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CPA Task Force on the Future of Publicly Funded Psychology Services in Canada

**Report to the CPA Board of Directors
2013**

In March 2010, the CPA Board passed the following motion: *That a Task Force of the Future of Publicly Funded Psychology Services in Canada be formed. This will take the form of three separate but collaborative Task Forces of psychologists in hospital practice, education, and corrections.*

Background and Mandate

CPA recognizes that a crucial aspect of access to psychological services occurs in publicly funded institutions, in particular in the sectors of health care (hospitals), education (schools), and corrections (federal and provincial prisons). CPA also recognizes that public health care, education, and corrections are major employers of psychology practitioners. Furthermore, in clinical psychology and neuropsychology, publicly funded institutions (e.g., hospitals) are the predominant sites of CPA accredited internships required for doctoral level training.

The future viability of these publicly funded services is essential to both the public and the profession. The significant presence and growth of large numbers of psychologists in these settings attests to many historical successes of the professions in publicly funded services, and its acceptance by these institutions. However, psychology services in publicly funded institutions have also been subject to various organizational forces and changes that are dramatically impacting the future viability of these services, and professional psychology is often given a relatively small voice in deciding these changes. Current trends in publicly funded services has implications for public access to psychological services, professional standards, professional organization and identity, recruitment and retention of psychologists in publicly funded facilities, professional identity and morale, and professional training. The CPA Board has heard concerns expressed by publicly funded psychologists regarding

- Erosion of professional organizational structures and leadership roles,
- Off-loading of psychological services to other professionals or para-professionals,
- Blurring of professional roles such that the unique contribution of psychology is compromised,
- Loss of budgetary control of services and training programs,
- Significant deletion of psychology services in some geographical regions (e.g. Toronto area hospital departments).

Thus, the Task Force was mandated to survey, deliberate, and begin a professional dialogue as to the future opportunities and threats to publicly funded psychology services in Canada. It is noted that many other discussions of overlapping issues are simultaneously occurring within CPA and its committees. The goal of the Task Force is to help focus discussion of these issues in alliance with the CPA Practice Directorate, relevant CPA Sections, and the CPA Professional Affairs Committee.

Task Force Structure and Membership

The concerns that provided the impetus for the Task Force are shared by health care, education, and corrections, but the domains also contain important unique elements. The history of psychologists in schools, health care facilities and teaching hospitals, and prisons are quite distinct. They are funded by distinct government departments. Hospital psychologists are funded by a combination of institutions and health authorities that are budgeted largely by Provincial Departments of Health. School psychologists are employed by a variety of school and local school division structures typically funded by Provincial Departments of Education. Correctional services have both federal and provincial facilities, with federal correctional services being a major employer of psychology practitioners.

Thus the CPA *Task Force on the Future of Publicly Funded Psychology Services in Canada* took the initial step of establishing three distinct but coordinated Task Force groups that would bring together leaders in these sectors to advise CPA on the future requirements for psychology services in each sector. Each of the three Task Force groups were encouraged to amass and deploy its membership, and to move in the directions that made best sense to that group. It was conceived that there would be activities and ultimately recommendations that were distinct to each group, and also some common themes and recommendations that would emerge.

Under the coordination of Dr Lorne Sexton, the following individuals were asked to initiate discussions within their respective sectors:

- ❖ *Criminal Justice*: Dr Mark Olver;
- ❖ *School Psychology*: Ms. Juanita Mureika;
- ❖ *Health Care and Hospitals*: Dr. Joyce D'Eon; Dr. Bob McIlwraith.

Dr. Karen Cohen, CEO of CPA, also actively contributed to facilitating coordinating discussions. Direct initiatives emerged between Head Office and specific groups.

A broad input and discussion by practitioners in each of these sectors was sought. Meetings were held by teleconference and email, with larger group meetings in each sector with CPA membership at the CPA Conventions of 2010 through 2012. Progress is summarized separately for each sector below,

CPA Criminal Justice Psychology Task Force:

Criminal Justice psychologists have long used their CPA Section as a focal point of professional interaction, and there was an immediate synergy of effort between the Task Force and Section. There was widespread participation and membership in the Task Force by members of the Section, as well as contributions from allied professions.

Overview of Criminal Justice Psychology

Psychology services that are based in prisons, parole/probation offices, forensic psychiatric facilities, regional health authorities, and similar publicly funded health agencies have a pivotal role in the humane and effective administration, rehabilitation, and community reintegration of youth and adult offenders and the promotion of their wellbeing. Psychologists have been the primary developers of best practice risk assessment tools to appraise risk and inform treatment planning, and are tasked with conducting psychological assessments for various assessment purposes (e.g., program planning, parole eligibility, preventative detention, security reclassification, imminent risk). Psychologists have also been the primary developers of correctional treatment programs for addressing the mental health and criminogenic needs of offenders, and are also primary consultants responding to crises that arise in institutional settings (e.g., suicide, self-harm, psychosis, violence). Psychologists have been a source of applied practice research with offenders, which has historically translated into evidence-based changes in practice and policy. Finally, psychologists also contribute importantly in providing practicum and internship-residency training to future psychologists as well as providing an important contribution to staff training.

The following provides a summary of the criminal justice Task Force discussions. Three subcommittees were established, and these groups continue to work towards their goals.

- Subcommittee focusing on public education initiatives (e.g., rehabilitation with offender populations – how psychology can contribute).
- Subcommittee on Training in Correctional/Forensic Psychology (e.g., availability of clinical forensic psychology training streams).
- Subcommittee regarding training and communication with the judiciary, via the Judicial Training Institute (e.g., training judges/lawyers on what psychologists do, development of training materials for judges, etc.)
- Subcommittee regarding psychologist recruitment and retention in Canadian corrections.

Criminal Justice Task Force Progress

(1) Survey of Criminal Justice Psychologists

A survey of Canadian psychologists in corrections was published by the Chair of the Task Force in collaboration with national colleagues (Olver, Preston, Camilleri, Helmus, and Starzomski, *Canadian Psychology*, 2011), which was entitled: *A Survey of Clinical Psychology Training in Canadian Federal Corrections: Implications for Psychologist Recruitment and Retention*. The following summarizes some key information reviewed in this article:

- The Correctional Service of Canada employs over 300 full and part-time psychologists; additional correctional psychologists are employed within provincial jurisdictions and health authorities.
- Job satisfaction in criminal justice psychology is positive, but recruitment and retention is a concern in many areas of Canada
- Interest in criminal justice is strong among students. But opportunities for the extensive training required for corrections is limited. Barriers to training include lack of supervisor time and weak administrative supports.

Supervised training opportunities are potentially diminishing when the positions of retiring psychologists remain vacant.

(2) Professional Roles

Professional psychology roles in criminal justice settings have been threatened in several respects over approximately the past 10 years. First, the Office of the Correctional Investigator (OCI) identified a shortage of psychologists in the Correctional Service of Canada (CSC) and expressed concerns over insufficient mental health services for a growing population of offenders with mental health needs; a phenomenon occurring across jurisdictions. Second, the professional autonomy and identity of psychologists working in correctional settings has also been threatened to some degree. Much of the activity of correctional psychologists is devoted toward conducting assessments, with a marked decline in the involvement in other professional psychological activities (e.g., providing treatment, involvement in training, research). For instance, psychologists in CSC are no longer involved in the delivery of sex offender treatment programs, although they continue to provide assessment services. Moreover, facilities in some provincial jurisdictions have decreased the provision of treatment services due to overcrowding. Third, the narrowing of professional roles of psychologists, coupled with staffing shortages, has also threatened the viability of providing intern and practicum student training. Finally, many proposed administrative and legislative reforms to CSC and the Justice System are potentially worrisome when they are occurring against the backdrop of an inmate population with increasing mental health needs and a concordant need for intensive and specialized services.

(3) Advocacy

Criminal Justice psychologists find themselves in a politicized environment. Advocating for changes in the correctional system, whether addressing effective prisoner rehabilitation or professional issues, is at times perceived as precarious. Criminal Justice psychologists perceive a key role for CPA as an advocacy voice. For example, the collaboration of the CPA Section, Task Force, and CPA Head

Office led to the preparation of a CPA brief for the Senate Standing Committee on Legal and Constitutional Affairs on the omnibus crime bill (Bill C-10). In addition, discussions have been held towards drafting an advocacy response to the federal government's move to introduce a Bill to change Not Criminally Responsible on Account of Mental Disorder (NCRMD) legislation in regards to the commission of violent offenses.

(4) Training Opportunities

Training opportunities have been identified as a critical issue for maintaining psychological services in correctional services. Surveying university departments and internship sites about forensic/correctional psychology training opportunities is a priority and is in a planning phase. There is a need for updated training information sources for students, practicing psychologists and academics.

Criminal Justice Priorities for Future Work:

- ⇒ Correctional/forensic psychology specialty training opportunities are a priority towards meeting supply and demand requirements
- ⇒ Public education and advocacy for topical issues in Corrections (e.g., effective practices for managing and reducing crime, promoting effective offender reintegration, etc.)
- ⇒ Developing specialty guidelines for psychology-law practice
- ⇒ Professional training re: Gladue reports: "Gladue" refers to a 1999 Supreme Court of Canada decision which recognized the need to remedy the overrepresentation of Aboriginal people in prison, the offender's community and a plan that looks at realistic and viable alternatives to prisons re people with mental illness in Corrections
- ⇒ Health administrative issues for psychologists working with Corrections (e.g., confidentiality, consent, privacy etc.).

CPA School Psychology Task Force:

A concerted effort was undertaken to include a geographical national representation of providers of psychology services in schools, as well as university program educators. Members from both the CPA Section of Psychologists in Education and the Canadian Association of School Psychologists participated in discussions.

Overview of School Psychology

Psychology services that are based in schools have a pivotal role in the healthy development of children and youth. School psychologists are involved in promoting a positive school climate for students, teachers and families; prevention of student emotional, behavioural, social and learning problems; assessment, intervention and program planning when problems do arise; as well as crisis intervention and parent/teacher professional development. School psychologists are frequently the link for children and families with other community agencies and professional service providers to ensure collaborative and integrated service delivery.

School Psychology Task Force Progress

The school psychology task force deliberating on several issues impacting on the future of these services, and undertook the following approach towards building consensus:

- ❖ National poll on current status/issues in school psychology in Canada, courtesy of CPA, conducted April to June 2011
- ❖ In March 2012, the Educational and School Psychology Task Force forwarded discussion points to the CPA Board concerning the practice of school psychology: (1) title, educational type/degree (2) supply/demand (3) professional integrity and autonomy.
- ❖ National poll of clinicians and educators December 2012 – January 2013 requesting reaction to the draft policy document

The following summarizes the results of this process, and some of the concerns that have been raised:

(1) Survey of School Psychologists

The 2011 survey received 631 replies from all provinces and the NWT. The following provides a useful profile of Canadian school psychological services:

- 71% are public school board/district employees
- 40% are late career (21+ years)
- 32% are doctoral level; 55% have Master's degrees
- 43% have school psychology or educational psychology training; 31% hold clinical or counseling degrees.
- 68% are licensed/chartered/registered with provincial association.

(2) Supply and Demand for School Psychologists

Due to supply shortages, School Psychology positions are increasingly being filled by other professionals. Oftentimes this involves "role release" to other professionals in the schools when a sufficient number of psychologists are not available to serve the student population. Shortages of psychologists can be traced to a shortage of university training programs.

Supply benchmarks for school psychologists would be useful. The Department of Education in Nova Scotia has set a 1:2500 school psychologist to student ratio as needed to deliver services effectively. In New Brunswick, a ratio of 1:1000 ratio was agreed to in 2007; however this has never been realized. Realizing psychologist to student ratio benchmarks is unlikely to occur from pressure within the school system, and will require collaborative external advocacy.

(3) Recruitment , Retention, and the Erosion of Professional Roles

Psychologists' positions within some school boards have eroded or remain unfilled, due to a number of factors which include poor remuneration as well as low supply (discussed above). The impact is an erosion of professional roles for

psychology. In some jurisdictions, counsellors or teachers are being deployed to do the work of school psychologists, work for which they are not necessarily trained or licensed to specifically provide. Student, family and school access to wellness promotion, comprehensive assessment and treatment of learning difficulties, behaviour and mental health issues. These are areas for which School Psychologists have been uniquely trained, is being eroded.

As with all public service positions, the provincial Department of Education or the employer sets standards of practice. There needs to be clear direction from CPA and the provincial associations to support psychologists in delivering their services in schools in a professional manner consistent with professional standards. This is accomplished best by including School Psychologists in the Provincial regulatory body

(4) Need for Accredited Training Opportunities

There is a shortage of CPA accredited school psychologist programs and internships. At present, only one School Psychology program is CPA accredited, and there are no accredited School Psychology internships. In Canada Psychologists working in schools must be well-prepared to deliver a full range of psycho-educational and mental health services. This argues strongly for a standardized graduate educational program followed in Canadian universities, ensuring that the core competencies expected of psychologists are included in training, and that graduates are governed by the profession as fully licensed/chartered/registered psychologists in their provinces. The best way to accomplish these goals is for School Psychology programs and associated internships to be CPA accredited.

(5) Title, Educational type/Degree

Title for school psychologists vary from school psychologist”, “psychological associate”, “psycho-educational consultant”, and “school psychometrician”, depending on the licensing/chartering/registration regulations within the specific province. This multiplicity of titles, educational levels and registration status among today’s School Psychologists is neither conducive to working towards a

cohesive professional identity, nor to experiencing a sense of belonging to the professional psychology community.

Working towards standardization of title, inclusion within provincial psychology licensing bodies and accrediting university school psychology programs necessarily raises the need to resolve the long standing issue of entry to practice degrees for school psychologists. The School Task Force committee is aware of the national discussion about the deployment of a doctoral standard. At this point, as noted in the survey, the modal school psychologist holds a Masters degree. The status of these Master's graduates as fully qualified psychologists should be ensured, both in respect of title and of restricted acts. Additionally, there is a need to approach realistically the supply issue, as currently it is clear that Canada has a marked shortage of Doctoral programs for School Psychologists. Thus it is unrealistic to meet supply and demand needs without continuing to deploy and recognize Master's level providers. At the same time, there is a need for CPA to advocate strongly for the development of realistic university doctoral practitioner programs such as the PsyD model.

(6) Standards for Professional Practice of School Psychology

Professional Practice Guidelines for School Psychologists in Canada were developed in 2007 by the CPA Section of Psychologists in Education and published on the CPA website. The School Task Force group has considered expanding on this work to meet the need for organizational school guidelines that would address: (a) roles and responsibilities that are unique to psychology in schools; (b) professional preparation to ensure competent practice; (c) supervisory and licensing requirements for psychologists working in public schools in Canada; (d) suggested working conditions and ethical considerations for psychologists working in public schools in Canada: and (e) suggested professional development and ongoing continuing education requirements for psychologists working in public schools in Canada.

School Psychology Priorities for Future Work:

- ⇒ Development of Accredited School Psychology programs and internships in Canada
- ⇒ Recommendations about psychologist to student ratio which pertain to the Canadian context.
- ⇒ Standardization of School Psychologist title
- ⇒ Registration or licensure with professional psychology associations

CPA Health Care and Hospital Psychology Task Force:

Various hospital psychology leaders were initially recruited and helped to launch the health care and hospital Task Force process. The initial Task Force meeting identified a need for an organizational structure for discussion, mentoring, and advocacy, and a proposal for a CPA section emerged. Since the establishment of the CPA Section for Psychologists in Hospital and Health Centers, much of the work of the Task Force has merged with Section activities.

Overview of Health Care and Hospital Psychology

Hospitals have traditionally been a major employer of psychologists. Psychologist roles in hospitals include research and teaching in university affiliated teaching hospitals, assessment, consultation, and treatment. While previously associated primarily with mental health issues, recent growth has expanded into health psychology (e.g., cardiac rehabilitation), clinical neuropsychology, pediatric psychology, forensic psychology, and other specialties. There is a need to advocate for the greater utilization of psychologists in health care into community primary care settings. Hospital psychology has also played a pivotal role in the pre-doctoral internship training of clinical psychologists and neuropsychologists.

Health Care and Hospital Task Force Progress

- (1) Surveys of Hospital Psychologists

Three surveys (Arnett, Martin, Steiner, & Goodman, 1987; Humbke, Brown, Welder, Filion, Dobson & Arnett, 2004; Owens, Wallace, Liu, Newman, Thomas and Dobson, 2013) were conducted that used on hospital psychology. Hospital psychology has continued to grow over the interval of these surveys. The number of hospitals responding to the survey indicating the employment of at least one full time psychologist has grown from 54% in 1987, to 70% in the 2004 survey, to 81% in 2012. The 2012 survey indicated that hospital psychologists:

- *Are primarily full time employees (74%)*
- *Are found in greater concentrations in teaching hospitals; 36.7% of full-time psychologists held formal university academic appointments*
- *Annually train (according to responses from 45 hospitals) 165 practicum students and 160 interns.*

(2) Organizational Issues

The organizational structure of psychologists in hospitals has been variable. In the 1970s a matrix model emerged in many facilities, with professional departments (of psychology, social work, nursing, etc) being identified to provide professional organization and standards, while patient services flowed through medical service departments. This model worked well for psychology, providing professional autonomy and distinct budgets for staffing and training programs (as required for CPA accreditation), but providing services in an integrated interprofessional service model.

In the 1990s, alongside health care budget cuts and downsizing, hospital services began experimenting with a more centralized approach. This approach had two components:

- program management structures, which replaced matrix model structures, and placed all professions under a unified service structure
- regionalization of hospitals in the form of hospital mergers or the formation of regional health care authorities

These changes have created both threats and opportunities to hospital psychology, but significantly have led to the diminishment (or sometimes the demise) of the hospital psychology department structure.

In a recent survey of hospital psychologists (Owens et al. 2012), some vestiges of the matrix model (designated psychology leadership and domains of budgetary control) still remain in place at many facilities, whereas others employ a full programmatic model (i.e., minimal psychology leadership and no budgetary control):

- 24% of hospitals have altered how hospital psychologists are administratively organized over the last five years
- Many hospitals partially or fully maintain a matrix model (39.2%), wherein psychologists have both program and discipline reporting lines and responsibilities; 64.8% of survey respondents indicated that a chief psychologist or professional practice leader for psychology was appointed at their hospital
- 23% of hospitals deploy a full program model in which professions are merged and dissolved into interdisciplinary programs
- 67.3% of hospitals reported psychologists to be part of a formally recognized staff association or union at their hospital

Discussion forums organized by the Task Force at CPA Conventions reveal that many psychologists have considerable concerns regarding the devolution of professional role and identity and the recognition of professional leadership under program management structures.

Thus, as concluded by Owens et al (2012), it would appear that despite some threatening changes over the last 20 years (high profile department closures, loss of specific criteria applied for hospital psychology within Accreditation Canada, and a significant shift to program management), that hospital psychology has largely held its own. Based on CPA Convention town halls held by the Task Force (2011, 2012), this data may underestimate the changes and

threats perceived by hospital psychologists. For example, while matrix model arrangements that recognize a professional component to administration has actually increased during this era of program management, it is likely the case that the budgetary control and practice leadership allocated to professional leaders within the matrix structure has often been curtailed. Nevertheless, this data does remind us that psychologists are more than surviving and have a continued valued role in health care.

(3) Supportive Networks and Mentoring

As noted above, a major initiative stemming from Task Force activities was the identification of the need for an organizational structure to provide hospital psychologists and their leaders with supportive and mentoring networks. It was recommended to the CPA Board of Directors (in November 2011) to establish a **CPA Section of Psychologists in Hospitals and Health Centres**. This was approved and in June 2012 the by-laws of the Section were passed and the Section came into being. The goals of the Section are:

1. Highlighting the distinct roles of psychologists in health care settings.
2. Supporting psychology leadership in hospitals and health care centres and their advocacy for administrative support for psychology practice and research.
3. Improving the quality of psychological practice in hospitals and health care settings through establishing and promoting standards of clinical practice, and promoting practice-based research.
4. Sharing information across Canadian hospitals and health care settings regarding psychological best practice services and the development and deployment of psychologists in health care.
5. Supporting the development of professional training opportunities in hospitals and other health care settings.
6. Promoting professional and public awareness of psychology services in hospitals and health care settings.

The need for professional mentoring is underlined by the immediate success of this new CPA Section for Psychologists in Hospitals and Health Care Centres. It has attracted more than 400 members in its initial 6 months of CPA renewal sign-ups (December 2012 to May 2013).

(4) Hospital Organizational Guidelines

The Task Force, in collaboration with the newly formed Section, has identified the need for developing guidelines for hospital practice. Guidelines can be useful if deployed for both organizational and service provision. The Section of Psychologists in Hospitals and Health Centres has established a committee to explore the development of best practice organization models of psychology services in health care facilities and teaching hospitals. This would include guidelines for optimal:

- Best practice service health care guidelines
- Leadership
- Organizational structure
- Hiring and performance review
- Standards of practice and peer review
- Benchmarks for numbers of psychologists
- Training programs

(5) Supply and demand

Supply issues vary across regions. Overall there is some concern that there is a growing undersupply of hospital psychologists, but this is not currently quantified. Recruitment is awkward as often the only available psychology applicants are new graduates, who are often available at the end of academic training periods, leaving health care psychology positions vacant and vulnerable for extended periods of time (i.e., in some instances these positions are shifted to more readily available alternate professions).

Training models in clinical psychology may need to be reconsidered given the ongoing push for interprofessional training in health care disciplines. Psychology may need to position itself as a central player in interprofessional education, and not be an outlier. Participation in interprofessional activities may require shifting training into teaching hospital and community clinics, with less reliance on stand alone university psychology clinic models.

Health Care and Hospital Psychology Priorities for Future Work:

- Develop guidelines that: (a) protect psychologist roles in hospitals and health centres; (b) support the hiring of psychologists into specific health care programs by identifying “Leading Psychology Practice Guidelines”; and (c) support professional leadership.
- Establishment of a Leadership & Mentorship Committee within the Section to facilitate communication between new Professional Practice Leaders and Senior Mentors.
- Develop a survey for Professional Practice Leaders in order to obtain the number of psychologists working in specific program areas.

Developing Supports for Public Service Psychology

Common themes have emerged in discussions and initiatives across the three constituent Task Force groups. Each of school psychology, criminal justice, and hospital psychology has made extensive contributions to the populations it serves, yet each of these areas need support if access to psychologists in these public domains is to flourish in the future. In attempting to address these issues, each of the three Task Forces has considered:

- Supply and demand issues to ensure adequate services into the future
- Accredited training opportunities

- Networking structures of public sector practitioners to develop consensus and mentoring.
- Organizational guidelines to structures and leadership, professional roles, and best practice guidelines for the deployment of psychologists
- Advocacy regarding public issues, funding, and access

1. Supply and demand issues

The CPA Task Force on the Supply of Psychologists in Canada made its report to the Board of Directors in October 2010. This report noted that “A survey of members of the Council of the Practice Directorate conducted prior to the inaugural council meeting in January 2010 revealed that access/supply and demand issues were the only issues identified as important by all 12 council members.” Each of the public sectors of health, education, and corrections has aspects of a similar access and supply/demand concern.

The supply and demand Task Force encountered much anecdotal evidence that there were psychologist supply issues, but encountered a lack of hard data (Lee & Church, *Strengthening our Discipline and Profession through Understanding the Supply of and Demand for Canadian Psychologists*, Psynopsis, Spring 2009, Vol. 31, No. 2). Understandably, many of this Task Force’s recommendations concerned improved data collection.

The CPA *Task Force on the Future of Publicly Funded Psychology Services in Canada* similarly identified supply and demand as important issues. This was echoed in the discussions of each of these groups. Supply and demand, however, is an interaction of recruitment and retention, rates of graduation, specialized training interests, wages, vacancies, etc. For example, the Correctional Service of Canada has a 30% vacancy rate, but this is a function of low wages that contributes to low application rates of new applicants, and retention issues with existing practitioners who move into the private or other sectors. Mid-career psychologists are rarely attracted to public service positions.

Vacancies exacerbate the tendency for psychological roles to be devolved to other disciplines that are in more plentiful and ready supply. The school system and hospital systems report a very similar problem. For example, a hospital leader noted that long delays in hiring for vacant hospital positions, linked to only attracting new graduates who are only available at the point of graduation, meant explaining delays in filling vacancies when other competitive disciplines were immediately available. The supply and demand shortage is thus experienced not only by vacancy rates, but the inability to take advantage of growth opportunities and the erosion of positions and roles to other disciplines. This is difficult to quantify, but reported anecdotally with sufficient frequency and across each of the sectors, that it clearly represents a concern.

As noted by the Supply and demand Task Force, better data is required but data is only meaningful when it is compared to standards. There is a pressing need to establish benchmarks, such as, identifying ratios of psychologists per population (e.g. psychologists per offender in criminal justice, psychologists/students ratios in schools, etc.)

2. Training of Psychologists

Each of the three sectors experiences frustrations with the current university program output of specialized practitioners, and feels quite disempowered in influencing university program decision making and prioritization. There are concerns about the volume of doctoral professional-practitioner trainees in Canada in all areas of practice, and the slowness of response of Canadian universities to increase the rate of graduation. The perception of the Task Force is that universities, with some exceptions, often implicitly primarily emphasize and reward academic-scientist graduates as the end-product goal of their programs, with professional-practitioner graduates often being a secondary bi-product. This needs to dramatically change for psychology to thrive and survive as a profession.

CPA accredited full year internships are a proven way to immerse students in specialized practitioner training for clinical and neuropsychology. In recent years, however, there has been concern as to whether or not there are a sufficient number of internship positions to match the number of applicants. There is a lack of these opportunities in criminal justice and school psychology. This is certainly likely to be an issue moving forward. Recent years have seen the introduction of criminal justice internships sites, but there remains a shortage of training opportunities. There is an absence of accredited school psychology internships, which is complicated by the majority of university programs being offered at the Master's level.

There clearly and urgently needs to be a coming together of professional practitioner and university program educators. University programs primary societal role is the training of the future cohort of professional practitioners. University programs' need to consider the future specialized training requirements of the profession.

3. Develop mentoring and networking structures for public sector practitioners.

A primary learning experience of the Task Force was discovering the value in organizing practitioners across the country and sharing issues and solutions. Many psychologists felt energized and encouraged by the existence of the Task Force, and of Convention meetings. The first key issue is how to keep this synergistic energy alive and fruitful.

Support to professional leadership in hospitals, school divisions, and prisons are a priority. In the modern era, professional department structures have been diluted or dissolved in favour of multidisciplinary programmatic structures. Distinct professional roles and leadership are often not fully supported. Psychologists need to navigate these changed organizational structures, and need networking supports to help them. CPA can be supportive in several ways:

- Leadership workshops
- CPA portal: share information re databases, organizational structures, benchmarks, services, role descriptions, etc.
- Develop public service practitioner leadership connections through CPA (analogous to CCPPP)

The role of CPA Sections deserves highlighting. The CPA Sections for Criminal Justice and School Psychology have a long history of active membership. Noteworthy, in the area of hospital psychology a major requirement of the work of the Task Force was to establish a corresponding section. Sections within CPA are “the primary agents through which the particular and special needs of members are met and interests are served“(CPA BY-LAW VII – SECTIONS). Thus appropriately, at various points the activities of this Task Force has usefully blurred its efforts within the corresponding CPA sections in Criminal Justice, Education, and Hospitals and Health Centres. The timing of Task Force meetings were in several instances coordinated with Section business meetings at the CPA Convention.

4. Organizational Guidelines

Several discussions have been held within the Task Force concerning the utility of establishing guidelines for organizational structures. This would allow leaders in hospitals, schools, and prisons to point to professional guidelines rather than be seen as advocating for themselves. Institutions such as hospitals, schools, and prisons, are sometimes sensitive to meeting external standards. It is increasingly recognized that guidelines can be powerful tools.

Organizational standards can be developed that recommend:

- Models of leadership
- Staff certification
- Hiring
- Job descriptions

- Continuing education
- Benchmarks regarding the need for psychologists
- Best practice guidelines in specific populations

Steps in this direction have been taken by the School Psychology and Hospital and Health Centre Task Force Groups (e.g., The CPA Section for Psychologists in Hospital and Health Centres has an active committee charged with developing these guidelines).

5. Advocacy strategy regarding public issues, funding, and access

The Task Force discussions and CPA Convention meetings have highlighted the need for advocacy. Advocacy is required internally to the profession, such as for training based supply and demand issues discussed above. Advocacy networking and organizational strategies are required to ensure that access to psychology in public services remains a reality and viable.

The issue of the funding of public service psychology is an obvious issue, but one on which neither CPA nor the provinces have taken a policy position. Psychology is excluded from the Canada Health Act, and none of the provinces have utilized provision of the Canada Health Act to explicitly fund access to psychology. Other models of public funding, such as has occurred in the Britain and Australia bear examination.

While the CPA Practice Directorate (which is constituted by provincial/territorial associations) was developed in 2009 and positioned for the purpose of practitioner advocacy. It can again be noted CPA Sections are well positioned to make a strong contribution. CPA Sections are empowered by CPA to be active in advocacy. CPA By-Laws define Sectional powers as follows:

A Section shall have the power to initiate and undertake activities of relevance to its members, to draft position papers on topics of relevance to the Section, to initiate policy statements in areas of expertise and to organize meetings within CPA.

Furthermore, CPA Sections have access, within its membership, to a major resource of professional expertise and experience. Towards harnessing this Sectional resource, Dr Cohen, CPA CEO, recommended to the Task Force the establishment of Policy and Issues Committees within each of the CPA Sections of Psychologists in Education, Psychologists in Hospitals and Health Centres, and Criminal Justice Psychologists. Policy and Issues Committees would be structured as standing committees within each Section. The mandate of these committees would be to develop and initiate public service policy initiatives (e.g., position papers) in collaboration with CPA Head Office. Data is required to lobby governments (e.g., surveys). Sectional Policy and Issues Committees, working with the CPA CEO, would resource and focus the efforts of experts in each professional area (school, criminal justice, health) towards enhancing the discipline and addressing the issues.

Carrying this work forward?

The Task Force process over the past 3 years is instructive. The Task Force has been a spring board for empowering CPA member groups and their respective Sections to focus their concerns and efforts, and work directly with CPA Head Office on a variety of initiatives. The legacy of the CPA Task Force on the Future of Publicly Funded Psychology Services in Canada may lie primarily with enhancing the foundations for future advocacy.

Historically, publicly funded practitioners have typically not needed support nor sought it. In some cases, publicly funded psychological practice has had to fend for itself with minimal support from professional associations. Much attention is provided (e.g., by some provincial/territorial associations) to private practice issues, and nationally to research and academic issues. The needs of publicly funded psychological practice have changed dramatically, and it is timely for all national and provincial/territorial associations to be acutely aware of the need to support this resource. It needs to be stressed that employees of prisons, schools, and hospitals are not generally permitted to lobby and advocate for themselves,

and require organizations such as CPA, the Practice Directorate, and provincial/territorial associations to step in on their behalf.

The key will be keeping public domain professional issues at the forefront of discussions, and linking efforts together. It is from this perspective that the last step of the formal Task Force is the consideration of CPA structures and organizational linkages. Professional associations can put in place long term structural supports that will allow the psychologists in the public sector to collaborate and advocate.

CPA is uniquely placed to provide the linkage required to focus the efforts by and for publicly funded psychologists. The current CPA infrastructure includes:

- CPA Sections for each of “psychologists in” education, criminal justice and health care provide networking for practitioners
- The CPA Professional Affairs Committee provides a forum between practitioner-based Sections
- CPA Practice Directorate, whose Council of the Practice Directorate is uniquely constituted by provincial/territorial associations, key to any lobbying efforts on a provincial/territorial level (which is important as most funding and regulation is provincial/territorial, especially for health and education)

The Task Force also recognizes the importance of other CPA initiatives as part of the future of publicly funded services. In particular, this report should be read as emphasizing the importance and timeliness of the following initiatives:

An Imperative for Change: Access to Psychological Services for Canada (CPA, 2013). This report, commissioned by CPA Management from a health economist, provides an independent assessment of funding for access to psychological services. This report notes that “Canada has fallen behind other countries such as the United Kingdom, Australia, the Netherlands, and Finland who have launched mental health initiatives which include covering the services of psychologists through public health

systems”, (Karen Cohen, May 2, 2013 press conference). This report suggests the following models be considered.

- ✚ Adapt the United Kingdom’s publicly funded model for Improved Access to Psychological Therapies (IAPT) in the provinces and territories.
- ✚ Integrate psychologists on primary care teams.
- ✚ Include psychologists on specialist care teams in secondary and tertiary care facilities for health and mental health conditions.
- ✚ Expand private insurance coverage and promote employer support for psychological services

CPA Need, Supply, Demand Summit (November 2013) Initiated by CPA Professional Affairs, with input from the science, practice and education sectors, this summit furthers the work of the previous CPA Supply and Demand Task Force (2008-2010). CPA Section Chairs and other key stakeholders were invited to participate in discussions towards developing specific projects that can be undertaken by the psychology community.

These initiatives underscore that that the future of psychology practice and access to these services can only be secured if the utmost priority is attached to the intersecting issues of: (a) public funding models for access to psychology: (b) training adequate numbers of psychologists, and (c) providing accredited training experiences such as through internships in school psychology, prisons, and both traditional mental and specialized health areas.