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Psychologists Practicing to Scope: The Role of Psychologists in Canada's Public Institutions

Canadian Psychological Association

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Background

Within Canadian healthcare systems there is a misalignment between what regulated health providers can do by virtue of their licenses and what other legislation or regulation permits them to do within publicly funded health care systems. While current discussions around optimizing scope of practice are important in recognizing the skills and expertise of health care providers through regulationⁱ, it is important first to create legislation and regulation that supports health care providers practicing to the scope that their licenses already permit.

For example, a psychologist in Ontario has the regulatory authority to diagnose mental illness but cannot initiate a period of mandatory supervision in the event of acute harm to self or other. Further, that same psychologist working within a publicly funded institution may not be able to initiate treatment for a mental illness they have diagnosed and have the regulatory authority to undertake.

The impact of this misalignment is not inconsiderable. Psychologists are Canada's largest group of specialized and regulated mental health providers, outnumbering psychiatrists about 4:1. Only one-third of people in need seek and receive mental health careⁱⁱ; this because of stigma but also because mental health treatments provided by the public sector are in limited supply. Legislation and regulation within public health systems creates barriers and bottlenecks to accessing care; barriers which are not determined by the availability of suitably trained and regulated healthcare providers.

A great deal of attention has been paid to reducing wait times for assessment and treatment of common physical health conditions but not nearly sufficient attention has been paid to the same need when it comes to mental and behavioural health disorders. This lack of parity is especially significant in light of the facts that one in five persons will experience a mental health problem in a given yearⁱⁱⁱ and that depression will shortly become the second leading cause of disability adjusted life years worldwide^{iv}. In Canada, mental illness costs the workplace 33 billion dollars^v and the economy over 50 billion dollars annually^{vi}.

Understanding the Practicing to Scope Problem

In order to understand the magnitude of the misalignment between scope and practice, the Canadian Psychological Association undertook a survey of psychology discipline chiefs and practice leaders in public institutions (hospitals, outpatient clinics and university clinics). Over forty respondents from departments across the country were asked a series of questions regarding practice privileges held by psychologists in their institutions. The intent was to assess the degree of alignment between the scope of practice of psychologists and what they are permitted to do in Canada's public institutions.

Psychology practice leaders and managers identified a number of scope and practice gaps as follows:

- Admission to inpatient and outpatient mental health services in public institutions usually falls under the exclusive authority of physicians, typically psychiatrists. This is despite the fact that by virtue of training and licensure, psychologists are competent to make treatment decisions; were this health care resource and expertise more fully deployed, bottlenecks in triaging patients could be reduced greatly.
- Currently Canada's hospital acts do not grant psychologists the authority to certify patients for admission when judged at risk for harm to self or others. This means that considerable time and health care resource are wasted or duplicated when a psychologist escorts a patient to emergency who must wait hours for the attending staff to reach the same admission determination.
- Decisions made in the course of a patient's admission also often fall to physicians in public hospitals which do not necessarily have to be reserved for these providers alone. For example, decisions to order or remove restraints, authorize passes or initiate or discontinue suicide watches fall often only to physicians. In other sectors, for example correctional facilities, psychologists have the authority to remove inmates from suicide watches – an activity entirely in keeping with the psychologist's regulated scope of practice.
- Decisions to refer patients within systems to other health care providers – specialist physicians as well as other kinds of health providers – are often also the exclusive purview of the "most responsible physician". This provision creates another bottleneck to care and could reasonably be expanded to the "most responsible clinician", thereby recognizing the competence and authority of other regulated health care providers to initiate referrals.

Implications of Regulated Health Providers Not Practicing to Scope

It has been estimated that between four and five million Canadians do not have a family physician^{vii}. By continuing to rely on our physician resource for functions that can be accomplished by other trained and regulated health care providers, we are further limiting access to needed health care services as well as adding unnecessarily to the workload of physicians. This is nowhere more acutely felt than within mental health care where the services of regulated mental health care providers, like psychologists, are not covered by our public health insurance systems. Wait lists for psychiatric care within Canada's public funded facilities are apparently not tracked and/or reported by provincial and territorial governments^{viii} but reports of CPA's members note that waiting times for outpatient mental health services in the public sector range from months to years.

The implications of not permitting psychologists to practice to scope are clear – fewer patients progress more slowly through the door to publicly funded mental health care providers because triage and treatment decisions rest solely in the hands of physicians. Yet, patients who can afford to access psychologists in the community will be diagnosed and receive treatment from a psychologist without the necessity of medical oversight or referral, contributing to marked inequity for Canadians in need of mental health services. The bottlenecks to diagnosis, triage and receiving care are not related to licensing or competence. They are the result of policy and regulation within publicly funded facilities that prevent the exercise of competence and license.

Qualifications of Canada's Psychologists

The CPA accredits doctoral programmes and residency programmes that train Canada's psychologists^{ix}. Canada's provincial and territorial bodies of psychology have adopted a national standard for registration/licensure as a psychologist in Canada which includes graduation with a doctoral degree from a programme accredited by the CPA^x. Completion of a doctoral degree from a CPA accredited programme requires approximately 7 years of post-baccalaureate university study at which point the graduate is prepared for registration which, depending on the province or territory, will require written as well as oral examinations as well as a period of post-graduate supervision. Through the course of doctoral study, the student completes coursework as well as research and practice requirements (at least 2250 hours of applied training) that are offered within a program of coordinated and increasing complexity. Taken together, these requirements prepare the student to attain the competencies for psychological practice defined by Canada's provincial and territorial regulatory bodies of psychologists. These competencies include knowledge and skills in interpersonal relationships, assessment and evaluation, intervention and consultation, research, ethics and standards and supervision. Having attained these competencies, the registered psychologist can assess,

diagnose and treat mental, cognitive and behavioural disorders as well as plan and evaluate treatment programs, teach and train graduate students, supervise the provision of mental health treatments and services, as well as conduct research.

In sum, the CPA maintains that the typical 11 years of university study (4 baccalaureate and 7 post-baccalaureate) make Canada's psychologists among the best trained to assess, diagnose and treat mental and behavioural health conditions of any of regulated health practitioner. The privilege to assess and diagnose mental conditions are restricted to physicians and psychologists in several of Canada's jurisdictions.

How Practicing to Scope can Enhance Access to Needed Mental Health Care for Canadians

As mentioned earlier, policy and regulation of publicly funded institutions prevent psychologists (and perhaps other regulated health providers) from practicing to scope. The following examples best illustrate how revision of policy and regulation could facilitate more Canadians accessing needed mental health care quicker.

- Reduce time needed for emergency room assessment of risks of harm to self or other (certification assessment)
- Reduce decision time in determining need for admission to inpatient mental health services
- Remove bottlenecks where patients wait for mental health and behavioural health assessment and diagnosis (triage)
- Facilitate quicker access to needed service because more people can be triaged more quickly
- Ensure availability of care at critical points in illness affecting health outcomes that serve to reduce the negative impact on productivity, inflation of third party insurance costs, and negative impact on the economy
- Reduce burden of care on family physicians in the provision of community-based health services
- Facilitate the delivery of seamless interdisciplinary health care within public health care institutions
- Enhance greater equity in access to mental health care for Canadians

Recommendations

1. The policies and regulations that govern Canada's health and mental health facilities should be revisited to enable psychologists to fully practice to scope. This would enable psychologists to diagnose, make treatment recommendations and initiate treatment within public facilities – activities which they can fully undertake in the private sector. Undertaking them in the public sector, where psychological services are covered by public health insurance plans, would afford better access to quality mental health services by Canadians who need them.
2. In the event that policy and regulation that govern Canada's health and mental health facilities rely on an interpretation of other federal or provincial/territorial acts (e.g. the Canada Health Act or other hospital or mental health facility acts), these should be examined and if necessary revised to become congruent with the scope of practice afforded to psychologists through regulation.

ⁱ <http://cahs-acss.ca/optimizing-scopes-of-practice-new-models-of-care-for-a-new-health-care-system/>

ⁱⁱ <http://strategy.mentalhealthcommission.ca/the-facts/>

ⁱⁱⁱ <http://strategy.mentalhealthcommission.ca/the-facts/>

^{iv} http://www.who.int/mental_health/advocacy/en/Call_for_Action_MoH_Intro.pdf

^v

<http://www.mooddisorderscanada.ca/documents/Media%20Room/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%2009.pdf>

^{vi} http://publications.gc.ca/collections/collection_2009/aspc-phac/H12-27-28-3E.pdf

^{vii} <http://www.statcan.gc.ca/pub/82-625-x/2014001/article/14013-eng.htm>

^{viii} <http://www.cpa-apc.org/media.php?mid=2385>

^{ix} http://cpa.ca/docs/File/Accreditation/Accreditation_2011.pdf

^x <http://www.acpro-acrcp.ca/documents/ACPRO%20Position%20Statement%20-%20National%20Standard%20-%20November%202014.pdf>