role and the beneficial impact of psychologists. Complementing this leadership, the CPA will continue to ensure that the voice of psychology is heard by the federal government and its related agencies.

In closing, the objectives of this report are threefold: (1) to ensure that a greater number of decision makers and the public have a deeper understanding of the roles and beneficial impact of psychologists within our public health care systems; (2) to identify forward-looking policy solutions that engage and enable psychologists to practice in these settings to their full scope of practice and provide cost-effective, culturally appropriate, evidence-based care to the greatest number of the people of Canada who are in need of assessment, diagnosis and treatment; and (3) to provide a framework for publicly funded health organizations where the expertise and experience of psychologists can shape and contribute to meaningful change.

Psychologists have much to offer to address health system capacity challenges and the ongoing mental health crisis. Psychologists provide significant public benefit delivering cost-effective, evidence-based care which alleviates suffering, improves health, creates significant efficiencies in health care, and fosters a healthier and more productive society. Psychologists are a highly collaborative health profession and are under the stewardship of governments, health authorities, hospitals, and primary care and community-based organizations when working in the publicly funded health care system.

Knowing that much of the continued conversations about accelerating the pace of mental health system transformation will unfold at the provincial and territorial level, the CPA welcomes the opportunity to meet with governments and health system leaders and looks forward to supporting the provincial and territorial psychological associations as they further their policy conversations and actions.

1. THE CURRENT LANDSCAPE

As Canada continues to recover in a post-pandemic world, the country is facing a number of daunting health challenges that may also bring new opportunities. Moving forward, a growing number of Canadians understand and value the importance of having good mental health. They understand that mental health is deeply interconnected with overall health and is foundational to living an enriched and full life. Whether one is a parent, child, sibling, friend, carer, able bodied or otherwise, mental health plays an essential role in our day-to-day lives.

A SNAPSHOT OF CANADIANS' MENTAL HEALTH

However, recent data tells us:

- 5 million Canadians met the criteria for a mood, anxiety or substance use disorder, a level that has skyrocketed over the past decade.¹
- Diagnoses of anxiety disorders have surged from 18% pre-pandemic to 27%.² Diagnosis of depression has climbed from 21% to 28%.^{3,4}

Further,

- 1 in 3 Canadians will face a mental illness in their lifetime.⁵
- Nearly 1 in 4 reported their mental health has worsened over the past year.⁶
- More than 50% of those diagnosed with a mood, anxiety or substance use disorder in the past year did not receive care from a health professional.⁷
- 41% of adults (18 and older) and 36% of children and youth (2-17) with a diagnosed mental health condition reported having their needs partially or completely unmet.⁸
- The annual economic cost of mental illness in Canada is estimated to be over \$50 billion.⁹

The numbers do not capture the significant distress and suffering for the millions who directly experience mental illness. In addition, mental health struggles don't stay confined to one person. They ripple outward, affecting families, friends, communities and society at-large.

Psychologists are trained to evaluate the whole person, diagnose mental disorders, and deliver evidence-based care that can alleviate suffering and change lives. Yet across Canada's publicly funded health care systems, psychologists are a scarce resource.

¹ Statistics Canada. *Study: Mental disorders and access to mental health care*. September 22, 2023.

² Mental Health Research Canada. *Understanding the Mental Health of Canadians Through COVID-19 and Beyond: Poll #23*. March 2025. Page 9.

³ Mental Health Research Canada. *Understanding the Mental Health of Canadians Through COVID-19 and Beyond: Poll #23*. March 2025. Page 9.

⁴ Statistics Canada. *Study: Mental disorders and access to mental health care*. September 22, 2023. From 2012 to 2022, the number of Canadians over the past 12 months with: a general anxiety disorder doubled from 2.6% to 5.2%; a major depressive episode increased from 4.7% to 7.6%; and a bipolar disorder from 1.5% to 2.1%. All differences are statistically significant.

⁵ Statistics Canada. *Canadian Community Health Survey – Mental Health*, 2012.

⁶ Leger Healthcare. *More Symptoms, Less Support: The Growing Mental Health Gap in Canada*. May 15, 2025.

⁷ Statistics Canada. *Study: Mental disorders and access to mental health care*. September 22, 2023.

⁸ Canadian Institute for Health Information. *Taking the Pulse: Measuring Shared Health Priorities for Canadian Health Care*. October 23, 2025.

⁹ Smetanin P et al. *The Life and Economic Impact of Major Mental Illness in Canada: 2011 to 2041*. Risk Analytica. On behalf of the Mental Health Commission of Canada, 2011.

THE NEED FOR GOVERNMENT ACTION

While federal, provincial and territorial governments have identified the need to invest in improving and expanding access to mental health care services, including psychological services, there remains a significant gap between what Canadians need and what is being delivered. The Canadian Alliance on Mental Illness and Mental Health's (CAMIMH) 3rd annual *Mental Health – Substance Use Health Report Card* underscores this point, with surveyed Canadians rating six of nine provinces with a failing grade of F and three with a D.¹⁰ Clearly, there is room for more to be done.

These findings come at a time when **90%** of Canadians consider timely access to publicly funded mental health care services to be highly important, and **83%** of Canadians believe that their provincial government must hire more mental health providers.¹¹ In reviewing the *State of Mental Health in Canada*, the Canadian Mental Health Association similarly concluded that mental health has been profoundly neglected under universal publicly funded health care since the passage of the *Canada Health Act* in 1984, more than forty years ago.¹²

Now more than ever, it is critical that federal, provincial and territorial governments work in collaboration to accelerate the pace of their mental health investments so those in need can get the care they deserve, when they need it. This can have a significant impact in terms of accessing an earlier diagnosis and treatment plan, diverting a greater number of patients from hospital emergency rooms, and reducing the number of hospitalizations. It can also have a significant impact on our social and economic performance in terms of addressing family breakdowns, reducing absenteeism and presenteeism in the workplace, and accelerating one's return-to-work. Combined, there are a number of *health* and *wealth* effects by expanding access to publicly funded services provided by psychologists.¹³

Collectively, the provinces and territories devote only 6.3% of their health budgets to mental health,¹⁴ which is well below the recommended rate of 12%.¹⁵ Increasing investment in mental health service provision to this recommended rate would bring Canada in line with other G-7 countries (i.e., United Kingdom, Germany and France).¹⁶ Countries like the United Kingdom, through their Improving Access to Psychological Therapies (IAPT) program, have demonstrated through rigour and accountability – ensuring a high standard of training for psychologists who, in turn, deliver and train others to deliver high quality care with outcomes that are measured – that improving public access to evidence-based psychological care provides many direct health, social and economic benefits.¹⁷

¹⁰ Canadian Alliance on Mental Illness and Mental Health. 3rd Annual Federal-Provincial Mental Health & Substance Use Health Report Card. January 2025. Canadians were asked to rate their respective provincial and federal government on the following four dimensions: (1) access; (2) public confidence; (3) satisfaction; and (4) effectiveness.

¹¹ Canadian Alliance on Mental Illness and Mental Health. 3rd Annual Federal-Provincial Mental Health & Substance Use Health Report Card. January 2025.

¹² Canadian Mental Health Association. *The State of Mental Health in Canada 2024*. November 2024.

¹³ For more information see the *Mental Illness and Addiction: Facts and Statistics* prepared by the Centre for Mental Health and Addictions (CAMH).

¹⁴ Canadian Mental Health Association. *The State of Mental Health In Canada 2024*. November 2024.

¹⁵ The Royal Society of Canada. *Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada*. Recommendation 1 – October 2020. This recommendation has also been endorsed by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH).

¹⁶ Canadian Mental Health Association. *The State of Mental Health In Canada 2024*.

¹⁷ For information on the clinical effectiveness of psychological services, see section 4 of this report. For a discussion on the return-on-investment, see section 5. Also see David M. Clark. Realizing the Mass Public Benefit of Evidence-Based Psychological Therapies: The IAPT Program. *Annual Review Clinical Psychology*. 14:159-183.

While governments are introducing an increasing number of policies and programs focused on improving access to publicly funded mental health care services, the reality is that they have not effectively distinguished between regulated and unregulated mental health providers, which has significant accountability and oversight challenges.¹⁸

This lack of differentiation between regulated and unregulated mental health providers creates significant challenges for quality, safety and equity. Regulated professionals, such as psychologists, are accountable to legislated standards for competence, ethics and evidence-based practice, supported by mechanisms for monitoring quality assurance and public protection and through training standards to establish competencies. Unregulated providers operate without these safeguards, resulting in highly variable quality of care that can be influenced by factors such as income and geography to exacerbate inequalities in access to effective and evidence-based mental health services. Moreover, there has been limited attention to determining the right mix of mental health providers or to clearly defining the scopes of practice and competencies required to deliver safe, effective, equitable and culturally appropriate care.

At the same time, innovative models of care are not being implemented and scaled up fast enough.^{19,20} Nor, in many cases, have effective consultation processes been established with the mental health or primary care communities to consider the evidence that could contribute to better performance and outcomes.²¹

ACCESSING MENTAL HEALTH CARE SERVICES

Similarly, when it comes to accessing care, the picture is equally if not more concerning:

- **52%** of people struggling with their mental health are not getting the help they need.²²
- In Canada, over **1.25 million** youth (16-24 years old) are in need of mental health support – while approximately 550,000 (**44%**) are receiving some help, 720,000 (**56%**) are not.²³
- Of those who have accessed mental health services, only **37%** accessed services through a provincial health system.²⁴
- More than **5 million** adults did not get mental health services when needed in the past 12 months because of cost barriers.²⁵
- For those seeking mental health support, **73%** experience challenges with cost (30%) and wait times (20%) being the top two barriers.²⁶

¹⁸ Bartram M. Income-based inequities in access to mental health services in Canada. *Canadian Journal of Public Health*, Volume 110, pages 395-403 (2019).

¹⁹ CSA Group. *Integrating Mental Health and Substance Use Health with Primary Care in Canada*. March 2024.

²⁰ The Stepped Care model is one example of an evidence-based approach that remains underutilized. In this model, psychologists play a central role by treating high-complexity patients directly and oversee lower-intensity interventions through supervision, consultation and monitoring. Their involvement ensures stepped care approaches remain safe, effective, and grounded in evidence, particularly for populations with high risk or diagnostic complexity.

²¹ In its report "Take the Money and Run? How Accountable are the Provinces and Territories in Spending Federal Funding on Mental Health & Substance Use Health Care Services", the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) identifies the need for more robust and standardized indicators, and evidence-based benchmarks and targets to measure and improve system performance.

²² Mental Health Research Canada. *Understanding the Mental Health of Canadians Through COVID 19 and Beyond – Poll #21*. Page 40.

²³ Mental Health Research Canada. *A Generation at Risk – The State of Youth Mental Health in Canada*. October 2024.

²⁴ Mental Health Research Canada. *Understanding the Mental Health of Canadians Through COVID 19 and Beyond – Poll #14*. Page 34.

²⁵ Canadian Institute for Health Information. *Canadian Report Increasing Need for Mental Health Care Alongside Barriers to Access*. March 21, 2024. 2023 Results from the Commonwealth Fund survey.

²⁶ Leger Health care. *More Symptoms, Less Support: The Growing Mental Health Gap in Canada*. May 15, 2025.

- **49%** of Canadians with a mood, anxiety or substance use disorder had talked to a mental health professional in the last year. At **44%**, counselling was the most common form of mental health care treatment.²⁷
- **15%** of Canadians (approximately 6 million) use health services for a mental illness each year.²⁸
- Among Canadians aged 19 or younger, the use of health services for mental illness has increased by **2.6%** each year.²⁹

Further,

- Chronic medical disease is highly prevalent in Canada with over **40%** of adults experiencing a chronic illness; these illnesses, such as heart disease and cancer, are the leading causes of death for Canadians and are commonly associated with mental health challenges which escalate risk and complicate recovery.³⁰
- For those with chronic medical disease comorbid mental health issues are associated with significantly higher health care use and costs.³¹
- Integrating psychological care with medical care can significantly decrease health system costs and improve disease outcomes.³² There is strong evidence that embedding psychological services in medical care can reduce hospital readmissions, shorten lengths of stay, improve adherence to medical treatment, decrease reliance on high-cost diagnostic procedures, improve patient flow, reduce emergency department congestion and support surgical optimization, generating measurable cost savings for hospitals and provincial health systems.³³

The data clearly indicates there is a pronounced gap between the care Canadians are seeking and the quality and quantity of care they are currently receiving. The existing and anticipated mental health needs of the public, which remain above pre-pandemic prevalence rates, the high prevalence of chronic disease, and the growing consensus governments need to invest in innovative delivery models, especially in the primary care and community-based space, to expand and improve access to mental health care services will require that Canada increase its supply of registered psychologists.³⁴

²⁷ Statistics Canada. *Study: Mental disorders and access to mental health care*. September 22, 2023.

²⁸ Public Health Agency of Canada. *Canadian Chronic Disease Surveillance System*, 2019.

²⁹ Public Health Agency of Canada. *Canadian Chronic Disease Surveillance System*, 2019.

³⁰ Public Health Agency of Canada. *Prevalence of Chronic Diseases Among Canadian Adults*.

³¹ Sporinova B, Manns B, Toneli M et al. *Association of Mental Health Disorders with Health Care Utilization and Costs Among Adults with Chronic Disease*. *JAMA Netw Open*. 2019;2(8):e199910. Doi:10.1001.jamanetworkopen.2019.9910.

³² Lores, Taryn et al. *Integrated Psychological Care Reduces Health Care Costs at a Hospital-Based Inflammatory Bowel Service*. *Clinical Gastroenterology and Hepatology*, Volume 19, Issue 1, 96-103.e3.

³³ See Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*, 2016; Mental Health Commission of Canada. *Advancing Collaborative Mental Health Care in Canada's Primary Care Settings*, 2022; Virani et al. *Estimation of Cost Savings and Improved Patient Outcomes from Implementing a Psychiatric Consultation-Liaison Service in a Rural Hospital in Northern Ontario*, 2019; Kates et al. *Collaborative Mental Health Care in Canada*, 2023. Okoronkwo et al. *Estimation of Cost Savings and Improved Patient Outcomes from Implementing a Consultation-Liaison Service at Health Sciences North*, 2019; British Columbia Prehabilitation Working Group and Specialist Services Committee, 2024; British Columbia Surgical Prehabilitation Toolkit: Specialist Services Committee, *Surgical Patient Optimization Collaborative* 2025.

³⁴ A registered or licensed psychologist is one who has regulatory authority, via their Provincial and/or Territorial College, to practice psychology.

RECRUITING AND RETAINING PSYCHOLOGISTS IN CANADA'S PUBLIC HEALTH CARE SYSTEMS

Moving forward, there will be system challenges when one considers that there are approximately 6.5 million Canadians who do not have access to a family doctor,³⁵ and there is a projected need for almost 23,000 more family physicians (a 49% increase from current supply)³⁶ in the coming years. A recent survey of primary care physicians found that 65% see the top priority for improving quality of care and access is better integration of primary care with hospitals, mental health services and community-based social services. The report notes that while 62% of primary care physicians (ranging from 33% in PEI to 69% in Alberta) felt that they were well prepared through their skills and experience to manage medication care for patients with common mental illnesses such as anxiety or mild to moderate depression, that number substantially decreases for managing substance use, with the national average of only 19% feeling well-prepared, ranging from 12% in Quebec to 28% in Saskatchewan.³⁷

Given the manner in which provincial and territorial health care systems are structured, evidence-based health and mental health care services provided by psychologists do not fall under publicly insured services, and are only accessible to the public when receiving care as an (hospital) inpatient or outpatient, or through other publicly funded community team-based services which include psychologists.³⁸ As a result, physicians (e.g., general and family practitioners) often refer patients to psychiatrists, whose services are covered, despite psychologists being able to provide the needed care.

Wait times for psychiatrists remain long. Current estimates, based on the limited amount of information that is available, indicate the total wait time in Canada between referral by a family doctor to the time that psychiatric consultation and/or treatment begins is 25.3 weeks, or approximately 6 months, with a low of 10.4 weeks in Nova Scotia and a high of 46.7 weeks in Saskatchewan.³⁹ It is well within psychologists' scope of practice to address the diagnostic and treatment needs for patients with moderate to severe clinical issues (see section 4 for evidence on effectiveness) at a significantly lower cost than that of psychiatrists. As such, psychologists can readily be part of the solution for more timely access to mental health care and can triage to psychiatry for specialized medication considerations at the highest level of acuity.

Without robust mental health system capacity to triage based on risk or symptom severity, and too small a pool of mental health specialists, the long waits for patients can sometimes lead to devastating consequences. **Establishing a larger pool of doctoral-trained psychologists in the health system – as they hold core competencies to provide assessment, diagnosis and evidence-based interventions – would provide greater access to mental health specialist care for referring physicians and have a significant impact overall on access, the quality of care provided and patient outcomes.** This approach also uses a fixed budget model as psychologists in the public health system are commonly remunerated on a salaried basis while most psychiatrists predominantly receive fee-for-service payments.

³⁵ Canadian Medical Association Journal. *National Survey Highlights Worsening Primary Care Access*. April 2023.

³⁶ Health Canada. *Caring for Canadians: Canada's Future Health Workforce – The Canadian Health Workforce Education, Training and Distribution Study*. January 2025, pages 8-9.

³⁷ Canadian Institute for Health Information. *How Canada Compares – Results from the Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians*. January 2020.

³⁸ In fact, the *Canada Health Act*, passed in a unanimous vote in the House of Commons in 1984, only speaks to publicly insured services provided in (non-psychiatric) hospitals and "medically necessary" services by physicians.

³⁹ Fraser Institute. *Waiting Your Turn – Wait Times for Health Care in Canada, 2025 Report*. See Appendix B.

Based on the growing health and mental health needs of the people of Canada, the limited capacity of psychiatrists and family physicians to meet this need, the core clinical competencies of psychologists as mental health and behavioural health specialists, and the growing recognition by governments of the urgent need to improve and expand timely access to care, **the CPA strongly advises that there is an imperative to increase the supply of psychologists within our publicly funded health systems.**⁴⁰

It is the CPA's view that there is a significant and untapped potential of psychologists to contribute to improving and expanding timely access to evidence-based health and mental health care services within our publicly funded health systems. Key elements of future success would include better engagement of psychologists to work in publicly-funded services, and collaboration with psychologists when it comes to implementing innovative models of care in hospitals, primary care, rehabilitation centres and community-based organizations.

While there is a clear need to *recruit* an increasing number of psychologists into our public health systems, there is also an urgent need to *retain* those who currently work in the system, particularly in hospitals.

Despite the high need and clear public benefit of access to psychologists for health and mental health care, only a small minority of registered psychologists – an estimated 15% of the close to 20,000 in practice – are funded to provide care within the publicly funded health care systems.⁴¹ This needs to change. Tipping the balance back to the public health systems through robust recruitment and retention measures is the most immediate path to addressing limited access to care and psychologist workforce shortages in the near term, while continuing to scale up training programs for workforce replacement and expansion needs to ensure longer-term sustainability.

Currently, accredited university clinical programs in Canada train small cohorts of doctoral psychology students in a practice specialty, with annual admissions typically of less than 10 students. On an annual basis, Canada graduates approximately 400 doctoral psychologists. This pace does not currently account for the replacement of retiring psychologists and will not have the desired effect of accelerating the number of licensed psychologists practicing in the public health system.⁴² In stark contrast, in 2024/25, 2,900 medical students graduated from Canada's seventeen faculties of medicine.⁴³

It is also evident that Canada's health workforce is currently facing ongoing challenges in the supply of psychologists and other health workers. In fact, at 26% psychologists have one of the highest rates of those over age 60 relative to other health care professions.⁴⁴ This signals the need to significantly increase the number of psychologist trainees both to replace an aging workforce and to account for the future demand for psychological care.

⁴⁰ CSA Group. *Integrating Mental Health and Substance Use Health with Primary Care in Canada*. March 2024. Table 1 provides a useful overview of the different mental health and substance use health initiatives that are underway in a number of provinces.

⁴¹ For more information on the number of psychologists in Canada, see the report by the Canadian Psychological Association *Where to From Here? Reviewing the Number of Psychologists in Canada, by Province & Territory, 2017-2023*. December 2025.

⁴² A recent report by the Canadian Psychological Association found that the percentage of psychologists 60 years of age or older was 13.6% - 39.2%, depending on the province or territory. This figure can be extrapolated to infer a retirement rate of 3-5% per year in the health care sector, which would mean approximately 640-1,067 psychologists would be retiring each year.

⁴³ Association of Faculties of Medicine. *Canadian Medical Education Statistics, 2024*. Section H.

⁴⁴ Canadian Institute for Health Information. *Health Workforce in Canada: 2019 to 2023*.

It is the CPA's view that it is time to re-imagine the structure to train and produce licensed psychologists. Building professional Schools of Psychology – like Schools of Medicine, Nursing, and Dentistry – with larger class sizes and shorter time to graduation through a focused professional curriculum (5 years vs. 7 years post-baccalaureate), can be of substantial benefit in accelerating the supply of psychologists to meet the public's increasing demand for mental health care, while maintaining the depth of training needed to ensure core competencies for diagnosis, treatment, and service innovation across diverse mental health and medical presentations. It is equally important that this training be accessible, especially to diverse and equity-deserving populations, whose access to graduate psychology training may be limited by systemic factors.⁴⁵

2. WHAT EXPERTISE DO PSYCHOLOGISTS BRING TO THE PUBLIC HEALTH SYSTEM?

The CPA affirms that many Canadians have complex needs which are best met by the services of psychologists who have the expertise to conduct comprehensive assessments, to determine and communicate mental health and developmental diagnoses, to provide evidence-based treatment for mental disorders and medical presentations, to develop and evaluate treatment programs, and to provide consultation and capacity building for other health care providers on the team.

With the exception of physicians, psychologists are the only licensed mental health professionals with broad and independent authority to *diagnose* and *treat* mental health conditions. Table 1 provides a direct comparison of scope of practice of various mental health practitioners across most jurisdictions.

TABLE 1 - SUMMARY OF SCOPE OF PRACTICE, BY PROFESSION

Area of Practice or Competence	Psychiatrists	Psychologists	Counsellors, Psychotherapists & Social Workers
Formulate/communicate a diagnosis	Yes	Yes	No
Administer/interpret psychological tests	No	Yes	No
Provide psychotherapy	Yes/No	Yes	Yes/No
Provide counselling or other forms of mental health treatment	Yes	Yes	Yes
Prescribing authority	Yes	No	No
Program Evaluation	No	Yes	No
Develop treatment plans	Yes	Yes	Yes/No
Regulated profession	Yes	Yes	Yes/No

⁴⁵Canadian Psychological Association. *If You Build It – They Will Practice...Establishing Schools of Psychology in Canada*. A Position Paper. Forthcoming.

There can be confusion among the public in understanding the different roles and competencies of psychologists and psychiatrists, or for counsellors, psychotherapists, or social workers, sometimes mistaking them all as one type of provider. However, these professions have different training, expertise and regulatory oversight.

Psychologists and psychiatrists have overlapping and complementary competencies, with both able to diagnose and independently treat. Psychologists and psychiatrists work from a biopsychosocial understanding of health and disease, with psychiatrists commonly emphasizing biological intervention approaches and psychologists commonly emphasizing psychological and social intervention approaches.

The primary differences between psychologists and other mental health providers lie in their scope of practice and range of expertise. Psychologists are not only trained in service delivery, which includes assessment, differential diagnosis, treatment planning and delivery of multiple types of psychotherapies and modes of delivery (individual, family, group-based), but also in consultation, training, program evaluation and research.⁴⁶ As a result of their training and expertise, doctoral trained psychologists practice at an advanced level, able to assess and customize approaches to effectively treat complex and comorbid health and/or mental health conditions that would not be appropriate for, or responsive to, practice at a standard level.

Psychologist roles in mental health care are very important, and their contributions to other areas of health care – including medical, surgical and rehabilitation settings – are equally critical. They contribute to best practice standards of care, improve access, and deliver measurable clinical gains and cost savings. The limited access to psychologists poses significant risks: compromised patient outcomes, longer hospital stays, higher readmission rates, and increased system costs. Embedding psychologists across all sectors (i.e., hospitals, primary care, rehabilitation, and community-based programs) ensures appropriate assessment, diagnosis and care, optimizes outcomes and recovery, and prevents avoidable strain on the health system.

⁴⁶ For more information on the role of a psychologist, please see the CPA document *What is a Psychologist and How Can They Help?* www.cpa.co.

Table 2 provides a high-level summary of the various roles of psychologists across health services.

TABLE 2 – OVERVIEW OF THE ROLES OF A PSYCHOLOGIST BY HEALTH AREA

Mental Health and Addictions

- Assessment and diagnosis of major mental illnesses and conditions including mood, anxiety, trauma, psychosis, eating disorders, disruptive behaviors, substance misuse, and personality disorders
- Advanced, targeted treatments for major mental illnesses and complex presentations
- Stepped care; collaborative care; consultation
- Crisis/transition supports

Medical

- Assessment and differential diagnosis of comorbid psychological/cognitive factors with medical conditions
- Comprehensive evaluation to diagnose neurodevelopmental disorders (e.g., autism) and to assess cognitive impacts of disease, condition or injury (e.g., brain injury)
- Specialized psychological interventions for symptom management, psychological functioning and adjustment with chronic and/or complex medical presentations, to address secondary or tertiary prevention and improve outcomes in a range of medical conditions including cardiac, cancer, diabetes, respiratory, gastrointestinal, endocrine, and neurological disease.
- Interventions to improve acute and chronic pain management, sleep problems, and fatigue
- Health behavior change interventions to address health habits and treatment adherence

Surgical

- Assessment to determine pre-operative eligibility (e.g., transplant, bariatric, gender-affirming) and provide direction to optimize readiness
- Evaluation of neurocognitive function pre-surgery and post-surgery to inform surgery decisions (e.g., epilepsy, movement disorders) and evaluate outcomes
- Clinical interventions to improve readiness for surgery, and to address complications and challenges post-surgery
- Health behavior change to address regimen nonadherence

Rehabilitation

- Evaluate neurocognitive function in specialized populations such as older adults (neurodegenerative disorders), or those with acquired brain injury, autoimmune diseases affecting the brain and spinal cord, fetal alcohol spectrum disorders, or cochlear implants
- Assess mood, capacity, adjustment and motivation

- Psychological and behavioral interventions to maximize functional independence after stroke, traumatic brain injury, spinal cord injury, cancer, amputation, orthopaedic injury
- Inform and implement best practice treatment planning, facilitate discharge planning and community re-integration; directly informs functional outcomes such as education planning, return to school or work, return to driving.

Health

- Health promotion initiatives at system or community level such as positive parenting, maternal and baby programming, seniors healthy aging, and mental health enhancement
- Illness prevention including health behavior changes for aspects such as weight reduction, exercise activation, and smoking cessation

System Level (Leadership in Program Development, Research and Evaluation)

- Design, implement, deliver and evaluate clinical interventions to improve outcomes and quality of care
- Design, implement, deliver, and evaluate initiatives to improve access, outreach, and efficiency of service delivery
- Scale up evidence-based and leading practices to strengthen interprofessional teams and clinical practice effectiveness

The impact of psychologists through these roles greatly enhances the ability of the health system to meet standards and achieve quality and efficiency metrics across a number of indicators, including:

1. *Safety and precision* – reducing the risk of misdiagnosis through specialized psychological and neuropsychological assessment.
2. *Clinical outcomes* – leading to faster recovery, greater independence, reduced depression/anxiety, improved self-management and pain management across mental health and medical conditions.
3. *Access and flow* – reducing wait times via stepped care; reducing inpatient length of stay and discharge to the community when distress, cognition and pain are addressed.
4. *Value-for-money* – reducing readmissions and visits to the emergency department,⁴⁷ and achieving cost savings when evidence-based interventions are implemented under optimal practice conditions.⁴⁸
5. *Team effectiveness* – where psychologists enhance interprofessional capabilities in assessment, psychotherapy, rehabilitation, quality improvement and evaluation.^{49,50}

⁴⁷ Mao W, Shalaby R, Agyapong VIO. Interventions to Reduce Repeat Presentations to Hospital Emergency Departments for Mental Health Concerns: A Scoping Review of the Literature. *Healthcare (Basel)*. 2023 Apr 18;11(8):1161. doi: 10.3390/healthcare11081161. PMID: 37107995; PMCID: PMC10138571.

⁴⁸ Roncella A, Pristipino C, Cianfrocca C, Scorza S, Pasceri V, Pelliccia F, Denollet J, Pedersen SS, Speciale G. One-year results of the randomized, controlled, short-term psychotherapy in acute myocardial infarction (STEP-IN-AMI) trial. *Int J Cardiol*. 2013 Dec 10;170(2):132-9. doi: 10.1016/j.ijcard.2013.08.094. Epub 2013 Sep 8. PMID: 24239154.

⁴⁹ Bisbey TM, Reyes DL, Traylor AM, Salas E. Teams of psychologists helping teams: The evolution of the science of team training. *Am Psychol*. 2019 Apr;74(3):278-289. doi: 10.1037/amp0000419. PMID: 30945891.

⁵⁰ Traylor AM, Tannenbaum SI, Thomas EJ, Salas E. Helping healthcare teams save lives during COVID-19: Insights and countermeasures from team science. *Am Psychol*. 2021 Jan;76(1):1-13. doi: 10.1037/amp0000750. Epub 2020 Oct 29. PMID: 33119329; PMCID: PMC8543842.

6. *Clinical teaching and supervision of trainees; consultation to and capacity building with other health professions* – psychologists maximize their impact in public health systems not only through direct service provision, but also by training the profession’s learners, and through consultation to other frontline clinicians – which multiplies their reach and impact by ensuring evidence-based care is delivered. This consultative and capacity-building role is a core competency of doctoral-level psychologists and represents an efficient use of specialized expertise in resource-constrained environments.

Integrating psychologists within and across these multiple areas of health services is an effective risk mitigation strategy. When psychologists are not part of these health teams, there is a greater risk of misdiagnosis, particularly when psychological symptoms overlap with medical and/or neurological conditions. Psychologists and neuropsychologists provide comprehensive cognitive, mood and behavioral assessment and differential diagnosis, preventing inappropriate treatment, delayed recovery and excess cost.

3. WHAT TRAINING DOES A PSYCHOLOGIST HAVE?

Like other health professionals, psychologists in Canada are required to be licensed by provincial and/or territorial regulators (e.g., Colleges of Psychology) in order to practice. The licensing college confirms the individual has met educational and training requirements, requires exams to demonstrate competence, and holds the individual accountable to ethical and clinical practice standards, with a mandate to protect the public by ensuring only qualified individuals are providing psychological services. Unregulated health professionals, such as those trained as counsellors, may obtain certification. The latter is a voluntary process, often through a national organization to affirm advanced knowledge in a particular clinical area.⁵¹

To become licensed as a psychologist in Canada or the United States, most provinces and states require a doctoral degree in professional psychology (i.e., PhD, PsyD, or EdD). While in some Canadian jurisdictions a master’s degree is the entry-to-practice requirement, this level of training is commonly enhanced by additional years of supervised practice before licensing for independent practice. The CPA endorses a doctoral standard for professional psychology, recognizing the need for depth of training to address complexities in health services, and has well-established standards of accreditation for pre-residency and residency programs that train psychologists at the doctoral level.⁵²

On average, it takes 6 years of university study – 4 years in an undergraduate degree to establish foundational knowledge in psychological science followed by two years in clinical graduate training to obtain a master’s degree – in order to complete that first level of professional training. The additional 3 to 5 years to complete the clinical doctoral degree (PhD or PsyD) provides significantly more breadth and depth of training in assessment, diagnosis, multiple types of clinical therapies, and case conceptualization across a wide range of patient populations and clinical presentations and complexities, resulting in 9 to 11 years overall to train a doctoral psychologist.

As a point of comparison, to become a physician in Canada, once accepted into the program, requires 6 to 11 years of training, encompassing an undergraduate medical degree (4 years), plus a residency (2-7 years). When factoring in a pre-requisite undergraduate degree (3-4 years) to be eligible for medical school, it will take 9-10 years to become a family physician and 13-15 years to become a specialist.⁵³

⁵¹ For more information on the differences between licensure and certification in health care, go to www.practice.com

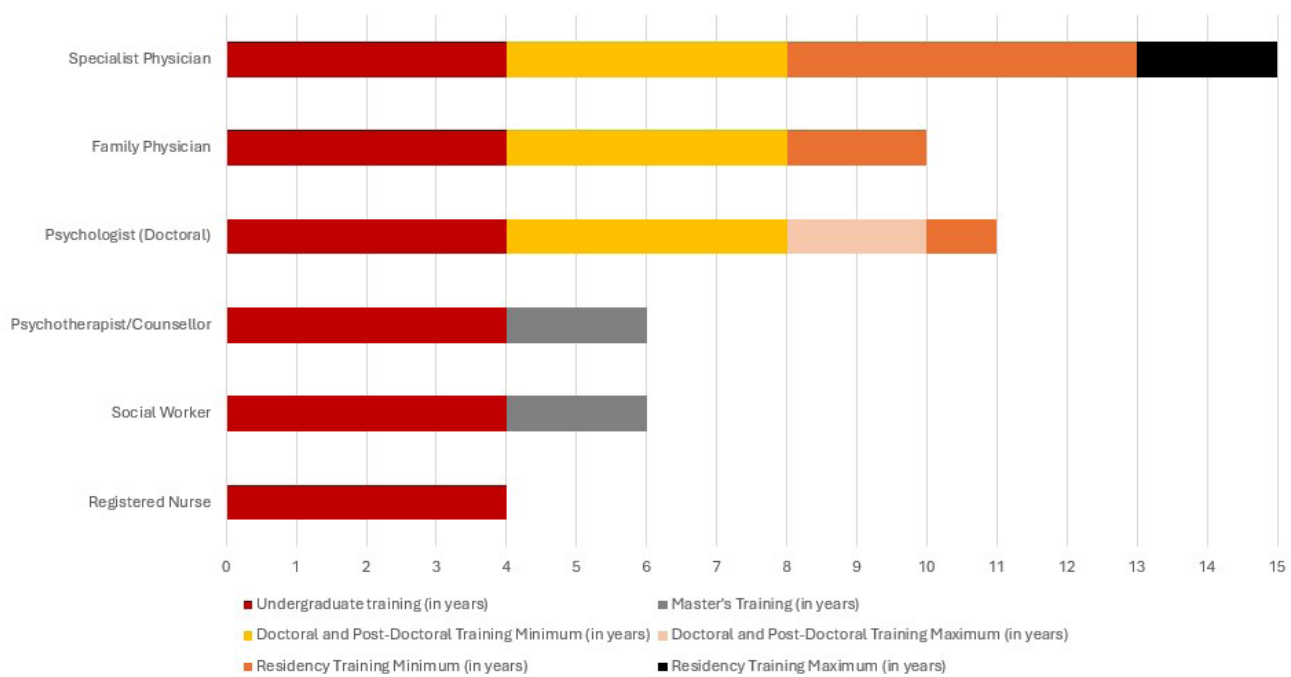
⁵² Canadian Psychological Association (2025). *Breaking Down Barriers – A National Approach to Improving the Credentialling and Licensure of Psychologists, and their Mobility in Canada*. <https://cpa.ca/docs/File/Position/Breaking%20Down%20Barriers%20Position%20Statement%20EN.pdf>

⁵³ Canadian Medical Association. *How long does it really take to become a doctor in Canada?* www.cma.ca.

Graduates from accredited doctoral training programs complete a multi-year professional didactic training curriculum, as well as, at minimum, 600 hours of practical training, plus a 1,600-2,000-hour culminating clinical residency prior to obtaining their doctorate. In most Canadian jurisdictions, psychologists seeking to obtain their licence also complete another 1,600-2,000 hours of supervised practice after they have completed their education. In addition, they must pass a series of theoretical, practical, and ethics and jurisprudence (legal) exams before they are eligible for independent practice as a psychologist.

Only those who have successfully obtained a licence for independent practice from a provincial or territorial psychology regulatory body (e.g., College of Psychology), can call themselves a psychologist. Figure 1 below shows the amount of training required to enter a number of different health professions, and clearly illustrates the difference in training between doctoral-trained psychologists and other mental health professions.

FIGURE 1 – TRAINING TIME (IN YEARS) BY HEALTH PROFESSION



4. PSYCHOLOGICAL TREATMENTS – WHAT IS THE CLINICAL EVIDENCE?

Given their unique skill set and depth of training, Psychologists are experts in psychological treatments such as Cognitive Behavioural Therapy [CBT], Interpersonal Therapy [IPT], Acceptance and Commitment Therapy (ACT), Prolonged Exposure and other evidence-based forms of individual and group-delivered psychotherapy.⁵⁴ Psychologists have commonly led the development, improvement and/or evaluation of these clinical interventions. Many of these therapies have specific elements for advanced application, such as CBT for insomnia, which differs from CBT for panic disorder or CBT for depression. Effective provision of these psychological therapies is a core competency in the training of psychologists.

⁵⁴ There are a number of mental health professionals who help people live with a mental health condition, such as a psychiatrist, family physician, psychotherapist, counsellor or social worker. Psychologists are the experts when it comes to developing, administering, scoring and interpreting tests of personality and intellectual functions which are often the foundation of a mental health diagnosis and treatment planning.

Moreover, psychologists are experts in evidence-based practice, which goes beyond just providing evidence-based treatments, but encompasses practice reflecting "empirically supported principles in psychological assessment, case formulation, therapeutic relationship and intervention."^{55,56}

The research on the benefits of psychological treatment is clear:⁵⁷

1. It is effective with a wide variety of mental health disorders such as depression,⁵⁸ anxiety, eating disorders, borderline personality disorders and substance use disorders; there is also good evidence that CBT and group psychotherapy reduce the negative symptoms of psychotic disorders as well as traumatic brain injury.
2. It is less expensive than, and at least as effective as, medication for the most frequent mental health conditions affecting Canadians, like depression and anxiety, often having more enduring impact and higher adherence.⁵⁹
3. Psychotherapy alone is more effective long term than medications alone. Combining therapy and medications is effective over time for many mental health presentations and adding therapy to medications for those who do not respond to medications leads to improvements.⁶⁰
4. It is the frontline treatment for anxiety and is more effective than most medication(s) for most types of anxiety.
5. It leads to less relapse of depression when compared to treatment with medication alone.
6. It leads to positive outcomes for bipolar disorder, including being more likely to follow through on treatment, feeling less burdened by their illness and having lower suicide rates when used with medication to treat the illness.
7. It helps to prevent relapse when it is part of the services and supports for persons living with schizophrenia.
8. It reduces depression and anxiety in people with chronic medical conditions like heart disease, which leads to lower rates of disease-related deaths when combined with medical treatment.
9. For diabetes, psychological interventions treat both the mental health conditions that can co-occur with diabetes (e.g., depression, anxiety) and directly address disease adaptation and behaviour change which has positive impacts on adherence to diabetes treatment as well as on the progression of the diabetes itself.⁶¹

10. Psychological treatments lead to savings of 20%-30% in health care costs.

⁵⁵ American Psychological Association, 2006. *Evidence-Based Practice in Psychology*. <https://www.apa.org/pubs/journals/features/evidence-based-statement.pdf>

⁵⁶ Canadian Psychological Association. *Psynopsis – Evidence-Based Psychological Intervention and Assessment: Mental Health and Health Psychology Applications*. Volume 47, Issue 3, 2025.

⁵⁷ *The Efficacy and Effectiveness of Psychological Treatments*. Canadian Psychological Association. 2013.

⁵⁸ Cuijpers p, Quero S, Noma H, Ciharova M, Miguel C, Karyotaki E, Cipriani A, Cristea IA, Furukowa TA. Psychotherapies for depression: a network meta-analysis covering efficacy, acceptability and long-term outcomes of all main treatment types. *World Psychiatry*. Volume 20, Issue 2, pages 283-293.

⁵⁹ P Cuijpers et al. *How effective are cognitive behavior therapies for major depression and anxiety disorders? A meta-analytic update of the evidence*. *World Psychiatry*, 15 no. 3 (2016);p 245.

⁶⁰ Guidi J, Fava GA. *Sequential Combination of Pharmacotherapy and Psychotherapy in Major Depressive Disorder – A Systematic Review and Meta-Analysis*. *JAMA Psychiatry*. 2021; 78(3):261-269. Jama. Gloster AT, Rinner MTB, Ioannou M, Villanueva J, Block VJ, Ferrari G, Benoy C, Bader K, Karekla M. *Treating treatment non-responders: A meta-analysis of randomized controlled psychotherapy trials*. *Clinical Psychology Review*, Volume 75, February 2020.

⁶¹ <https://www.apa.org/monitor/2017/06/cover-diabetes>.

Collectively, these findings highlight the significant value and benefit of psychological therapies across a range of different settings. However, there is a striking imbalance in access between prescribed medications and psychological treatments, despite patients often preferring the latter. This is problematic and moving forward requires more health professionals – including psychologists – to be trained in, and apply, these powerful clinical tools.

While the evidence for psychological treatments is robust, research consistently shows an implementation gap between knowing what works and its delivery within local settings. Publicly funded mental health systems require training infrastructure – not just initial education, but continuous professional development, consultation and quality assurance mechanisms – to ensure evidence-based treatment(s) achieve their outcomes. Psychologists are key to the investment in the training and quality assurance infrastructure that ensures treatments are delivered as intended, not just as prescribed.

Furthermore, the effectiveness of psychological treatments depends fundamentally on their cultural responsiveness. Evidence-based treatments developed primarily with Western educated populations require thoughtful adaptation for Indigenous peoples, racialized communities, 2SLGBTQIA+ populations, newcomers, and other equity-deserving groups. This adaptation work – understanding how minority stress, intergenerational trauma, systemic racism and cultural worldviews intersect with mental health – is specialized expertise that psychologists can bring to public health systems.^{62,63}

While there is a mature and extensive literature detailing the clinical effectiveness of psychological treatments as outlined above, it is critical that governments continue to invest in psychological treatment research to further improve outcomes and scale up access. The *Psychotherapy Practice Research Network* (PPRN) is a valuable resource to clinicians, educators, and policy makers who are interested in what psychotherapy research has to say about clinical practice.⁶⁴

5. PUBLIC FUNDING FOR MENTAL HEALTH CARE & PSYCHOLOGICAL SERVICES – WHAT IS THE RETURN ON INVESTMENT?

While most governments are working to improve and expand publicly funded access to mental health and psychological services, there is general consensus that they are not moving nearly fast enough in terms of the level of funding or the expansion of delivery models and mental health providers. Clearly, much more needs to be done.⁶⁵

At the same time, policymakers are increasingly interested in the return-on-investment (ROI) that comes from expanded access to psychotherapy. In other words, how do the benefits of psychotherapy stack up in relation to its costs? Recent publicly available data reflects fairly consistent findings of a 2 to 1 benefit to cost ratio:

⁶² B. Gould, MacQuarrie C., O'Connell ME, Bourassa C. Mental wellness needs of two Indigenous communities: bases for culturally competent clinical services. *Canadian Psychology*. 62(3), 213-226.

⁶³ Hwang WC. The Formative Method for Adapting Psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Prof Psychol Res Pr*. 2009 Aug;40(4):369-377. doi: 10.1037/a0016240. PMID: 20625458; PMCID: PMC2898145.

⁶⁴ The Psychotherapy Practice Research Network (PPRN) is a resource to clinicians, educators and policymakers interested in what psychotherapy research has to say about clinical practice. For more information see: www.pprnet.ca.

⁶⁵ The two recent surveys released by the Canadian Alliance for Mental Illness and Mental Health (3rd Annual Mental Health and Substance Use Health Report Card, January 2025), and Leger Health care (*More Symptoms, Less Support: The Growing Mental Health Gap in Canada*, May 2025) are particularly revealing.

- Extending universal basic mental health care (i.e., access to evidence-based psychotherapies) to all Ontarians would save **\$1.78** for every **\$1** invested. The full economic impact of a universal mental health program would be a savings to Ontarians of nearly \$10 billion over the next 5 years.⁶⁶
- Studies of Canada and other jurisdictions such as the United Kingdom and France demonstrate approximately a **2:1** savings to society for investment in a basic level of mental health care.⁶⁷
- Cognitive-based therapy (CBT) along with care management could yield anywhere from **\$0.39 to \$3.35** for every dollar spent after one year.⁶⁸
- \$1 invested in mental health care yields, on average, **\$2** in savings to society by alleviating costs to the health system, productivity, and overall wellbeing. Public health care coverage for psychotherapy “would pay for itself.”⁶⁹
- The World Health Organization projects a return of **US\$5** for every **US\$1** spent on increasing coverage for common mental health conditions, due to productivity gains.⁷⁰
- In France, they estimated a cost-benefit ratio ranging between **1:1.14 and 1:1.95**.⁷¹
- In the United Kingdom, a cost-benefit analysis of the Improving Access to Psychological Treatments (IAPT) program showed that the program **will pay for itself within five years**.^{72,73}

The bottom line is that every public dollar invested in providing access to psychological services will reduce (or save) future levels of public spending and realize economic benefit at the jurisdictional level resulting from a healthier population (e.g., increased ability to return to work, function independently). Equally, if not more important is that such investments will contribute to earlier intervention – which includes assessment, diagnosis, treatment – with the promise of better health outcomes, allowing those obtaining timely care to more quickly reduce symptoms and improve functioning.

⁶⁶ Making it Right – Universal Basic Mental Health care for Ontario – Policy Backgrounder. Clement Nocos, Jeffrey Ansloos. Broadbent Institute, April 2022, page 9.

⁶⁷ Making it Right – Universal Basic Mental Health care for Ontario – Policy Backgrounder. Clement Nocos, Jeffrey Ansloos. Broadbent Institute, April 2022, page 5.

⁶⁸ CAMH's Mental Health Playbook for Business Leaders – Research-informed Workplace: Recommendations from Canada's Foremost Mental Health Hospital and Global Leader in Mental Health Research. Centre for Addiction and Mental Health, 2020. Page 15.

⁶⁹ Vasiliadis, H-M. et al. (May 2017). Assessing the Costs and Benefits of Insuring Psychological Services as Part of Medicare for Depression in Canada. *Psychiatric Services*, 68(9): 899-906. According to the authors, every \$1 invested into a basic mental health care program would yield on average \$2 in savings to society (from a low-end \$1.78 to an estimated high of \$3.15) annually.

⁷⁰ Chisholm D, Sweeny K, Sheehan P, Rasmussen B, Smit F, Cuijpers P, Saxena S (2016). *Scaling-up treatment of depression and anxiety: a global return on investment analysis*. *Lancet Psychiatry*, 3(5):415-24.

⁷¹ Dezetter A, Briffault X, Ben Lakhdar C et al. *Costs and benefits of improving access to psychotherapies for common mental disorders*. *Journal of Mental Health Policy and Economics* 16:161-177, 2013.

⁷² Layard R, Clark D, Knapp M, et al. *Cost-benefit analysis of psychological therapy*. *National Institute Economic Review* 202:90-98, 2007.

⁷³ Layard R. *The case for psychological treatment centres*. *BMJ* 332:1030-1032, 2006.

6. IMPROVING ACCESS TO PUBLICLY-FUNDED HEALTH CARE SERVICES – THE ROLE OF PSYCHOLOGISTS⁷⁴

Access to care is not a new policy issue for the CPA, which in two previous reports in 2013 and 2016 identified the issues, challenges and opportunities to more effectively integrate psychologists within the country's publicly funded health systems.⁷⁵ More recently, the CPA released a report that speaks to the relevance and value of the role of psychologists within the evolving primary care delivery models.⁷⁶ Access solutions are multifactorial, and relate to leveraging psychologists' full scope of practice, utilizing psychologists in the health system more broadly than solely mental health services or hospital settings, and – critically – attracting to and retaining psychologists in the public health sector.

To date, the provinces and territories, with some targeted support from the federal government,⁷⁷ are investing in building capacity and improving access to mental health care services. But the reality is that changes are not moving at the pace that is needed. While important progress has been made with the introduction of different delivery models and programs – such as team-based primary care models, integrated youth services model, stepped care models, structured psychotherapy programs, virtual care, and others – psychologists can play a central role in these developments, and there are missed opportunities to effectively integrate the knowledge and clinical expertise of psychologists.

There have been some promising approaches where psychologists play a vital role in expanding access to evidence-based mental health care, such as the Structured Psychotherapy and ECHO programs (e.g. Ontario), the Cognitive Remediation Advanced Practice training and work underway to prioritize psychologists in team-based models of primary care (e.g., British Columbia), as well as a growing focus on access to virtual/digital care for better outreach (e.g., Nova Scotia, Quebec, Ontario, Manitoba, British Columbia).⁷⁸

At the same time, there is much more that currently configured health systems can do to recognize and fully leverage the knowledge, competencies and experience of psychologists to the benefit of the people of Canada.⁷⁹ More specifically, there is benefit to think more innovatively about the roles and responsibilities of psychologists, and how they can provide maximum value within the publicly funded health care systems. This latter point is underscored knowing that there is a growing public consensus that our publicly funded health system is not designed or funded to meet the current and increasing demand for health and mental health care services within hospitals, primary care and the community.⁸⁰

⁷⁴ Health Service Psychology (HSP) is defined as “a field focused on the intersection of mental and physical health, with psychologists providing care in health care settings. They address mental related to medical conditions, working on both prevention and treatment. HSPs are licensed practitioners who offer services like assessment, consultation and therapy in various settings.” Key aspects of health service psychology include: the integration of mental and physical health, diverse settings, comprehensive services, focus on patient well-being, and collaboration.

⁷⁵ Canadian Psychological Association. *CPA Task Force on the Future of Publicly Funded Psychology Services in Canada (2013)*, and *Psychologists Practising to Scope: The Role of Psychologists in Canada's Public Institutions (2016)*.

⁷⁶ Canadian Psychological Association and the Council of Professional Associations of Psychologists. *New Federal Investments in Mental Health: Accelerating the Integration of Psychological Services in Primary Care*. 2022.

⁷⁷ The 2017 Federal-Provincial-Territorial Mental Health and Addictions Agreement allocated \$5 billion to the provinces and territories over ten years, and the 2023 Working Together to Improve Health Care for Canadians; a ten-year accord set aside \$25 billion over ten years to invest in four priority areas, of which one was mental health and addictions.

⁷⁸ Canadian Psychological Association and the Council of Professional Association of Psychologists. *New Federal Investments in Mental Health: Accelerating the Integration of Psychological Services in Primary Care*. February 2022. See also *Innovations in Primary Care: Integrating mental health services in primary care*. College of Family Physicians of Canada, Canadian Psychological Association, Canadian Psychiatric Association. November 2020.

⁷⁹ Hudd et al. *The Imperative to Recruit and Retain Psychologists in Canadian Hospitals: Challenges and Proposed Solutions*. Canadian Psychology, 2024.

⁸⁰ Canadian Alliance on Mental Illness and Mental Health. *3rd Annual Federal-Provincial Mental Health & Substance Use Health Report Card*. January 2025.

Within the evolution and current architecture of our public health care systems, psychologists are largely employed in hospitals and, in limited circumstances, provide care within primary care and community-based delivery organizations. With that said, an increasing number of psychologists are leaving the hospital system due to a combination of factors, driven predominantly by lack of fair compensation, as well as aspects such as underutilization of clinical, research and training expertise and restrictions or limitations to their scope of practice, all of which undermines professional satisfaction.⁸¹

Two recent reports from Newfoundland and Labrador and Prince Edward Island document the concerning gap between the current supply and escalating demand for access to practicing psychologists. Newfoundland and Labrador had an unprecedented 61% of current psychologist positions within the publicly funded health care system vacant.⁸² Prince Edward Island identified the need to hire an additional ten to thirty-five full-time psychologists, reflecting a 50 to 120% workforce increase, to bolster their very small pool of psychologists in health services.⁸³

Retention challenges, coupled with the inability to attract psychologists into the public health care system because of remuneration disparities has resulted in long-term vacancies and service gaps. Some organizations have made decisions to fill these positions temporarily or permanently with other professions (e.g., social work, occupational therapists, nurses) who do not have the same skill set, further decreasing access to psychologist care and necessitating greater system reliance on much more costly specialists such as psychiatry.

A consequence of psychologists leaving the public health system and moving into private practice is that access to their services is fundamentally reduced because of financial considerations. Psychologist services in the private sector are not covered by health system funding. As such, access is limited to those who have personal resources, either paying directly out-of-pocket or through coverage by employer benefits such as supplemental health benefit plans, which often do not provide sufficient coverage,⁸⁴ or workers compensation plans, which require workplace injury in order to utilize.⁸⁵

A reliance on employer health benefits for access to psychologist services in the private sector is highly problematic, considering close to one-third of employees in Canada do not have employer health or dental benefits, and for those who do, a large portion of employer coverage falls significantly short of the base cost for a standard clinical assessment or course of treatment. Most employer coverage is well below the CPA's recommendation for stand alone coverage for psychological services set at \$3,500-\$4,000 per year, per person.⁸⁶

- In 2025, the average annual maximum for mental health counselling was \$2,583; up from \$1,743 (40%) in 2024.
- Among employers that cover mental health services, 47% have an annual maximum of less than \$1,000, 40% between \$1,001-\$4,999; and only 13% exceed \$5,000.
- 11% of employers indicated that they have no coverage for mental health counselling.

⁸¹ Hudd T, Collimore KC et al. *The Imperative to Recruit and Retain Psychologists in Canadian Hospitals: Challenges and Proposed Solutions*. Canadian Psychology, 2024.

⁸² Deloitte. Health Human Resources Plan. *Department of Health and Community Services Comprehensive Final Interim Report*. May 2025.

⁸³ Health Intelligenceinc and Associates. *Provincial Clinical and Preventive Services Planning for Prince Edward Island*. February 2023.

⁸⁴ It is worth noting that while Canada's health and life insurers paid out \$900 million in 2024 for mental health services, this only accounts for 1.7% of total health benefits (\$53.3 billion). Source: Canadian Life and Health Insurance Association. *Canadian Life & Health Insurance Facts, 2025 edition*.

⁸⁵ Canadian Psychological Association. *Employees, Employers & the Evidence...The Case for Expanding Coverage for Psychological Services in Canada*. May 2023.

⁸⁶ *Shaping group benefits: Employer insights that are helping guide the plans of the future*. Sun Life, 2020.

This 2025 Benefits Canada Health Care survey data underscores the need for employers to do more in terms of investing in their employees.⁸⁷

From the perspective of the CPA, there are a combination of issues at play, that if left unattended, will continue to reduce the system-level capacity of psychologists to provide clinical expertise within our publicly funded health care systems and care to the people of Canada. In order to fully appreciate the opportunities for psychologists to contribute access solutions to publicly-funded evidence-based services, it is essential that we have a deeper understanding of *what* psychologists do and *where* they practice, and the potential they bring to improving timely access to evidence-based clinical care.⁸⁸

There are three key settings in the public health care system in which psychologists provide care:

1. Hospitals – The vast majority of psychologists in the publicly-funded health care systems work in hospital settings providing acute and tertiary inpatient and outpatient services. Hospital-based psychologists provide specialist assessment, diagnosis, treatment and consultation in inter-professional team-based care environments.

Psychologists in hospital settings are essential health professionals with wide ranging expertise. They work with mental health patients to diagnose and treat the spectrum of mental illness, and they work with medical patients with injuries, and acute and chronic medical conditions to assess impact, mitigate symptoms, and improve health outcomes.⁸⁹

Psychologist services span mental illnesses including anxiety, depression, eating disorders, substance use, psychosis and schizophrenia, post-traumatic stress and personality disorders, as well as developmental disorders such as Autism Spectrum Disorder (ASD), Attention Deficit/Hyperactivity Disorder (ADHD), and intellectual disability.

Psychologists also commonly treat medical patients who have gastrointestinal, cardiac, rheumatological, urological and neurological disease. They provide first line intervention for chronic pain and common sleep disorders such as insomnia and parasomnias. They provide pre-and post-surgical assessment and follow-up care for transplant, bariatric and neurosurgery patients. They provide care in women's health, cancer services, allergy, medical trauma for perioperative concerns, and they commonly provide assessment and rehabilitative care for those who have experienced a spinal cord injury, stroke, concussion or other types of brain injury. Psychologists provide consultation to medical units, surgical units, mental health units, intensive care units, and have emerging roles in emergency departments.

Psychologists advance clinical care through clinical program development and outcome evaluation research. Hospital psychologists also build capacity within and beyond the profession through clinical teaching and supervision of psychology trainees, and by providing professional development opportunities for other health care clinicians.

⁸⁷ Benefits Canada. *Health Care Survey 2025 – Test of Time – Members and sponsors share their views to help solve for the sustainability of health plans*. 2025.

⁸⁸ It is important to recognize that psychologists also practice outside of the health system. For example, they provide diagnosis and treatment in the correctional system, to members of the Canadians Armed Forces and veterans, and work in schools, colleges and universities.

⁸⁹ Hudd T, Collimore KC et al. *The Imperative to Recruit and Retain Psychologists in Canadian Hospitals: Challenges and Proposed Solutions*. Canadian Psychology, 2024.

2. Primary Care – Psychologists in primary care settings such as community health centres and family medicine practices (e.g., Family Health Teams in Ontario) provide on-site assessment, diagnosis and treatment of psychological conditions through co-location or integrated delivery models, collaborating with other health care team members to identify and address the stress-related factors that contribute to a substantial portion of primary care visits related to medical presentations. They play an important role in early detection, prevention and secondary immediate intervention, preventing the escalation of mental health and medical issues into costly crises that burden emergency departments and speciality care systems. Public sector psychologists in these settings ensure equitable access to integrated care regardless of patients' ability to pay.

Psychologists can address access challenges not only through direct service expansion but through consultation and capacity-building models that leverage their specialized expertise. In team-based primary care and community mental health settings, they provide specialist consultation to physicians and other providers and training to frontline clinicians delivering evidence-based interventions. This consultative approach allows psychologists to impact far more patients than through individual caseloads alone. For example, a psychologist who trains and provides consultation support to ten bachelor's or master's level clinicians offering psychotherapy (e.g., cognitive-based therapy) for anxiety and depression effectively expands access to evidence-based care for over a thousand more patients.

While psychologists have been well integrated in primary care settings in other countries such as the United Kingdom, Australia and United States to effectively respond to patients with mental or behavioural needs, in Canada, this has been more the exception than the standard approach. That said, there is an emerging discussion between psychologists and some provincial and territorial governments about a more effective role for psychologists in primary care (e.g., British Columbia, Ontario, Nova Scotia).

3. Community-Based Care – Community-based care emerged from a series of government policy decisions to deinstitutionalize people with mental illness in the 1950s-1960s, and the resultant move toward a community mental health approach to fill the gap by taking a more prevention-focused, systems level approach to mental health.

In many regions, particularly the provinces and territories with large rural populations, community-based settings with community-focused mental health teams represent the primary venue for psychological care delivery. These settings aim to provide comprehensive services including screening, assessment, diagnosis and treatment for a range of conditions that impose significant human and economic costs – anxiety and depressive disorders, psychotic disorders, eating disorders, trauma-related conditions, personality disorders, and substance use disorders.⁹⁰

Community-based psychologists provide direct care, notably diagnostic assessment and treatment, as well as essential consultation and capacity-building with the mental health teams. Community-focused care aims to support individuals to manage themselves in the community and prevent hospitalization.

Beyond direct treatment and consultation, community-based psychologists provide leadership for outreach programs, school-based services, and health promotion initiatives which can serve as wellness hubs, preventing social, emotional, and behavioural problems while promoting psychological health across individual, family and community levels. These activities further position psychologists as a community asset that reduces system burden through early intervention and prevention.

⁹⁰ Lints-Martindale AC, Carlson AA, Goodwin SL, Thompson SN. Putting recommendations into practice: Improving psychological services in rural and northern Canada. *Canadian Psychology*. 2018 Nov;59(4):323.

It is evident that psychologists are an extremely valuable clinical resource in our public health care systems. Psychologists are uniquely and intensively trained to meet a number of diverse roles, providing specialist care to paediatric, adult and geriatric populations experiencing significant and complex mental illnesses, developmental disorders, life altering injury, and complex medical conditions.

However, psychologists are underutilized. Even in hospital settings, which have the largest concentration of psychologists, there are very few of these professionals overall, with fewer still in the community mental health and primary care settings.

7. MAXIMIZING PSYCHOLOGISTS' CONTRIBUTIONS TO OUR PUBLICLY FUNDED HEALTH CARE SYSTEMS – A ROADMAP FOR THE FUTURE

The objectives of this report are threefold: (1) to ensure that a greater number of decision makers and the public have a deeper understanding of the role and beneficial impact of psychologists within our public health care systems; (2) to identify forward-looking policy solutions that engage and enable psychologists to practice in these settings to their full scope of practice and provide cost-effective, culturally appropriate, evidence-based care to the greatest number of Canadians who are in need of assessment, diagnosis and treatment, and (3) to provide a framework for publicly funded organizations where the expertise and experience of psychologists can shape and contribute to meaningful change.

Psychologists provide significant public benefit, delivering cost-effective, evidence-based care which alleviates suffering, improves health, creates significant efficiencies in health care, and fosters a healthier and more productive society as a highly collaborative profession under the stewardship of governments, health authorities, hospitals, and primary care and community-based organizations.

With these objectives in mind, the following identifies a roadmap that can assist in effectively integrating psychologists and maximizing the profession's contribution to the health of Canadians through the publicly funded health care systems. The CPA recommends:

- 1. That provincial and territorial governments, health authorities, hospitals, primary care and community-based organizations recognize and leverage the value psychologists bring to health services, particularly when they work within well-functioning environments that utilize their unique training and specialist expertise by: (a) enabling autonomous decision-making within their full scope of practice; and (b) engaging them as leaders who enhance the capabilities of interdisciplinary teams through specialized knowledge in assessment, differential diagnosis, psychotherapy from general to advanced levels of practice to address complexity, rehabilitation, program development, and research innovation and evaluation.***

Psychologists are an undervalued and underutilized resource within our public health systems and this needs to change.

Given the evident capacity challenges health systems are facing overall, and will continue to face for the foreseeable future at all levels (hospital, primary care and community-based care) coupled with the challenge of limited or reduced access to mental health care services, it is essential that psychologists are more fully engaged in public health systems and have the opportunity to practice to their full scope of practice. This not only serves the health care systems more effectively, it strengthens professional satisfaction setting which facilitates retention.

Full scope of practice relates to the autonomous decision making in clinical assessments, differential diagnosis, and provision of evidence-based psychological treatments. It also incorporates utilization of psychologists' depth of research skills to develop and evaluate innovations in clinical care and service delivery and leveraging psychologists' specialist expertise for team consultation and to build capacity of other health care providers.⁹¹

The scope and expertise of psychologists improves clinical outcomes in a broad range of service delivery contexts, from mental health programs (e.g., inpatient psychiatry units, eating disorders programs, occupational stress injury programs, bipolar disorder clinics, anxiety clinics, early psychosis programs, flexible assertive community treatment [FACT] teams) to medical programs (e.g., bariatric surgery teams, cardiovascular health teams, sleep disorder teams) to rehabilitation programs (e.g., acquired brain injury programs, stroke recovery).

There are opportunities to expand overall system capacity by optimising the use of psychologists as experts in psychological therapies, to train other providers in the mental health workforce to effectively deliver structured, evidence-based therapies for common mental health presentations, facilitating a faster scaling-up of access to effective treatments.⁹² Public health systems that protect time for these activities not only improve psychologist retention but also achieve a greater return-on-investment, as each psychologists' specialized knowledge reaches more patients through the clinicians they train and programs they develop. Further, there are opportunities to leverage psychologists' extensive research training to measure and evaluate key performance indicators and improve service delivery and health outcomes at a system level.

Additionally, noting the overlapping and complementary competencies with psychiatrists in mental health practice, psychologists are well positioned to assess and triage patients referred for diagnosis, and provide targeted psychotherapies, often first-line, for moderate and severe clinical presentations, alleviating bottlenecks in psychiatric patient flow.

Psychologists also play a critical integrative role across the health care system. Their expertise drives quality improvement, measurement-based care, implementation science and program evaluation; roles that are central to advancing health system innovation. They serve as consultative resources for primary care teams and community programs, helping to align care across the continuum and strengthen clinical pathways. They expand system capacity by training and supervising psychology trainees and interdisciplinary colleagues. For these reasons, psychologists in hospitals must be recognized not only as clinical specialists but as system-level assets essential to health system transformation.

Actualizing these opportunities are predicated on addressing key system barriers: (1) insufficient number of funded psychologist positions; (2) challenges to attract or retain psychologists in the public health care systems due to remuneration disparities; (3) inconsistent integration into interdisciplinary teams; and (4) underutilization of the capacity and potential of psychologists. Left unaddressed, psychologist engagement in the publicly-funded health system will not turn around, placing additional strain on primary care physicians and psychiatrists, and lengthening unnecessary delays for patients who would benefit from timely care.

⁹¹ Canadian Psychological Association. (2023) *Accreditation Standards for Doctoral and Residency Programs in Professional Psychology*.

https://cpa.ca/docs/File/Accreditation/CPA%202023%20Accreditation%20Standards_EN_Web.pdf

⁹² Full scope of practice for psychologists in public health systems includes the capacity to fulfill training, consultation and program development roles. Many psychologists report that these indirect service activities – supervising other residents and clinicians, developing clinical programs, conducting outcomes evaluation, training teams in evidence-based practices – are professionally rewarding and reduce burnout.

2. That provincial and territorial governments, health authorities, hospitals, primary care and community-based organizations improve practice conditions and infrastructure to retain psychologists in the workplace and optimize the return-on-investment in psychological services, ensuring that evidence-based interventions achieve their full cost-saving and outcome-improving potential.

Given the significant concerns that exist about the current and projected shortages of health care professionals, including psychologists, it is essential that governments invest in our most important health care assets, people. Framed under the rubric of conditions of work in the publicly funded health care systems, there are a number of related dimensions that need to be addressed in order to effectively engage and support psychologist practice in the public sector. These include:

- **Organizational culture:** When enabled to work to their full scope of practice, psychologists, as a specialist trained health profession, can provide autonomous diagnostic and treatment services, as well as consultation to expand clinical reach, and capacity building to strengthen workforce skills overall. An organizational culture which values psychologists' professional strengths and ensures resources and infrastructure to optimize clinical care will serve to attract psychologists to work in this public sector environment. As an example, psychologists, similar to physicians, struggle to maximize time in clinical care given significant administrative burden, and would benefit from streamlined administrative demands, sufficient administrative support, and access to tools which improve efficient clinical documentation.
- **Opportunities for advancement:** Psychologists can provide leadership in, and development and evaluation of, clinical services, offering new models of care, initiating clinical innovations, and evaluating system performance, when given the opportunities and support to do so. These opportunities offer creativity and flexibility which can be attractive to established psychologists and provide clear benefit for the health system as well.

There are excellent examples where psychologists have played a leadership role in the design, implementation, training and evaluation of a new model of care:

- *The Ontario Structured Psychotherapy (OSP) program*, which was established in 2020 and has enabled more widely-available evidence-based cognitive behavioral therapy for depression and anxiety at no charge to individuals.
- British Columbia's *Cognitive Remediation Training Advanced Practice program*, led by psychologist Dr. Mahesh Menon, ensures this innovative intervention to improve functioning and outcomes for individuals with severe mental illness is available throughout the province's health regions.
- Manitoba's *Return to Sleep online treatment program* for insomnia was developed by Dr. Norah Vincent, and received a Leading Practice recognition from Accreditation Canada.
- Psychologists were an integral part of the national collaborative which developed and established the *Power over Pain* portal, a comprehensive evidence-based platform which provides rapid access to resources and self-management tools for individuals with chronic pain. This resource has been accessed by over 250,000 unique users since its launch in late 2022.
- **Fair and reasonable compensation:** Remuneration for doctoral-trained clinical psychologists in the public health system is well below other doctoral-trained health or medical professionals despite parallel years of training and scopes of practice. The disparity is even more pronounced when comparing earnings in the private sector versus the public sector, noting that net earnings are commonly more than double for psychologists in the private sector. For the public health care systems to attract and retain a larger number

of psychologists, there needs to be a commitment to equity within the public health systems, and to narrow the gap between the public and private sectors.

Fair compensation can play a critical role in the initial recruitment and long-term retention of psychologists in our publicly funded health care systems. Recent data identifies that the vacancy rates for psychologists across a number of Canadian hospitals and health regions have worsened, increasing by twenty to forty percent or more in some jurisdictions.⁷³ Health systems across the country are using aggressive recruitment incentives for physicians, and only recently have been introducing some modest incentives for recruiting and retaining psychologists.

For psychology, the gap between what can be earned in the public sector versus the private sector is pronounced. As a consequence, more psychologists are considering leaving or have left the public sector. For governments to ensure it has the capacity to provide timely psychological care for the public, it is *critical* that psychologists be competitively compensated for the work they do.

As it stands, the lack of fair remuneration speaks to undervaluing of non-medical professionals, and the systemic undervaluing of mental health as compared to physical health. While better access to evidence-based mental health care is a foundational element of achieving mental health parity,⁷⁴ it is also imperative to ensure that mental health specialists are compensated fairly for their training, expertise and overall value.

While fair compensation is essential, retention of psychologists in the public health care system also depends on meaningful work, professional autonomy, opportunities for growth and manageable workloads. Psychologists consistently report that burnout stems from not only pay disparities but from: (1) excessive administrative burden; (2) inability to practice to full scope of practice; (3) lack of influence over program direction; and (4) unsustainable clinical demands.⁷⁵

Health systems that provide psychologists with roles that include clinical innovation, training and supervision responsibilities, program leadership opportunities and protected time for professional development create more sustainable and satisfying careers.

Retention strategies should address the full range of practice conditions that make public sector work professionally rewarding, recognizing that psychologists, like all health professionals, are more likely to stay where they feel valued, effective and able to grow.

3. That provincial and territorial governments, with support from the federal government, increase psychologists' training and infrastructure capacity to meet population need.

The number of training seats for psychologists has not kept up with population growth or health needs. It will be important for provincial and territorial governments to increase investments in doctoral and residency training programs to increase the supply of graduating psychologists who will practice in the public health care systems. This will include that hospitals, primary care clinics and community-based organizations have the capacity and

⁷³ University of Manitoba, Rady Faculty of Health Sciences. *Doctoral Psychologist Compensation and Services in the Publicly Funded Health System*. April 2025.

⁷⁴ Canadian Alliance on Mental Illness and Mental Health (CAMIMH). *From Out of the Shadows and Into the Light...Achieving Parity in Access to Care Among Mental Health, Substance Use Health and Physical Health – The Case for a Mental Health and Substance Use Health Care For All Parity Act*. June 2021.

⁷⁵ Canadian Psychological Association. *Member Survey on Public Sector Recruitment and Retention*. 2024. See also: University of Manitoba, Rady Faculty of Health Sciences. *Doctoral Psychologist Compensation and Services in the Publicly Funded Health System*. April 2023.

infrastructure to provide clinical training experiences and leverage early exposure in order to attract employment post-graduation. This also includes ensuring that accredited psychology departments have the resources (i.e., faculty and infrastructure) to train expanded cohorts of psychologists.

Doctorate of Psychology (PsyD) programs offer an accelerated training path, with 30% reduction in training time (i.e., 5 years vs. 7 years, post baccalaureate) through a focused professional curriculum to establish core clinical competencies while maintaining essential breadth of training for specialized services. This Professional School of Psychology model, offered in parallel with the standard clinician scientist doctoral training program, leverages existing academic infrastructure and provides innovative approach to increasing the supply of psychologists.⁹⁶

Indeed, the CPA has recommended the creation of PsyD programs in parallel with already-established PhD programs in publicly funded universities since their summit on the future of professional psychology in 2019.⁹⁷ The CPA is also currently working with the Association of Canadian Psychology Regulatory Organizations (ACRPO) and other national and international psychology organizations to host a follow-up summit in 2026 aimed at harmonizing and standardizing training and licensure pathways for psychologists across Canada.⁹⁸

With the recent announcement by the federal government to create a \$5 billion Health Infrastructure Fund, the CPA believes there are opportunities for both levels of government to collaborate with a critical leadership role to be played by the provincial/territorial Ministries of Health and Education.

4. That provincial and territorial governments, health authorities, hospitals, primary care and community-based organizations identify opportunities to continue to integrate psychological research to drive quality improvement, access, cost-effective outcomes and accountability.

Psychologists, particularly doctoral-trained, receive more extensive training in research than any other regulated discipline in health care. This depth of training positions psychologists to: (a) synthesize and apply the current evidence across a range of care settings, and levels of patient complexity ensuring that diagnoses are accurate and the care delivery is up-to-date and most effective; (b) lead and apply sound research and evaluation programs to ensure that the care provided is effective, efficient, culturally relevant and accessible and will maximize safety, quality, efficiency and accountability in a fixed resource environment; and (c) communicate research and evaluation findings to government, system leaders and the public to improve awareness about key policy issues, practices and overall system performance.

5. That the provincial and territorial psychological associations, supported by the Canadian Psychological Association, increase awareness of the roles and beneficial impact that psychologists have on individual and system-level outcomes within public health care systems including but not limited to: (a) assessment, diagnosis and intervention to prevent, reduce the impact of, and/or facilitate recovery from, mental health disorders, developmental disorders and addictions; (b) addressing the psychological components that prevent illness, improve outcomes for medical disease and injury, and promote health, wellness, and behaviour change; and (c) working within integrated health care services to improve access and outcomes.

⁹⁶ For more information, see the forthcoming report from the Canadian Psychological Association *If You Build It – They Will Practice...Establishing Schools of Psychology in Canada*.

⁹⁷ Mikail, S. F., & Nicholson, I. R. (2019). The national summit on the future of professional psychology training: Overview and recommendations. *Canadian Psychology/Psychologie canadienne*, 60(4), 228-241. <https://doi.org/10.1037/cap0000192>.

⁹⁸ <https://cpa.ca/acpro-call-for-training-summit-17-october-2025/>

Given that the organization, management, funding and delivery of health care services largely falls under the purview of the provinces and territories, noting the exception of federally defined populations, there is a significant leadership role for the provincial and territorial psychological associations to play, supported by the CPA, in terms of engaging governments, including the relevant Ministers, Deputy Ministers, senior political staff, senior government officials and the senior leadership of health organizations including hospitals, health authorities, primary care and community-based health agencies on a range of policy issues.

A key component of this engagement is to ensure that these decision maker groups have a clear understanding of the role, beneficial impact and potential that psychologists bring to our health care systems. At the same time, there is an opportunity and need for the psychological associations to provide leadership to engage and educate the public and media about the scope of the role and the beneficial impact of psychologists. Complementing this leadership, the CPA will continue to ensure that the voice of psychology is heard by the federal government and its related agencies.

8. CLOSING COMMENTS

Psychologists have much to offer to address health system capacity challenges and the ongoing mental health crisis. Psychologists provide significant public benefit delivering clinically-effective, evidence-based care which alleviates suffering, improves health, creates significant efficiencies in health care, and fosters a healthier and more productive society. Psychologists are a highly collaborative health profession and are under the stewardship of governments, health authorities, hospitals, and primary care and community-based organizations when working in the publicly funded health care system.

However, there are simply not enough publicly accessible psychologists. This supply issue can be rectified by more aggressive and robust recruitment and retention measures, including competitive remuneration, to engage the vast majority of psychologists who practice outside of the public health sector, and by expansion of clinical training programs to meet population needs utilizing contemporary training models such as the PsyD pathway. As jurisdictions in Canada work to reach the needed threshold for mental health investment, this provides opportunity to invest in the psychological workforce for publicly accessible care.

Knowing that much of the continued conversations about accelerating the pace of mental health system and health system transformation will unfold at the provincial and territorial level, the CPA welcomes the opportunity to meet with governments and health system leaders and looks forward to supporting the provincial and territorial psychological associations as they further their policy conversations and actions.

APPENDIX 1

TASK FORCE MEMBER AFFILIATIONS

Lesley Graff, Ph.D., C.Psych. Co-Chair, Task Force on Health Sector Psychologists. Provincial Medical Specialty Lead - Clinical Health Psychology, Shared Health and Head, Department of Clinical Health Psychology, University of Manitoba - Winnipeg, Manitoba.

Sean Kidd, Ph.D., C.Psych. Co-Chair, Task Force on Health Sector Psychologists. Senior Scientist, Co-Director – Institute for Mental Health Policy Research and Past Division Chief – Psychology. Centre for Addiction and Mental Health (CAMH) – Toronto, Ontario.

Giuseppe Alfonsi, Ph.D. Chief Adult Sites, Department of Psychology, Montreal University Health Centre (MUHC) – Montreal Quebec.

Gordon Asmundson, Ph.D., R. Psych. Professor and Head, Department of Psychology, University of Regina – Regina, Saskatchewan.

Jacque Cohen, Ph.D., R. Psych. Provincial Leader of Training and Education, Mental Health and Addictions, Nova Scotia Health – Halifax, Nova Scotia.

Stephanie Greenham, Ph.D., C. Psych. Inpatient Mental Health Clinical Lead and Professional Practice Leader for Psychology. Children's Hospital of Eastern Ontario (CHEO) – Ottawa, Ontario.

Sara Hagstrom, Ph.D., C. Psych. Director of Training for the Northern Ontario Psychology Internship Consortium (NORPIC), and Regional Clinical and Training Lead for Northwestern Ontario (St. Joseph's Care Group) for the Ontario Structured Psychotherapy (OSP) Program – Thunder Bay, Ontario.

Lana Hawkins, Ph.D., R. Psych. Senior Practice Lead and Provincial Practice Director, Psychology, Alberta Health Services (AHS) – Edmonton, Alberta.

Lesley Lutes, Ph.D., R. Psych. Professor, Director of Clinical Training, Department of Psychology, University of British Columbia Okanagan Campus – Kelowna, British Columbia.

Aiden O'Callahan, M.A. CPA Section on Psychologists in Hospitals and Health Centres graduate student representative – Kelowna, British Columbia.

Jennifer Russell, Ph.D., R. Psych. Practice Lead for Mental Health and Substance Use, Strategic Clinical Health, Island Health – Vancouver Island, British Columbia.

Joanne Savoie, Ph.D., L. Psych. Director of Training at the Stan Cassidy Rehabilitation Centre – Fredericton, New Brunswick.

Jo Ann Unger, Ph.D., C. Psych. Council of Professional Associations of Psychologists (CPAP) representative. Advocacy Director, Manitoba Psychological Society (MPS). Section Head and Clinical Lead, Child and Adolescent Psychology, Clinical Health Psychology, Shared Health – Winnipeg, Manitoba.