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COMMENTARY

The Imperative to Recruit and Retain Psychologists in Canadian Hospitals: Challenges and Proposed Solutions

Taylor Hudd¹, Kelsey C. Collimore², Benjamin Diplock³, Lesley A. Graff⁴, Stephanie Greenham⁵,
Jane Heintz-Grove⁵, Melissa Milanovic¹, Kerry Mothersill⁶, Ian R. Nicholson⁷,
Amanda Pontefract⁸, and Sean A. Kidd¹

¹ Centre for Addiction and Mental Health, Toronto, Ontario, Canada

² Royal Ottawa Hospital, Ottawa, Ontario, Canada

³ Northwell Health, New York City, New York, United States

⁴ Max Rady College of Medicine, University of Manitoba

⁵ Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada

⁶ Alberta Health Services, Calgary, Alberta, Canada

⁷ London Health Sciences Centre, London, Ontario, Canada

⁸ Ottawa Hospital, Ottawa, Ontario, Canada

In this review and commentary, the challenges hospitals face with recruitment and retention of psychologists are examined. The critical need to address this issue is highlighted, outlining the unique and essential value psychologists, as specialists, bring to public health care settings. Potential solutions to sustain and strengthen psychology's presence within Canadian hospitals are discussed.

Public Significance Statement

In this article, we discuss why there are so few psychologists working within Canadian public health care settings and highlight why this is a critical issue for Canadians. We then propose solutions to increase psychology's presence within Canadian hospitals so that we may improve public access to mental health services.

Keywords: hospital psychologists, recruitment, retention, Canadian psychologists

Hospital-based psychologists provide assessment, diagnosis, treatment, and consultation in interprofessional team-based care environments. They advance clinical care through clinical programme development and outcome evaluation research. Further, hospital psychologists build capacity within and beyond the profession by training other health care clinicians and through clinical teaching and supervision of psychology trainees. Hospital psychologists not only work with mental health patients to diagnose and treat disorders of behaviour, emotions, and thought, but they also work with patients with injury and acute and chronic medical conditions to assess impact, mitigate symptoms, and improve health outcomes.

Psychologists are uniquely and intensively trained to meet these diverse roles, providing specialist care to populations experiencing severe and complex mental illnesses and complex medical

presentations. The decade-plus training pathway from postsecondary foundational knowledge to licencing for independent clinical practice is similar in length and depth to that of physicians. However, there is a concerning trend, with psychology graduates increasingly pursuing careers in private practice, where services are only accessible for those with financial means. This situation is occurring alongside unprecedented demand for mental health services. It is therefore vital to understand and reverse the declining presence of and access to psychologists in the public health system. While this is certainly not a new challenge for the field (Kidd & Styron, 2019; Nicholson et al., 2004), the current context of a drain to the private sector, the rising demand for psychological services across all areas of the health system, and a national shortage in the profession represent a particularly daunting confluence of factors undermining access to professional psychology.

This review and commentary discuss challenges with recruitment and retention of psychologists in Canadian hospitals. It also highlights why this is an issue critical to address, outlining the unique and essential value psychologists bring to public health care settings. Finally, potential solutions are outlined for increasing psychology's presence within Canadian hospitals.

Taylor Hudd  <https://orcid.org/0000-0002-7644-9002>

Correspondence concerning this article should be addressed to Taylor Hudd, Centre for Addiction and Mental Health, 100 Stokes Street, Toronto, Ontario M6J 1H4, Canada. Email: Taylor.Hudd@camh.ca

Method

This article draws inspiration from the issues and proposed solutions identified during meetings in 2022–2023 with psychology leaders from hospitals across Canada, organised through the *Psychologists in Hospitals and Health Centres* section of the *Canadian Psychological Association*. The article also draws from published data and current events and contextualises these issues within broader challenges and pressures facing professional psychology in jurisdictions across and outside of Canada. In doing so, this article seeks to inspire further conversations, advocacy, and pathways forward towards increasing access to psychologists for Canadians within the public health care system to improve health.

Challenges With Recruitment and Retention of Psychologists in Hospital Systems

Historical Context

In North America, psychologists have been present in hospitals since the early 1900s. While the role of psychologists initially focused primarily on assessment and research, it expanded considerably in the midcentury with greater emphasis on psychotherapy, noting some contention with psychiatrists at the time (Watson, 1953). Other points of contention included hospital privileges for responsibilities such as admission and discharge, which were provided in some settings and not others, echoing a more contemporary debate with respect to psychologist prescription privileges.

One key turning point for the field, and one that resonates with many of the challenges described in this article, was the movement in hospitals from centralised clinical departments of psychology to the now familiar programme management model adopted in many jurisdictions across Canada (Kidd & Styron, 2019). This latter model organises health staff around the clinic or clinical team (e.g., eating disorders, paediatric diabetes) rather than around the profession (e.g., psychology department), aiming to increase connectivity of providers with each other and their patients (Charns & Tewksbury, 1993). However, this model change also shifted decision making for resource allocation and staffing to the local level of clinical team or area leadership, making it more difficult as a profession for cross-coverage, flexible movement by psychologists to areas of specialist need, or to maintain awareness of system workforce issues for the profession. A further unintended consequence of this decentralised model has been disruption of the professional community of practice, with many identifying isolation from their colleagues, furthering a lack of connection with the hospitals (Globerman et al., 1996).

As hospitals sought to meet high demand with limited budgets and with the appeal of the more readily administered programme management model, psychologists found themselves in some settings reporting to team managers who would very rarely be a psychologist and, at times, not even a clinician (Nicholson et al., 2004). Despite having specialist training, that is, at a doctoral level and in parallel with psychiatrists, able to provide significant content expertise, and having extensive experience leading clinical improvements, psychologists can find their input considered no differently than health staff with far less clinical training and no formal service evaluation or research experience. Through the hospital department model, psychologists had experience in

self-directing staff resources to optimise their skill set and competencies in health services. In the programme management model, there has been much less control over how they are deployed, with lower professional satisfaction where work activities are set by individuals who may not understand or appreciate the depth of training and potential roles of psychologists.

The Declining Number of Psychologists Working in Hospitals

The lack of centralised or readily collated data regarding the number of psychologists working in Canadian hospitals makes it difficult to systematically track trends. However, a national jurisdictional scan done in 2022/2023 found that the majority of the nine responding jurisdictions reported current permanent vacancies that were worse than in the prior 3 years. Further, the Canadian Occupational Projection System has predicted a marked shortage of psychologists over the period of 2022–2031, noting that on average, two thirds of psychologist positions remain vacant for more than 90 days, and the number of newly trained psychologists will fall short of the current and anticipated rising demand for mental health services (*Canadian Occupational Projection System*, 2023). Additionally, of the health professions, psychologists have the highest proportion nearing retirement (27%; *Health Workforce in Canada: Overview*, 2023). This labour shortage may be further exacerbated by staffing challenges in psychology clinical training programmes. For example, Memorial University in Newfoundland faced risk of losing its internship accreditation due to a loss of psychologists on staff in hospitals who can supervise and mentor psychology residents. With the high demand for psychologists in the private and public sectors and the noted issues of job satisfaction and professional autonomy in hospital settings, the national shortage of psychologists is anticipated to translate to even fewer psychologists working in hospital settings. Rural or more sparsely populated regions in the provinces may be especially at risk of limited access to specialist services in publicly funded health care, including psychologist services (Kelland, 2022a, 2022b).

There is evidence that this decline began in the early 2000s. At that time, a decrease in hospital internship placements was reported (Klein & Nicholson, 2006), and in 2001, it was identified that 80% of consultations with psychologists occurred through private access (*An Imperative for Change*, 2013). Both of these data points can serve as a proxy measure of the presence of psychology in hospital settings (Klein & Nicholson, 2006). While there may have been growth in subsequent years, it has been observed that the exodus has been more rapid postpandemic.

Why Hospitals Struggle to Recruit and Retain Psychologists

Members of the *Psychologists in Hospitals and Health Centres* section of the *Canadian Psychological Association* identified several key factors, based on their professional experiences, that may dissuade or limit psychologists from working in publicly funded health care systems.

To begin, hospital-based salaried positions are no longer competitive with private practice remuneration, even after accounting for potential benefits (e.g., pension and extended health coverage) and accounting for the relatively modest overhead in the private sector. In

Canadian jurisdictions, the hourly rate differential is commonly \$100–\$250 more per hour in the private versus public sector, with the private sector rates aligning more appropriately with psychologists' extensive training and degree of specialisation. The required number of years of formal training for a licenced psychologist is on par with that of psychiatry, yet psychologists are compensated approximately one third to one quarter that of their psychiatrist colleagues in hospital settings (*Psychologist Salary Canada*, 2020). This discrepancy has widened considerably over the last few decades, contrasting with the 1990s, when psychologists were paid over two thirds of what hospital psychiatrists were paid (*OPSEU Keeps Lid on Psychologists' Salaries*, 1992).

Many psychologists also describe feeling frustrated by constraints on professional autonomy in health care settings. That is, in some hospital settings, psychologists may be expected to deliver a one-size-fits-all approach based on standardised care models that offer a narrow range of therapeutic modalities, orientations, and number of treatment sessions, with little consideration of patient presentation or need. These challenges may arise due to top-down leadership directives from managers who are unaware of psychologists' skill sets and how they can improve client care. For example, psychologists' diagnostic and case formulation skills provide direction on appropriate targeted therapies and, further, can adapt treatment to specific patient complexities, facilitating a patient-centred care model. Alternatively, these pressures may arise from bottom-up needs, reacting to lengthy waitlists and long wait times, where patients are directed straight to "standard" care without clinical assessment, an approach that may be more efficient for initiating some form of care but is not effective for many patients (Cuijpers et al., 2008; Resick et al., 2017). Further, legislation and regulation in some jurisdictions (e.g., *Law Document English View*, 2014) require that "a most responsible provider" (physician, dentist, midwife, or registered nurse in the extended class) directs the care of all patients in the hospital and that psychologists may only provide services to inpatients or outpatients at the order of the most responsible provider. This is in contrast to settings outside of hospitals, where physicians and psychologists more often equally direct and provide the care needed based on their clinical expertise.

The challenges of retaining psychologists in hospitals have resulted in significant vacancies and extended time to recruit, which risks further exacerbating retention. This problem manifests through a variety of pathways. Vacancies create more pressure on current clinical staff to respond to the ongoing clinical needs, resulting in pressure to fill the role with a different profession, eroding the base level of psychologists. As well, with fewer hospital psychologists available to supervise doctoral students during their preresidency clinical practica or their residencies, this limits exposure to the broad range of clinical work in hospital settings, decreasing the likelihood that trainees may pursue these as career opportunities upon graduating. Indeed, research has shown that work environments struggling to retain health professionals—for example, physicians in rural locations—have been able to increase retention through professional support and positive exposure to these settings during postgraduate training (Kumar & Clancy, 2021). As well, with small base numbers of psychologists in hospitals, it is much more challenging to advocate for professional needs, leaving psychology as a profession less effectively positioned to address some of the core issues that dissuade psychologists from working in public health care, thus perpetuating the cycle.

Interestingly, there has been a perspective among some health leadership that psychologists are costly, in part perhaps because of awareness of private market rates and assumption of similar costs in the health system, or in some cases because of comparison to nonspecialist, paraprofessional staff. In some transdisciplinary models, psychologists have been viewed by management as providing the same services (e.g., psychotherapy) as providers with lower salaries, without recognition of the level of expertise and responsibility carried by the profession. At the same time, psychiatrists also providing the same service (e.g., psychotherapy) are remunerated at rates 4 times that of psychologists. Unfortunately, this perspective fails to recognise the more insidious downstream costs when mental health is not appropriately diagnosed and treated; poor mental health is associated with unemployment, interaction with the legal system, homelessness, and poorer physical health, particularly with complex patient populations (*Advancing the Mental Health Strategy for Canada*, 2016). Further, provincial health system reviews have recommended increasing psychologists in publicly funded health care, identifying psychologists as "affordable specialists" whose scope of practice can offset the higher costs of physicians through clinical competencies that provide diagnosis and treatment (*Provincial Clinical and Preventive Services Planning for Manitoba: Doing Things Differently and Better*, 2017).

Recruitment and Retention in Other Jurisdictions

The declining presence of psychologists in hospitals is not unique to Canada. Data collected from registered psychologists in New Zealand suggest they too have been exiting the public health care sector. A startling 69% of those currently working in health care institutions reported a moderate to high probability of leaving their position within the next 5 years ($n = 634$; *Retaining the Psychology Workforce*, 2017). Their concerns mirror those reported by Canadian psychologists, with those working in health care identifying lower levels of work satisfaction (e.g., workload, ability to be effective, organisation processes) relative to psychologists working in private practice. Their primary reasons for leaving health care positions included inadequate pay and working conditions, access to resources, feeling undervalued, and poor relationships with management. Similar concerns contribute to burnout for psychologists working in academic health care settings in the United States, again despite a growing demand for access to mental health care and the high needs for mental health specialist services (*A Growing Psychiatrist Shortage and an Enormous Demand for Mental Health Services*, 2022; Williams et al., 2020).

Why Increasing Recruitment and Retention of Psychologists in Hospital Systems Is Imperative

Retaining and strengthening access to psychologists in the public-funded health systems benefits patients, health care providers, and the health system, maximising the benefits and payoff for government health care funding.

Public health surveys consistently report that many Canadians are unable to readily access therapy for mental health concerns (*Health Workforce in Canada: Overview*, 2023). An estimated 91% of Canadians are able to access medications, while only 65% reported that they were able to access the therapy they sought

(*Expanding Access to Counselling, Psychotherapies and Psychological Services: Funding Approaches*, 2016). Although family physicians provide some psychotherapy in the health system, many report feeling overburdened or unable to offer the time needed to deliver psychological treatments to their patients. Moreover, many feel underprepared to deliver these treatments, even though they are very often the first point of contact for people with mental health concerns. Primary care is seen as the backbone of a robust health system in Canada, with many provinces identifying the goal of primary care provider “homes” for the population, and interest in more integrated mental health services (Duong & Vogel, 2023; Kiran, 2022). Psychologists have core competencies of diagnostic assessment and psychological therapies, so maximally utilising psychologists to provide this type of care at a lower cost to the system can also offset family physicians’ time and redirect their efforts towards their patients’ medical needs (Arnett et al., 2004). Further adding to these challenges, family physicians report reluctance to refer patients to private services, where out-of-pocket costs may be prohibitive. Certainly, patients and family physicians recognised clear benefits to on-site psychological services, noting that it improved patient care and reduced family physicians’ workload (Chomienne et al., 2011).

Individuals with complex and acute mental health needs often present to emergency departments or require specialist-level care through hospital inpatient and outpatient services. Psychiatrists are also strained in the context of ongoing mental health demands, with a call to rethink how psychiatrists are utilised in the health system (Kurdyak et al., 2017). Psychologists—again, at much lower cost—have the clinical competencies to address the diagnostic and treatment needs for many of these patients, contributing to needed care and longer term health system sustainability. A recent health economics evaluation estimated \$2 savings for every \$1 invested in psychologist services in Canada, evaluated using fee-for-service rates, which are considerably higher than salary levels (Vasiliadis et al., 2021).

Additionally, psychologists, as behavioural health specialists, have increasingly had roles in a wide range of medical areas to provide clinical interventions that can serve as secondary and tertiary prevention. These health or medical psychologists address aspects such as symptom management, adherence, and illness adjustment, as well as co-occurring mental health concerns where relevant, leading to better outcomes for patients. Recent data suggest many oncology patients struggle with interrelated physical and mental health symptoms, underscoring the need for integrated medical and psychological care (Powers-James et al., 2022; Thielke et al., 2011). Psychologists working with medical patients have depth and breadth of clinical skills that are well-suited for consultation and for direct patient care roles as part of interprofessional teams that care for patients with complex comorbid physical, mental, and interpersonal needs (e.g., patients with chronic pain and diabetes and those who require clearance or support for surgical interventions such as bariatric surgery or rehabilitation poststroke; *An Imperative for Change*, 2013). This care can not only improve clinical outcomes but can also realise significant health care utilisation cost savings through the benefit of psychological care in areas such as cardiac disease, chronic pain, and immune-mediated inflammatory diseases (Gatchel & Okifuji, 2006; Keefer et al., 2022; Linden et al., 2007). A study of inflammatory bowel disease patients

who completed a strength-based psychological intervention demonstrated a 71% decrease in emergency department visits and a 94% drop in hospitalisations over the subsequent 12 months relative to the control group (Keefer et al., 2022).

Moreover, psychologists are uniquely trained to deliver services that are an essential component of care for vulnerable individuals. Among these services are neurocognitive and neurodevelopmental assessments, which evaluate impairments and provide direction to improve functioning and outcomes. Diagnosing these challenges in a timely manner can have lifelong implications for individuals’ day-to-day management and well-being, as well as for future public health care costs; children with neurodevelopmental challenges often develop other anxiety and depressive disorders that persist into adulthood and place further burden on themselves, their families, and the public health care system (*Increasing the Odds*, 2018).

Additionally, interprofessional capacity-building and consultation are viewed as a valuable resource amongst mental health and allied health clinical staff. Psychologists, as mental health specialists, commonly provide these types of services as part of team-based care and receive training to provide this form of leadership (Beddoe & Howard, 2012). As well, many psychologists in hospitals train and supervise psychology preresidency and residency students, expanding capacity through these clinical trainees and, as such, affording greater patient access to mental health diagnosis and treatment services.

Finally, Canadian professional psychology graduate programmes train students using a scientist-practitioner model, so they are not only knowledgeable consumers of clinical research but can directly contribute through research that builds understanding of mental health disorders, acute and chronic medical conditions, and how to treat them. Psychologists frequently lead development and evaluation of novel and enhanced treatment protocols, integrating research into practice to improve outcomes in mental health (Furer & Walker, 2008) and in medical areas such as chronic pain, irritable bowel syndrome, and sleep disorders (e.g., Craske et al., 2019; Gatchel et al., 2007; Vincent et al., 2023). Indeed, similar to specialist physicians, some psychologists working in hospital centres dually hold academic appointments to facilitate applied clinical research (Owens et al., 2013).

Proposed Solutions

Members of the *Psychologists in Hospitals and Health Centres section of the Canadian Psychological Association* worked together to identify strategies for recruiting and retaining hospital psychologists in Canada, utilising their collective experiences and system knowledge. Solutions can be categorised in the following domains: compensation and organisational flexibility, professional value, professional autonomy and working to full scope, and fostering hospital-specific skills and interest during graduate training.

Compensation and Organisational Flexibility

At this critical juncture, it is timely to reevaluate the remuneration levels for psychologists in the publicly funded health sector with an aim of establishing more competitive compensation that aligns with the level of training and scope of practice. Addressing the public–private income disparity and closing the gap through improved

remuneration in salaries is long overdue. While done in some Canadian hospitals due to the urgent need for specialty psychologist services, the alternative of moving to contractual relationships with private sector practitioners is more costly overall given current market rates, obtains less service for more cost, undermines hospital team-based care approaches, and reduces hospital's training capacity for psychology preresidency and residency trainees.

While remuneration is a fundamental issue, other means of improving compensation may also make the overall value of hospital positions more attractive. For instance, similar to physician recruitments, clinics may recruit for these positions by offering signing bonuses or top-ups (e.g., Prince Edward Island offers a \$15,000 incentive for psychologists willing to relocate; this includes a return-in-service agreement; *Psychologist Incentive Program*, 2023). Providing employee benefits for those in part-time hospital positions, such as paid statutory holidays, vacation, pensions, and health benefits, may incentivize a sustained connection to the hospital systems while acknowledging the reality of hybrid hospital/private sector work setups. Other incentives may include reimbursing professional licencing fees and offering education or travel stipends for conferences and continued education opportunities.

Another approach to achieving competitive compensation for psychologists in public health care settings may be by increasing public funding for mental health services overall. Relative to other nations, Canada underfunds mental health care by a significant margin (Vasiliadis et al., 2021). There are ample data to suggest Canadians benefit from increasing publicly funded services for mental health care, as this is the domain where Canadians are most likely to access and benefit from these services (i.e., relative to increasing access through alternate means that are not centralised within a public health care institution, such as boosting private insurance coverage for mental health services; Diminic & Bartram, 2019; Vasiliadis et al., 2021).

Finally, it would be beneficial to increase funding and compensation for psychology residents (Hood et al., 2024). Residents are a common source of staffing recruitment for hospitals posttraining, and during training, they boost clinical services. Increasing the number of psychology residents within hospital sites and providing more competitive residency salaries would communicate the message that psychologists are valued in hospitals, improve attraction to the training programmes, increase exposure to clinical opportunities in this sector, and encourage resident interest in employment at hospitals following residency. Manitoba's Residency programme provides a benchmark for remuneration more appropriately aligned with the level of training. Based in the University of Manitoba's Max Rady College of Medicine, the clinical health psychology residents are part of the Professional Association of Residents and Interns of Manitoba, and as such, their salaries and benefits are on par with those of medical residents, at a rate that is significantly higher than the salaries of many other clinical psychology residences in Canada. It is important to note that the current salary level of many psychology residency programmes would not meet the Canadian Psychological Association's (2023) 6th revision of the residency programme accreditation standard, which states, in part, "Financial remuneration of residents meets and can exceed the *living wage* in the community in which the program is located" (italics in original, p. 24).

Professional Value

In recent years, stepped care mental health models were introduced within public health care systems in Canada and internationally (e.g., within the United Kingdom, the Netherlands, and Hong Kong; Ho et al., 2016). These models, while aiming to quickly deliver the right level of care to the patient, also present an opportunity to increase psychologists' contribution in interprofessional teams by empowering them to exercise their strengths in clearly defined roles. Stepped care involves a process of assessing and triaging patients to the level of care that is appropriate to suit their needs (high vs. low intensity), thereby delivering more readily available, lower intensity options that could reduce wait times for health care. Psychologists are well-suited to defined leadership roles within stepped care models, such as providing comprehensive assessments and treatment for complex and severe patient populations (i.e., skills that lend themselves to higher intensity services) and providing the advanced, targeted higher intensity therapies (Vincent et al., 2021). Additionally, psychologists are trained to develop and evaluate treatment programmes, which lends itself to the programme implementation, monitoring, and improvement practices that are necessary when delivering large-scale interventions. This is an area where psychologists are particularly valuable, as they are specially trained in outcome-based measurement for standards of care, which is often lacking in public health care systems. However, stepped care models work optimally and appropriately for patients when health professionals work to full scope of practice, and there is a risk of poorly utilising clinical staff. Indeed, psychologists in Newfoundland expressed concerns about how stepped care models were implemented in their public health care system. They witnessed an overemphasis on low-intensity services that were understaffed overall, or staffed by psychologists who were essentially overqualified to provide rote low-intensity services, when their skills were better suited to provide care to underserved and high-acuity patient populations requiring the higher intensity services (*APNL Psychologist Feedback: Changes to Provision of Provincial Mental Health Services*, 2021).

To optimally utilise psychologists in the hospitals, it is important to understand the full scope of their contribution to and with interprofessional teams. This often requires educating funders and managers on the multifaceted services, including supervision, consultation, programme development and evaluation, teaching, comprehensive assessment, diagnosis, and formulation-driven intervention. This may also be enhanced by developing metrics to more tangibly describe these services.

Psychologists can also positively promote their clinical research and programme development activities to draw attention and resources to hospitals. For example, Dr. Christine Chambers developed a research-driven pain management programme at the Izaak Walton Killam Health Centre in Halifax that garnered recognition from national and international organisations (*The Halifax Star: Halifax Researcher Launches National Program to Help Kids Manage Pain*, 2019). Her work not only added value to patient care by the development of an effective programme that has been repeated in countless clinics across the country by psychologists in hospitals, but it also garnered status and recognition for the organisation that supported these initiatives.

Professional Autonomy and Working to Full Scope

Psychologists often report that hospital administrations constrain their ability to exercise professional judgement towards meeting standards of best clinical practice. Some of these constraints are imposed by managers who are trained in neither psychology nor mental health disciplines. Managers and clinic policies may limit the duration or type of treatment a psychologist would offer, and this clinical decision-making hierarchy is distinct relative to the relationship psychiatry often holds with hospital managers and clinic policies. Psychiatrists first and foremost deliver their recommendations based on their professional judgement and standards of practice. Indeed, it would be considered inappropriate and harmful for managers to impose limitations on the duration or type of medication psychiatrists prescribe to patients. Similarly, psychologists are appropriately trained to direct diagnosis and treatment needs as per their clinical judgement, based on best practices, and are held accountable by their regulatory college for the type of care they provide regardless of setting. Professional satisfaction in the hospital setting would be improved by setting standards requiring managers to consult with the psychology professional leads when making decisions relevant to psychologists' professional practice and providing autonomy for these professionals to direct care aligned with their scope of practice. Consultation may occur at the level of individual care or broader clinic policies and procedures that affect ongoing patient care. Psychologists governance would more optimally involve reporting to clinical leadership at a more senior level (e.g., directors), which would translate into greater autonomy and a better articulation of psychologists as clinical leaders commensurate with their advanced training.

Dissatisfaction related to autonomy is especially pronounced when compared to private practice, where psychologists have the flexibility to collaboratively develop care plans with clients and other involved health care providers. A predominant treatment approach in Canadian hospitals is cognitive-behavioural therapy (CBT), and while many patients benefit from this treatment modality, not all do, especially depending on the symptoms being targeted. CBT appears to be less consistently effective for treating bipolar, depressive, chronic pain, or certain substance use disorders compared to anxiety or other disorders (Hofmann et al., 2012). Further, there has been an overreliance on protocol-based CBT by minimally trained therapists, resulting in decreased effectiveness and criticism of the therapy for a one-size-fits-all approach that lacks sensitivity to ethnic and cultural diversity. There can be pressure for psychologists to focus predominantly on delivering this well-known therapy approach from a "textbook" approach, despite their ability to adjust to patient needs and their training and experience in other treatment approaches that can be more efficacious. Developing care plans that fit with distinct patient worldviews, goals, strengths, and limitations significantly impacts and can improve treatment outcomes (Graham et al., 2013). Patients benefit from greater flexibility and variety of access to services in hospital settings; for instance, within the Improving Access to Psychological Therapies stepped care programme in the United Kingdom, patients have the opportunity to access evidence-based psychological treatments that include but are not limited to CBT, such as interpersonal psychotherapy, couples therapy, counselling, brief psychodynamic therapy, and mindfulness-based cognitive therapy (Clark, 2018).

Fostering Hospital Skills During Graduate Clinical Training

Psychologists may feel more motivated and equipped to work in hospital environments if their coursework and practicum experiences promoted skill development that could support the needs of our public health care system. For instance, professional psychology graduate training programmes could adjust curriculum and training opportunities to focus on building specialised interests in areas of public need, especially during senior training years. These areas may include a greater emphasis on delivering acute mental health care within inpatient settings, for patients with physical health diagnoses where mental health issues may interfere with their care (e.g., paediatric oncology, hepatitis C), those struggling to cope with medical diagnoses/illnesses, or providing generalist services in primary care. While some graduate training programmes offer specialised courses that focus on health psychology, the demand for these services and the need for a stronger presence of psychologists in medical clinics and hospital settings exceed the current number of health psychology graduates. For example, in Ontario, there are currently 3,557 psychologists listed with competency in clinical psychology and 1,551 listed for counselling psychology, but only 470 are listed for health psychology competency. To meet the expanding need for psychologists, there needs to be an increased emphasis on psychology training programmes to prepare their graduates for the needs of the health system and population, including patients with medical presentations.

Other skills that could become a more central focus during clinical graduate training may include consultation and supervision activities, especially across health disciplines, to better support novice psychologists for leadership positions wherein they not only practice but also support others in delivering clinical care. As well, clinical training programmes may consider skill development that aids in delivering efficient care within high-volume patient settings. A core strength psychologists develop during graduate training is their ability to comprehensively assess and diagnose symptoms, formulate corresponding treatment goals, and monitor patient progress. Psychologists may be relied upon to apply these skills, especially for patients presenting with multiple comorbidities, complex diagnostic differentials, and treatment refractory symptoms; however, graduate trainees may also benefit from learning how to adapt these skills to diverse patient needs and settings that have variable time and volume demands.

Concluding Remarks

Whereas psychiatrists who leave the hospital and work in "private practice" remain an insured service and can still be seen by the public without out-of-pocket costs, psychologists are only publicly accessible for health and mental health needs when working in the public health system. To this end, professional psychology programmes could benefit from aligning training goals with public needs. While provincial and federal funds subsidise professional psychology graduate training programmes across Canada, many clinical psychologists enter private practice, where only a small proportion of the Canadian population can afford the services. Consequently, a significant proportion of psychological services are increasingly offered in private settings, resulting in lengthening waitlists and limited accessibility of services within the public

sector. This pattern lends itself to an inequitable, two-tiered mental health care system that deviates from the spirit of the Canada Health Act and markedly diverges from the ethos and professional values Canadian psychologists seek to uphold.

Untreated or poorly treated mental health conditions are costly from both a public funding perspective and through their capacity to diminish quality of life at an individual and societal level. These costs far outweigh the initiatives proposed in the current article that seek to increase public access and quality of mental health and behavioural health care through greater recruitment and robust retention of hospital psychologists. Proposed solutions included equitable compensation (e.g., increased numbers of hospital psychologist positions, salaries commensurate with training and capacity and competitive with other sectors) and efforts to improve organisational flexibility, professional value, professional autonomy, working to full scope, and fostering hospital-specific skills and interest during graduate training.

In summary, there is public demand, health need, and financial incentive to increase public access to psychologists through hospital systems. Psychologists provide unique services that improve access and quality of health care, improve outcomes for patients, and offset workload of higher cost specialists in the health system, such as family doctors and psychiatrists. As such, it is imperative that psychologists are sustained and increased in public health care.

Résumé

Dans la présente revue avec observations, nous examinons les défis auxquels les hôpitaux sont confrontés en matière de recrutement et de rétention des psychologues. Le besoin criant de s'attaquer à ce problème est mis en évidence, soulignant la valeur unique et essentielle que les psychologues, en tant que spécialistes, apportent aux établissements de soins de santé publique. Des solutions potentielles pour soutenir et renforcer la présence de la psychologie dans les hôpitaux canadiens sont discutées.

Mots-clés : psychologues en milieu hospitalier, recrutement, rétention, psychologues canadiens

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