



CANADIAN
PSYCHOLOGICAL
ASSOCIATION

SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

ABOUT THE CPA

The CPA is the national voice for the science, practice, and education of psychology in Canada. With more than 7,000 members and affiliates, the CPA is Canada's largest association for psychology and represents psychologists in public and private practice, private industry, academia, and research, as well as students.

VISION

A society where understanding of diverse human needs, behaviours and aspirations drive legislation, policies and programs for individuals, organizations and communities.

MISSION

Advancing research, knowledge, and the application of psychology in the service of society through advocacy, support, and collaboration.

FOR MORE INFORMATION

PLEASE VISIT OUR WEBSITE AT [WWW.CPA.CA](http://www.cpa.ca)

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Our Respondents

A total of 2,339 people responded to the survey, of which 1,895 or 81% were a member, affiliate, or associate of the CPA, and 444 (19%) were non-members. With 7,460 members in 2022, this represented a response rate of 25.4% (Figure 1).

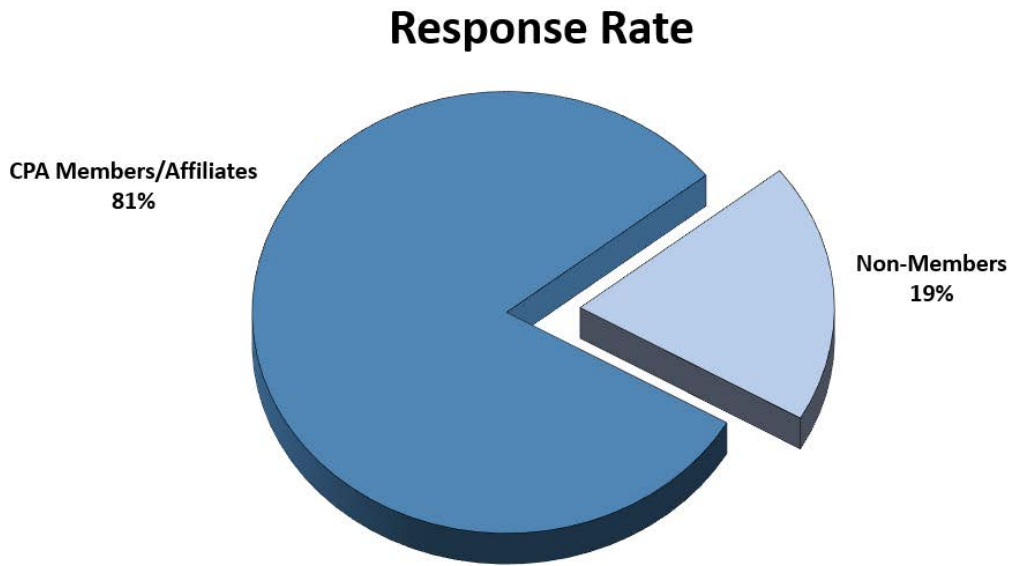


Figure 1. Total number of survey responses. N=2,339

Age and Gender

Twenty-one percent (21%) of respondents were between 35-44 years, 20% were between 25-34 years old, 19% were between 45-54 years of age, 17% were between 55-64 years old, 10% were between 65-75 years old, 5% were under 24 and 4% were 75 and over. 4% did not provide an answer (Figure 2).

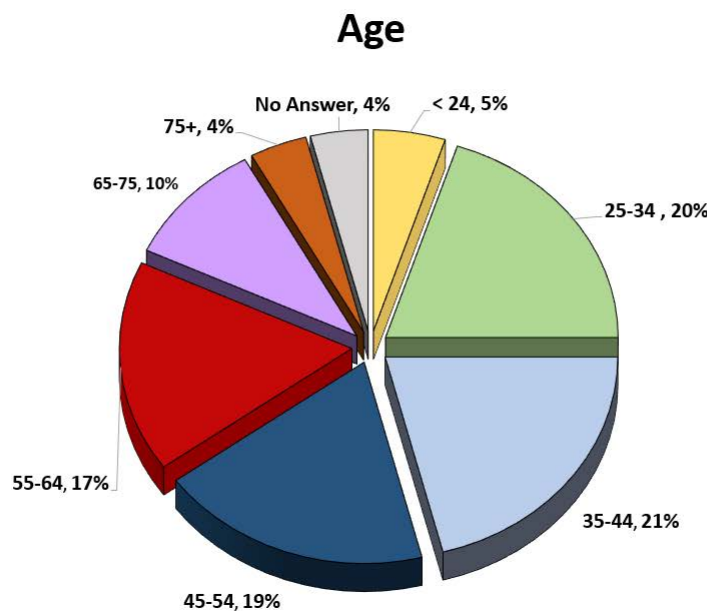


Figure 2. Survey Age Question: Please indicate your age range. N=1,771

In terms of gender identity, 74% of respondents identified as a woman (cis-gendered female), and 18% identified as a man (cis-gendered male). The remaining 8% were captured by the categories of transgender man (0.2%), gender diverse/non-binary (1.2%), two-spirit (0.1%) or other/did not provide an answer (7%) (Figure 3).

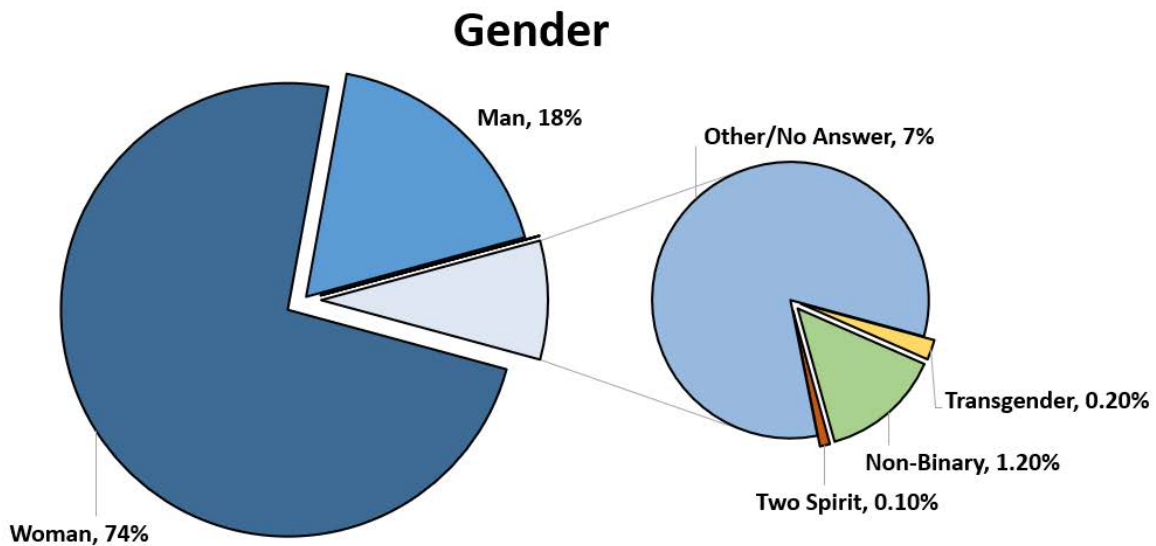


Figure 3. Survey Gender Question: To which do you most identify? N=1,771

Psychology Identity

Respondents were asked to identify their primary psychology identity. More than four in ten were practitioners (44%), followed by students (19%), scientist practitioners (10%), scientist-practitioner-educators (6%), practitioner-educator (4%), scientist-educator (4%), psychological associate (2%), scientist (2%), educator (2%), and consultant (1%). 5% provided no answer (Figure 4).

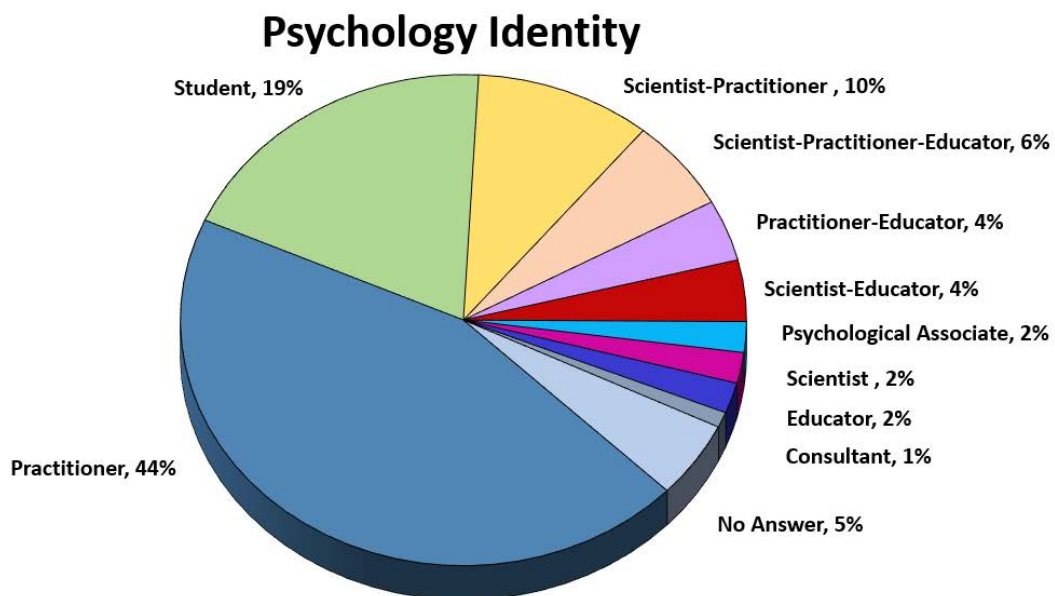


Figure 4. Survey question: What is your primary psychology identity? N=2,180

The majority of respondents had a Ph.D. (52%), followed by a Master's degree (28%), Bachelor's degree (9%), Psy.D. (5%) and Ed.D. (1%). Five percent (5%) did not provide an answer (Figure 5).

Psychology Identity - Education

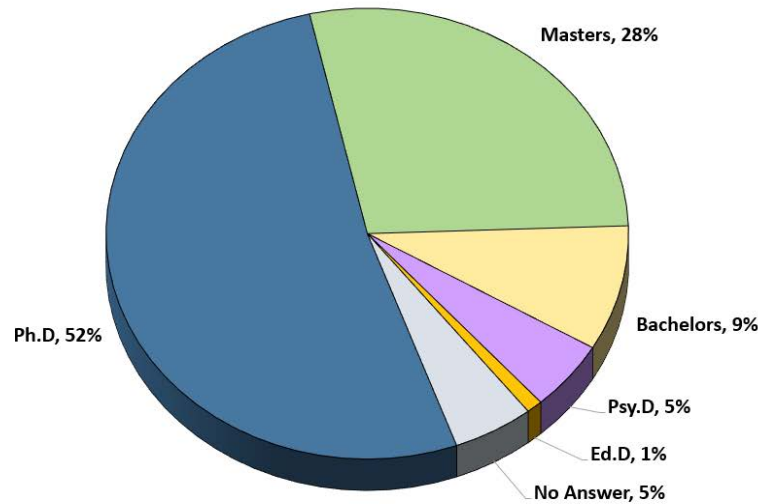


Figure 5. Survey question: What is the highest degree you have completed? N=1,771

Twenty-four percent (24%) of respondents were early career (1-10 years since earning highest degree), 20% were mid-career (11-20 years since earning highest degree), 18% were students, 18% were senior career (21-30 years since earning highest degree), and 13% were late senior career (31 or more years since earning highest degree). Three percent (3%) were retired, and 4% provided no answer (Figure 6).

Psychology Identity – Career Stage

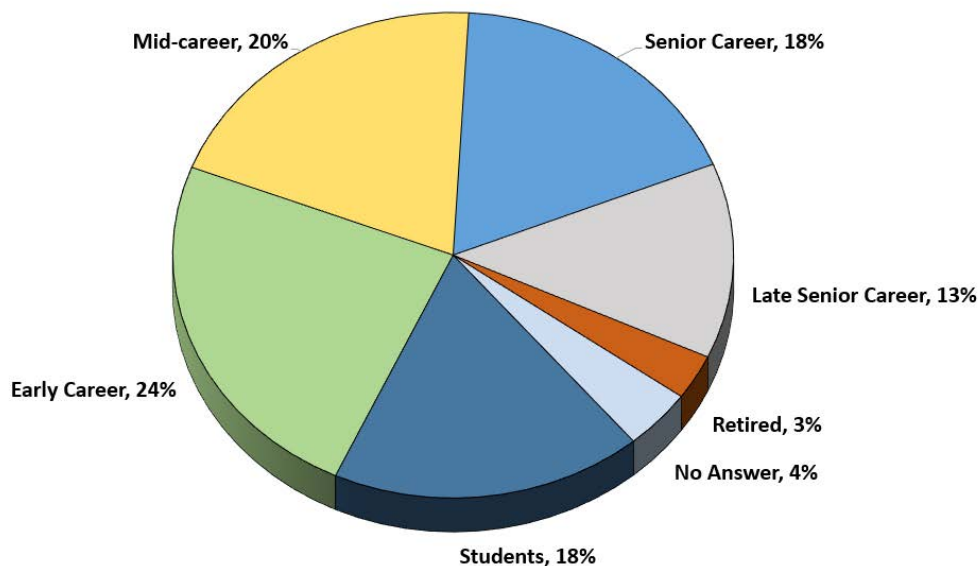


Figure 6. Survey question: At what stage of career do you consider yourself? N=1,771

Professional Area(s) of Focus

Respondents were asked to identify their professional area(s) of focus in practice and/or research. The professional areas that represented 10% or more of respondents were: (1) clinical psychology (63%), (2) counselling psychology (24%), (3) traumatic stress (19%), (4) educational and school psychology (17%), (5) health psychology and behavioral medicine (16%), (6) developmental psychology (12%), and (7) clinical neuropsychology (10%) (Figure 7). The remaining categories had 8% or fewer respondents each.

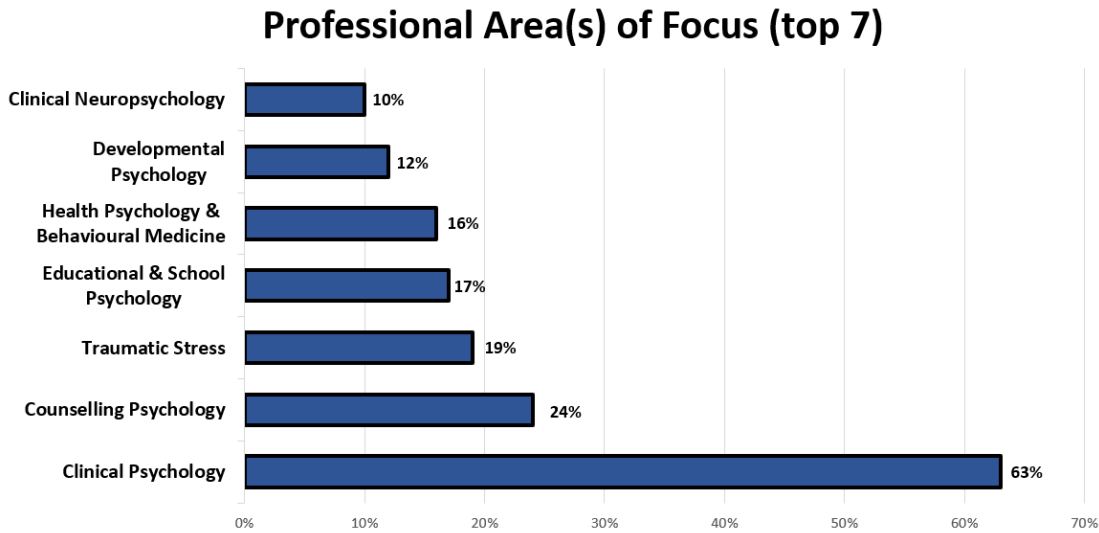


Figure 7. Survey question: *What is your professional area(s) of focus (practice and/or research)?*

Work Setting and Location

Most respondents worked primarily in private practice (37%) while others worked at/in a university/college (25%), school (10%), hospital (9%), community-based organization (3%), primary health care setting (3%), research setting (7%), corrections/criminal justice setting (2%), government organization (2%), corporate sector/private industry (1%), not-for-profit organization (1%), and with the military or veterans (1%). 4% provided no answer (Figure 8).

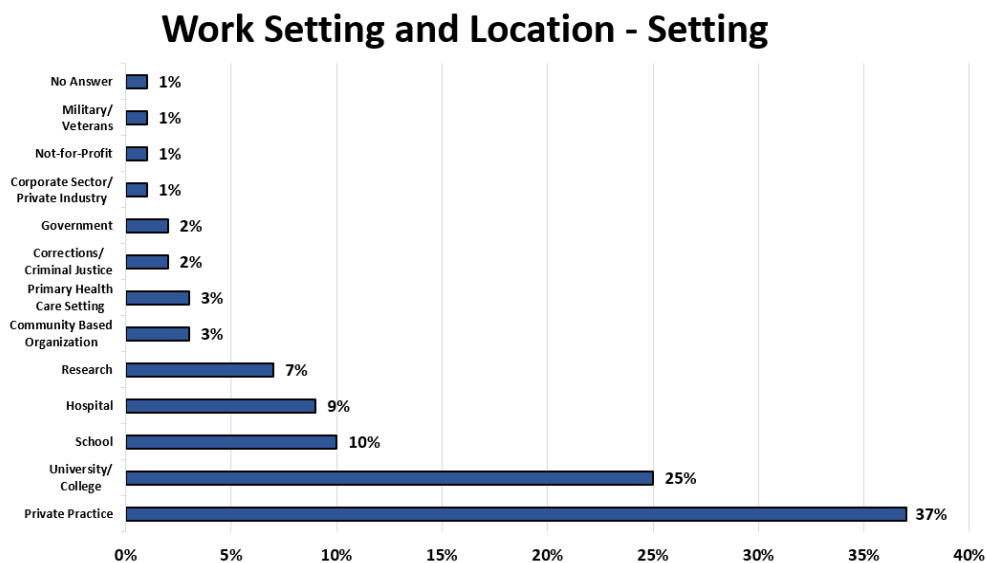


Figure 8. Survey question: *Please identify your primary place of employment or study. N=1,771*

Most respondents worked in Ontario (44%), whereas others worked in Alberta (15%), British Columbia (14%), Nova Scotia (5%), New Brunswick (5%), Manitoba (5%), Saskatchewan (4%), Quebec (4%), Newfoundland (3%), Prince Edward Island (1%) and the territories had fewer than 1% represented in this survey. 3% provided no answer (Figure 9).

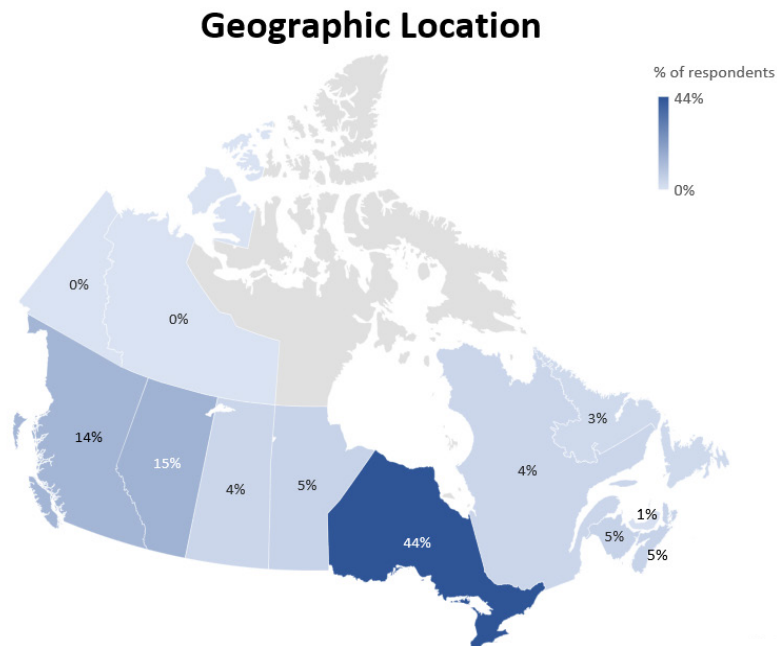


Figure 9. Geographic Survey question: Province or territory in which you primarily work. N=1,771

Thirty-six percent (36%) percent of respondents worked in a large urban centre (over 1 million residents), 39% worked in a large city (100,000 to 1 million residents), 13% worked in a small city (25,000 to 99,999 residents) and 7% worked in a small town (fewer than 25,000 residents). 1% worked in remote communities and 4% provided no answer (Figure 10).

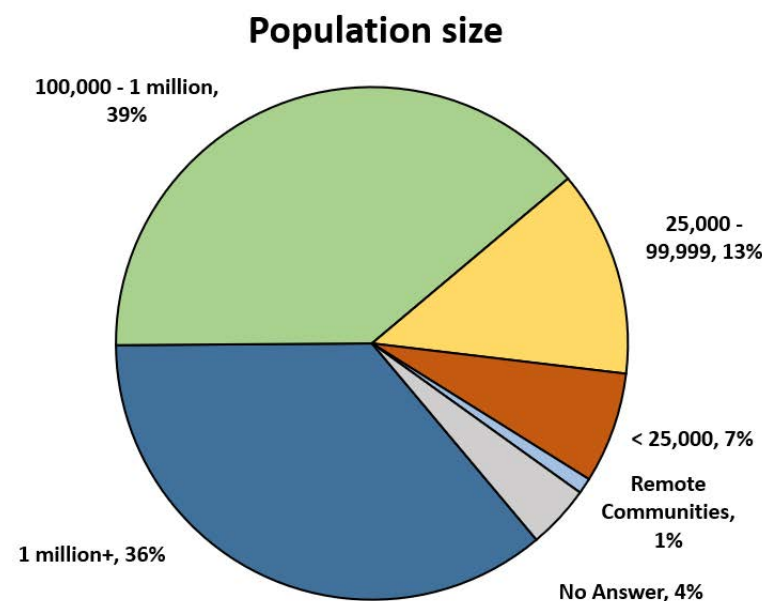


Figure 10. Population Size Survey question: How would you describe the geographic region in which you reside? N=1771

Hours Worked and Work Activities

We also asked all participants how many hours per week they worked as well as the hourly breakdown of various activities spent in a week. On average, respondents worked 40 hours per week. Not all participants answered the question breaking down amount of time spent on various activities, which caused a discrepancy between the overall average and the total hours reported for each activity. Therefore, we are reporting the work activity breakdown as a percentage of what was reported. For those who responded to the hours spent, respondents spent an average of 14% of their time on administrative activities, 31% of their time on clinical service, 8% of their time on consulting, 17% of their time on research, 12% of their time on study/education, 9% of their time on teaching, and 9% of their time on other activities not listed (Figure 11).

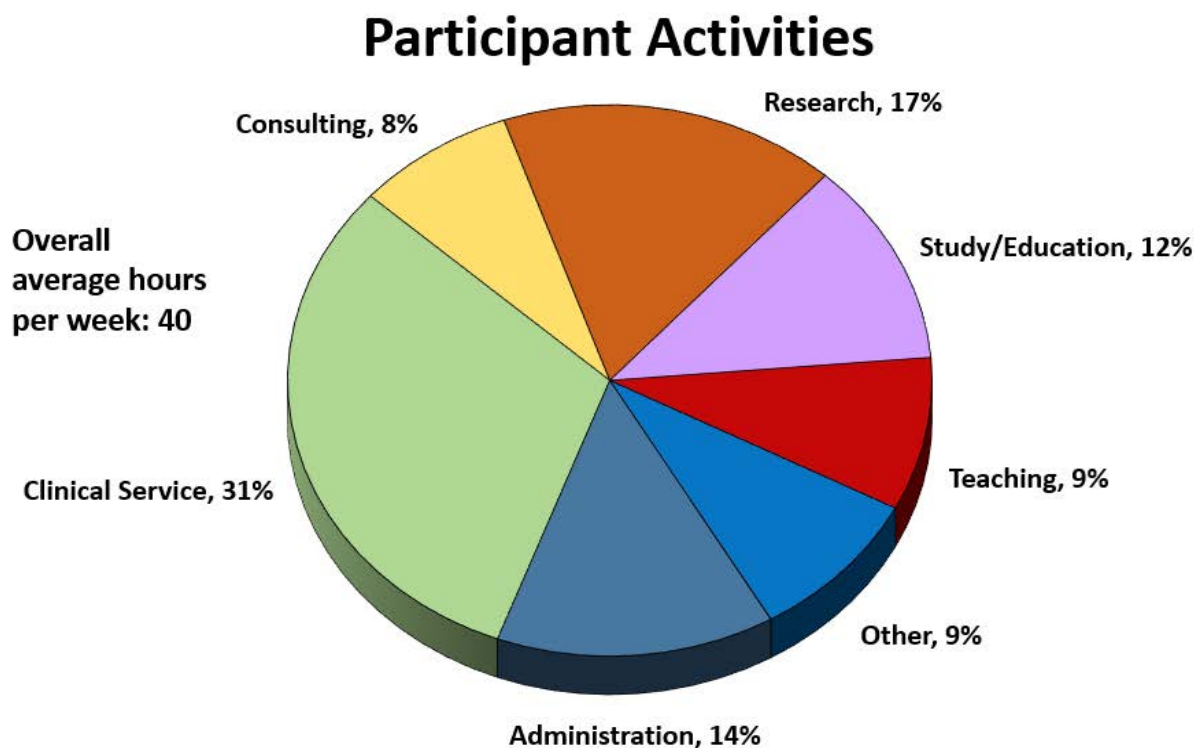
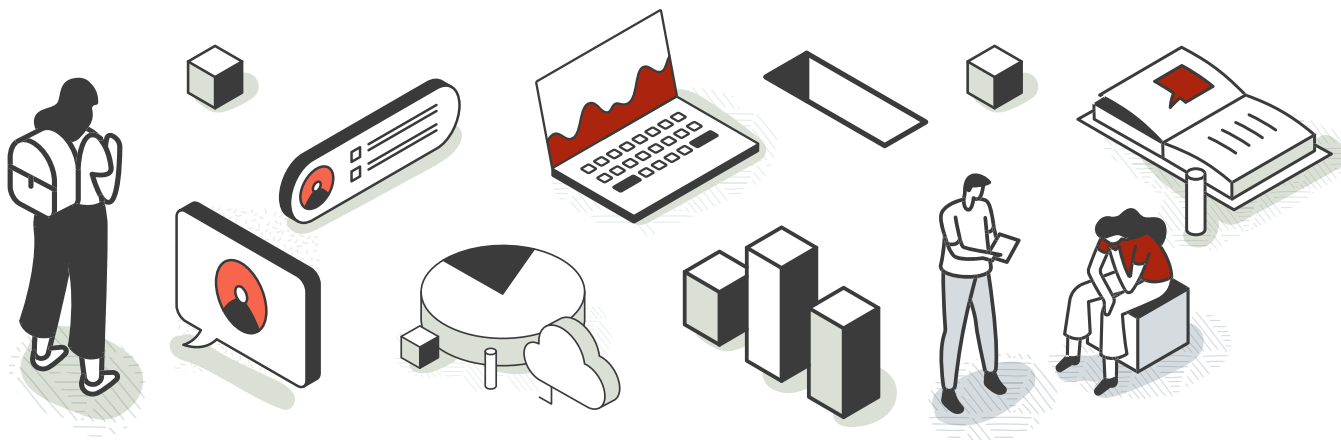


Figure 11. Survey question: How many hours in an average week do you usually spend on the following activities?



Language

Most respondents reported studying or conducting most of their work in English (89%); 6% conducted their professional activities in both English and French, and only 1% conducted their work exclusively in French, or another language. 3% provided no answer (Figure 12).

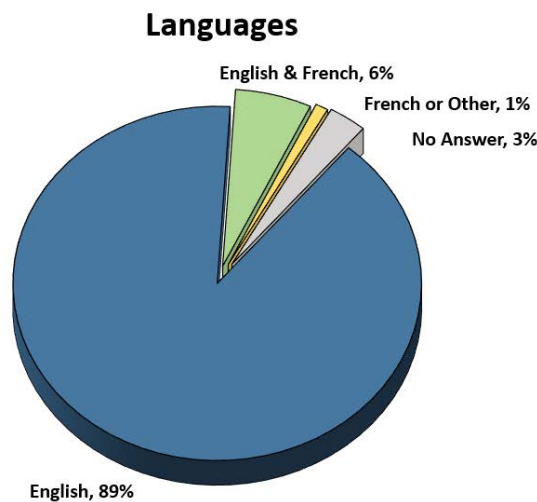


Figure 12. Language Survey question: *In what language do you study or conduct most of your work in the field of Psychology?* N=1,771

Practitioners

Practitioners, Scientist-Practitioners, Practitioner-Educators, Scientist-Practitioner-Educators, and Psychological Associates (herby referred to as “Practitioners”, N=1468) were asked questions regarding their work activities in the following section unless otherwise specified.

Population Served

The majority of Practitioners served adults 18-64 years old (78%), followed by adolescents 13-18 years old (55%), children 5 to 12 years old (42%), adults over 64 years old (41%), families (25%), children under 5 years old (20%), couples (19%) and non-familial groups (16%). For 5% of respondents, the categories were not applicable, or they did not respond (Figure 13).

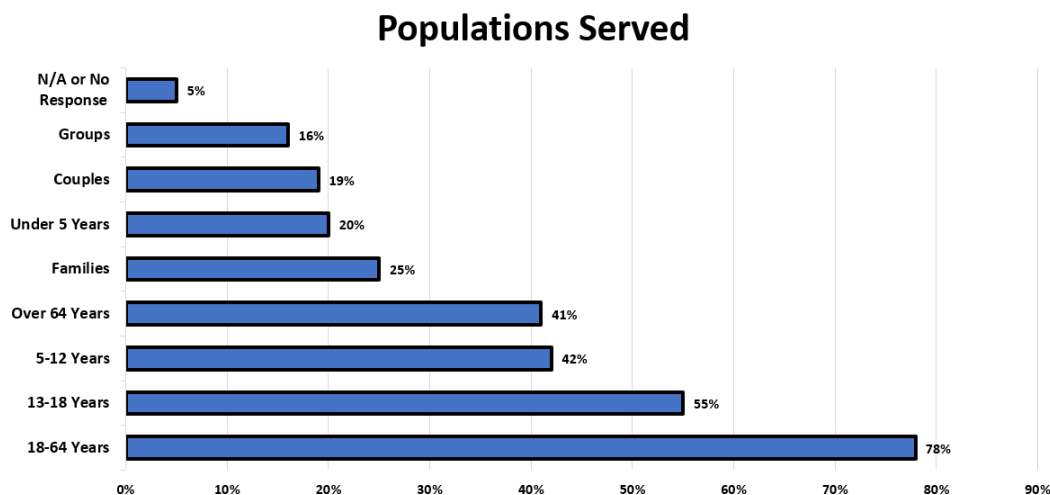


Figure 13. Survey question: *What populations do you serve?the field of Psychology?* N=1,771

Work Activities

Those who identified as a Practitioner only made up the largest group of survey respondents (N=958). They reported working an average of 38 hours per week. Not all participants answered the question breaking down amount of time spent on various activities, which caused a discrepancy between the overall average and the total hours reported for each activity. Therefore, we are reporting the work activity breakdown as a percentage of what was reported. They spent 17% of their time on administrative activities per week, 48% of hours per week on clinical service, 12% of working time on consulting, 4% of their time on research, 6% on study/education, 4% of their time per week on teaching, and 9% of their working time per week on other activities (Figure 14).

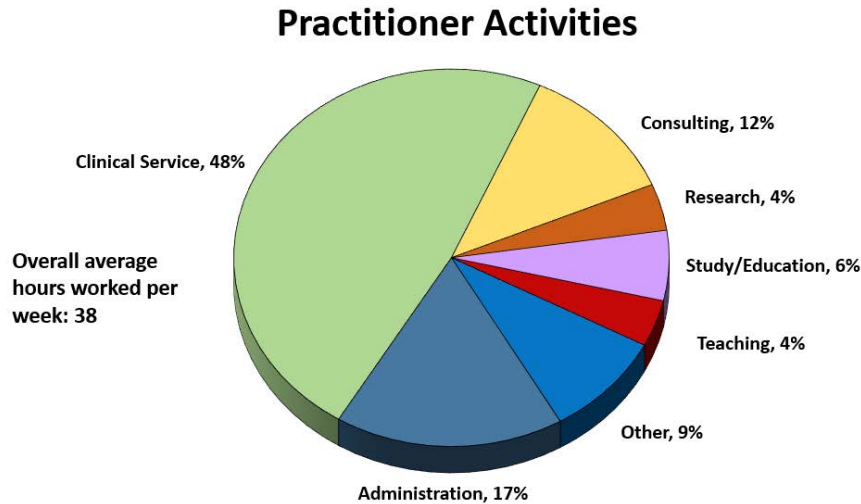


Figure 14. Survey question: How many hours in an average week do you usually spend on the following activities? N=958

Number of Jurisdictions

Eighty-five percent (85%) of Practitioners worked in only one province, territory, or jurisdiction, whereas 13% worked in more than one province. One percent (1%) did not provide an answer (Figure 15).

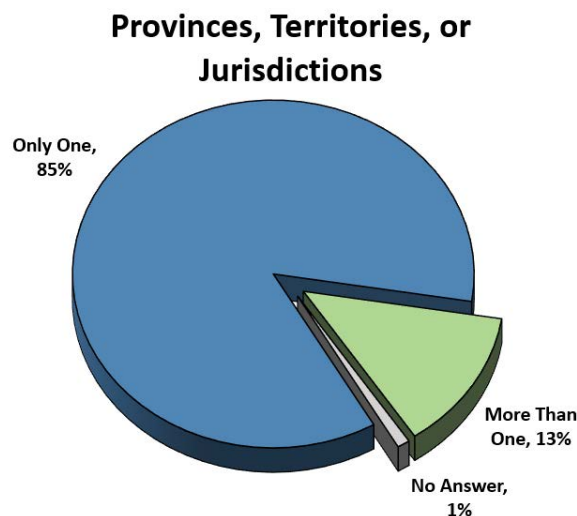


Figure 15. Jurisdiction Survey question: Do you work in more than one province/territory/jurisdiction? N=1,222

Hourly Rates

When we asked Practitioners about their hourly rate in providing care, 13% charged \$190 or less, 42% charged between \$190-\$225, 17% charged in between \$225-\$250, 5% charged more than \$250 and 23% stated that it was not applicable. (Figure 16).

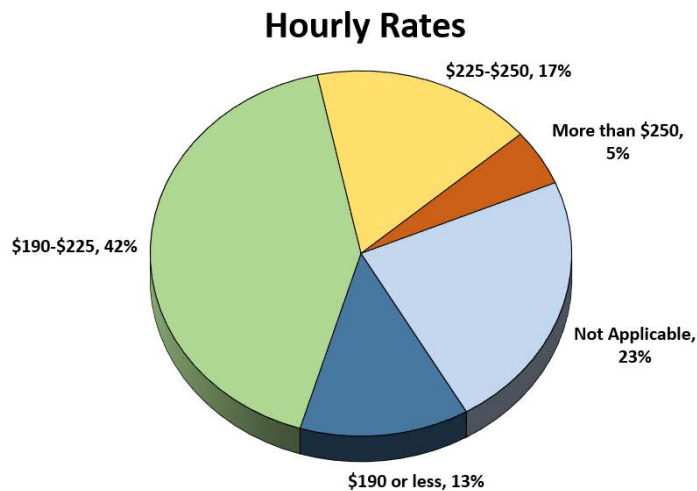


Figure 16. Rate survey question: What do you/your practice generally charge for hourly treatment services? N=1,222

Overhead

Practitioners were asked what percentage of their gross professional income goes towards expenses related to running their practice. Of the 529 respondents who answered and indicated that this question was applicable to them, 25% said that between 0-19% of their gross income goes to covering practice expenses, 46% said it was between 20-39%, 19% said it was between 40-59%, 6% said it was between 60-79%, and 4% indicated it was over 80%. Overall, the average amount of respondents' gross income that goes to covering practice expenses was 33% (Figure 17).

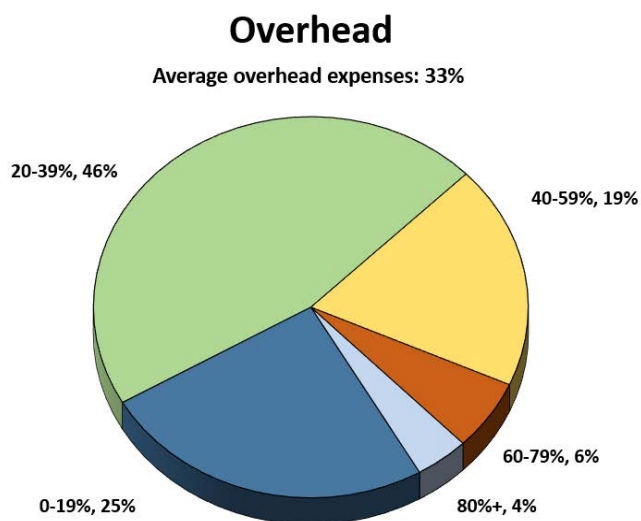


Figure 17. Overhead survey question: What percentage of your gross professional income goes towards expenses related to running your practice (e.g., staff, leases/rent/mortgage, equipment leasing/rental, personal benefits, insurance, vehicle costs, professional fees, continuing education, etc.)? N=529

Access to Care

Demand for psychological services

When we asked Practitioners to rate the demand for psychological services in their geographical region, 76% said there was very high demand, 19% said there was moderately high demand; 3% said there was average demand with no respondents indicating the demand was low/very low (Figure 18).

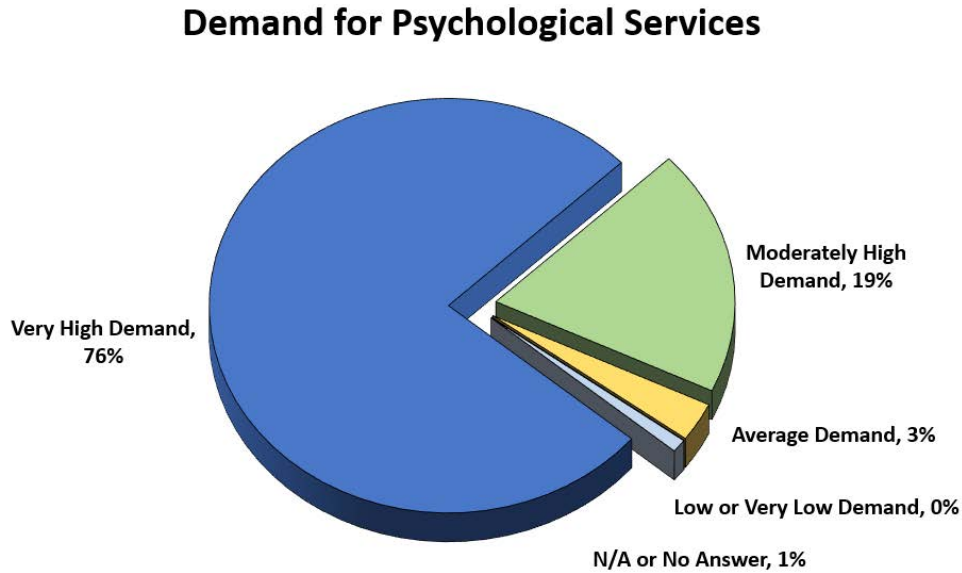


Figure 18. Survey question: *In general, how would you rate the demand for psychological services in your geographic area?* N=1,222

Wait Lists

Fifty-four percent (53%) of Practitioners said they maintained a wait list while 17% reported not maintaining a wait list; 10% said they are not taking new clients, while 7% said they could accept new clients immediately upon referral (Figure 19).

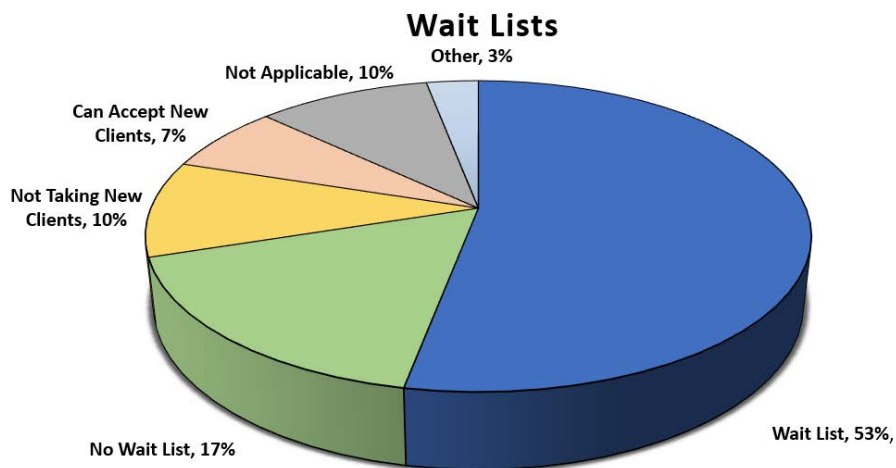


Figure 19. Wait list survey question: *Do you/your practice maintain a wait list?* N=1,222

Wait Times

When asked about the length of their wait list, 14% of Practitioners reported a wait list of one month or less, 38% reported 2-5 months, 19% reported 6-9 months, 7% reported 10-12 months, and 10% reported a wait list of over a year. (Figure 20).

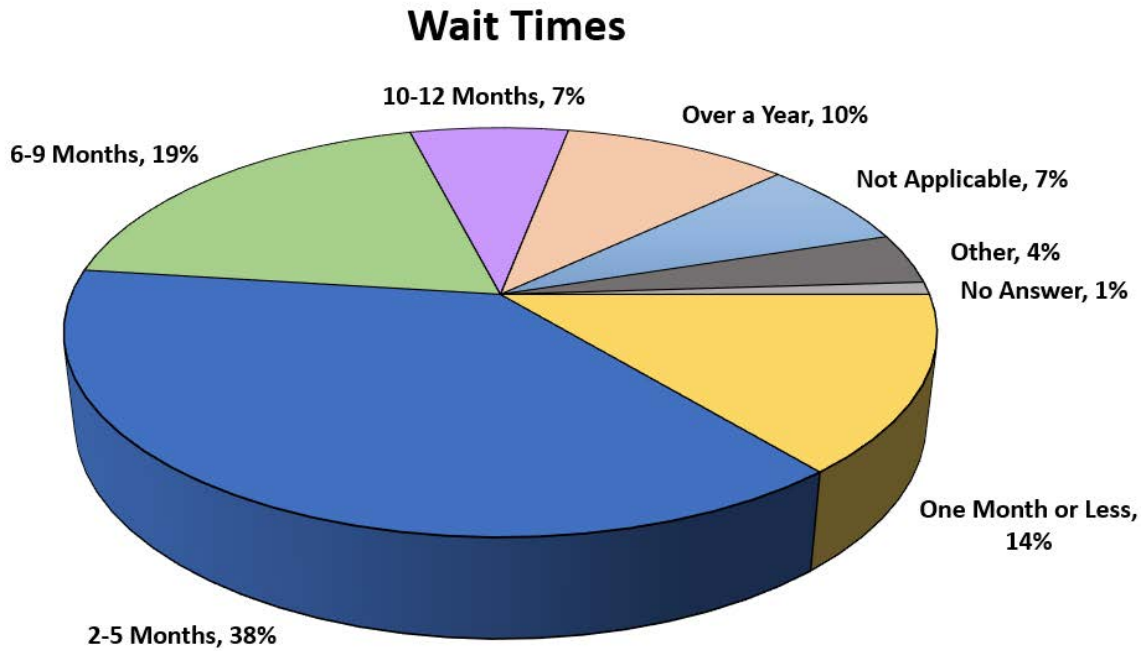
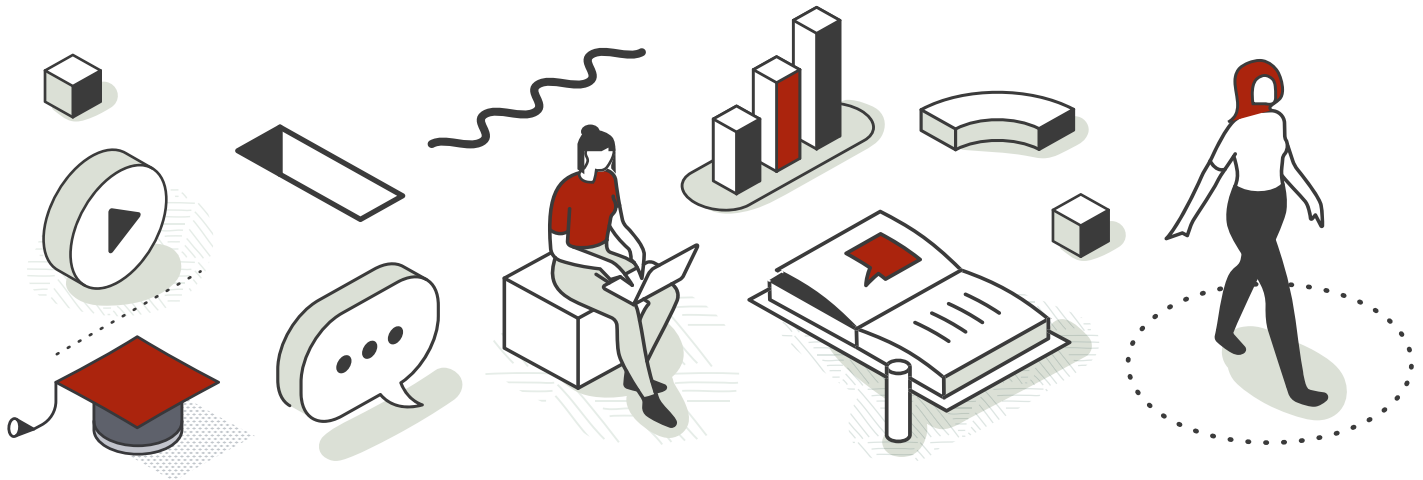


Figure 20. Wait time survey question: *On average, how long is your wait list?* N=737



Health Policy – Where Do You Stand?

All respondents were asked the following health policy questions about funding of psychological services, supply of psychologists, the COVID-19 pandemic on their well-being, virtual care, national licensure, psychologists' title, scope of practice, medical assistance in dying and psychological research.



Funding of Psychological Services

Eighty-nine percent (89%) of respondents strongly agreed/agreed that psychological services should be publicly funded (i.e., covered by provincial/territorial health plans), 7% were undecided, 2% strongly disagreed/disagreed with 2% providing no answer (Figure 21).

Public Funding for Psychological Services

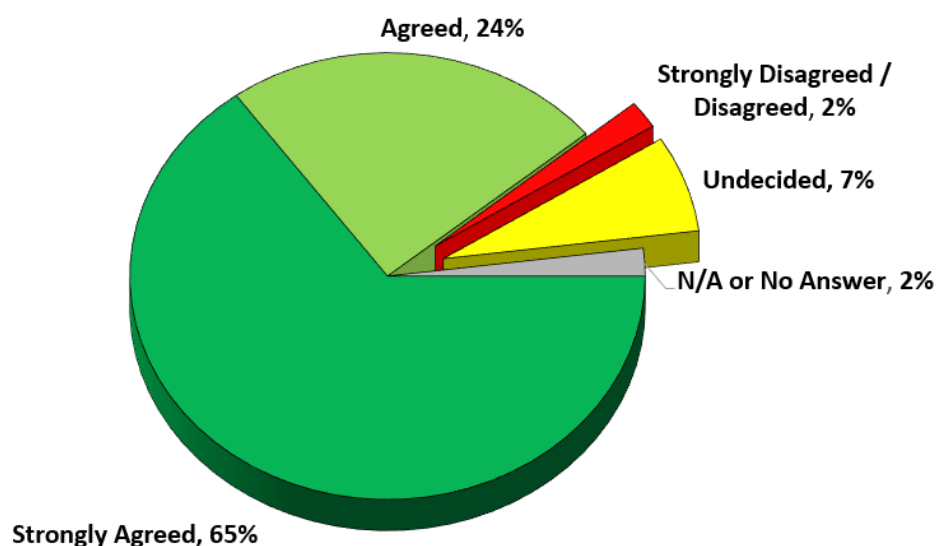


Figure 21. Survey question: *Psychological services should be publicly funded?* N=1,944

Twenty-five percent (25%) of respondents said that public coverage of psychological services would have a very positive impact on their practice and 21% said it would be slightly positive. Nine percent (9%) reported that they believe public coverage would be slightly negative and 3% thought it would have a very negative impact on their practice. Twenty percent (20%) said it would have no impact on their practice (Figure 23).

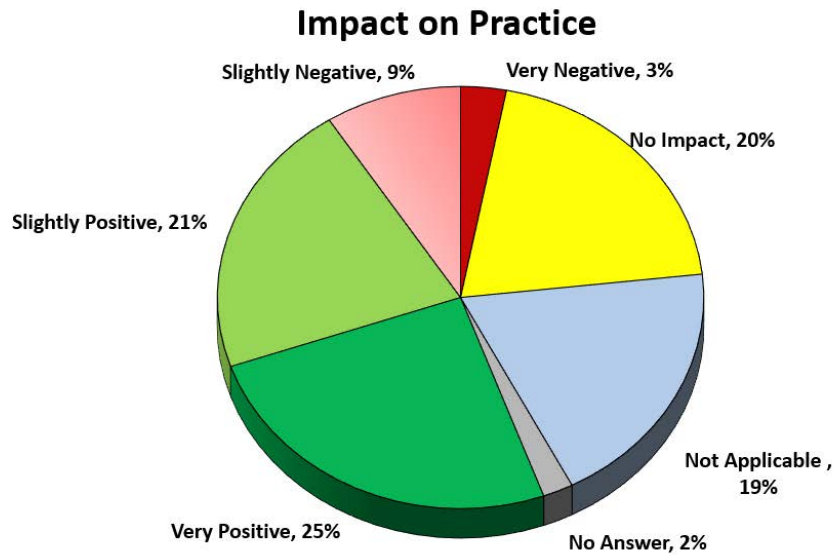


Figure 23. Impact on practice question: *If psychological services are covered by provincial/territorial health plans (Medicare), how do you see this impacting your practice?* N=1,944

Seventy-four percent (74%) of respondents believe public coverage of psychological services would have a very positive impact on the public and 17% of respondents believe it would be slightly positive. Only 2% thought it would have a slightly negative or very negative impact and 2% said it would have no impact on the public (Figure 24).

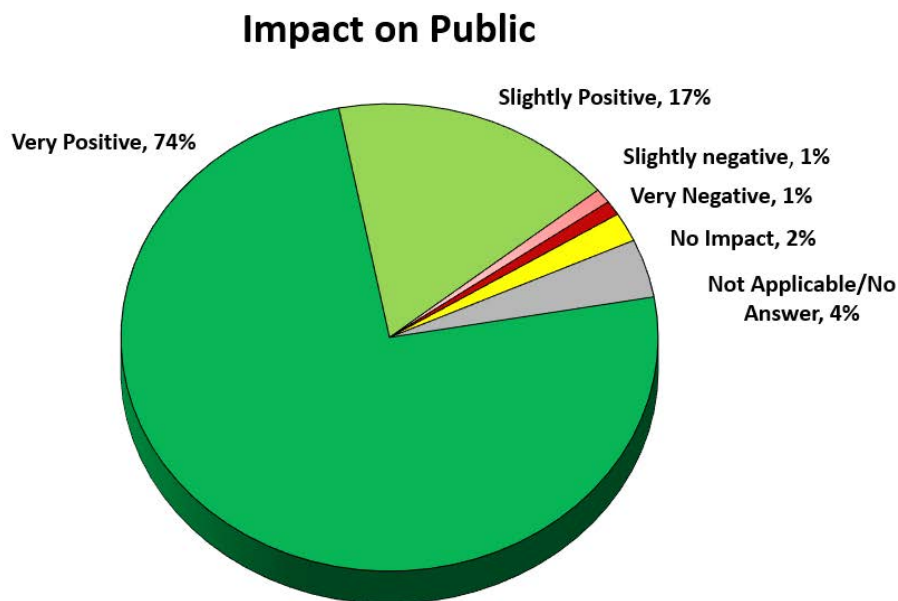


Figure 24. Impact on public survey question: *If psychological services are covered by provincial/territorial health plans (Medicare), how do you see this impacting the public?* N=1,944

Respondents were asked to elaborate on their opinion about the potential impact of Medicare on the public and on their psychological practice. For those who felt public coverage was positive, the following themes were identified:

(1) Increased access to mental health services, particularly for underserved populations

"I would be able to reach individuals with higher needs and lower resources. It increases the possibility to work in preventative care in higher-risk populations."

(2) Improvement to public health

"I suspect it would have the following benefits: 1) decrease the burden on family physicians who often defacto become the only mental health treatment providers for many people (i.e., patients who can't afford psychology services) which, in turn, also 2) might reduce the reliance on medications as being the only/primary treatment for many mental health concerns (especially when medications alone are known to not be as effective as therapy, or a combination of medications and therapy would be most indicated), 3) would provide access to services currently inaccessible to many people, which, in turn, 4) improves the quality of life of the individuals receiving the services and, indirectly, the lives of the people around them, improve people's efficiency at work, decrease "presentee-ism", decrease rates of suicide, family violence, substance use, etc... In general, I suspect most of the rationale for covering physical health services (including psychiatry services) would apply to the covering of psychological services."

(3) More jobs and clients

"I already work in the public system. If all people were able to have access to psychology services through public funds, then the disparity between public and private access would be greatly lessened, and recruitment in to specialty health services would be less difficult. Theoretically that should, in turn, improve staffing and morale."

"Increased opportunity to work with individuals with a range of backgrounds, presenting needs, and severity of concerns. This would likely necessitate and, ideally lead to, greater practitioner knowledge and competence to support a range of client concerns and needs."

(4) Relief to the existing public system

"As a practitioner within a publicly-funded healthcare system, I anticipate a reduction in the burden of services on the healthcare system because clients will be able to access a variety of other psychologist providers without needing to be in the privileged financial position to pay for services independently or through their employment benefits."

Although many respondents felt that public funding for psychological services is positive, respondents expressed some concerns in their written responses:

(1) Compensation concerns

"It will be great to see greater access to service. I worry about public funding for service fees that will be commensurate with our level of education and training, with the possible consequence of declining educational standards within the profession."

(2) Supply of psychologists an issue

"Very positive, but only if the public can actually access care. We also need to train more psychologists, which graduate programs which have limited enrollment and are ridiculously competitive make hard to do. Everyone deserves mental health care - we need to do something to ensure it's accessible to those who need it the most."

(3) More administrative burden for psychologists

"More bureaucracy to deal with, likely limits on fee and number of sessions, intrusiveness into clients lives. Managed care is not as great as it sounds for the above reasons."

(4) More vacancies in the public sector

"I am worried that we will lose clinicians in the public health system, which is where we do the majority of training and supervision of new psychologists."

(5) Lowered client engagement in treatment with 'free' care

"There is research based evidence to suggest that individuals benefit more from psychological services when they have to pay for the services. In my clinical practice over the last 30 years I've observed support for this. I've had clients who paid 100% out of pocket, clients who had a co-pay with insurance, and clients [who] were 100% covered by way of federal programs (e.g., Veteran's Affairs and First Nations Inuit Health). People who have had to pay fully out-of-pocket tend to work on their issues between sessions and get the most out of therapy in the shortest period of time. People who have a co-pay also use therapy efficiently but not quite so much as those who have to pay 100%. More often than not, people who have 100% coverage tend to do very little work on themselves between sessions and often benefit only marginally or not at all from psychological services. If psychological services were paid for by healthcare dollars, I suspect we will not get much bang for our buck. It could inflate our healthcare expenditures beyond reason with little benefit. The only way I could see that working is to have very limited services (e.g., 7 sessions per year) which can often make a big difference for people if they use it properly, or have a significant co-pay. Another thing we can do is provide self-help resources similar to what the Australian government has done."

Increasing the Supply of Psychologists

All respondents were asked to consider which training models they would support to increase the number of practitioner psychologists in Canada and they were permitted to choose more than one model. Eighty-five percent (85%) supported a Doctorate of Psychology (Psy.D.), 73% supported a Doctorate of Philosophy (Ph.D.), and 25% supported a Doctorate of Philosophy in Education (Ed.D.) (Figure 25).

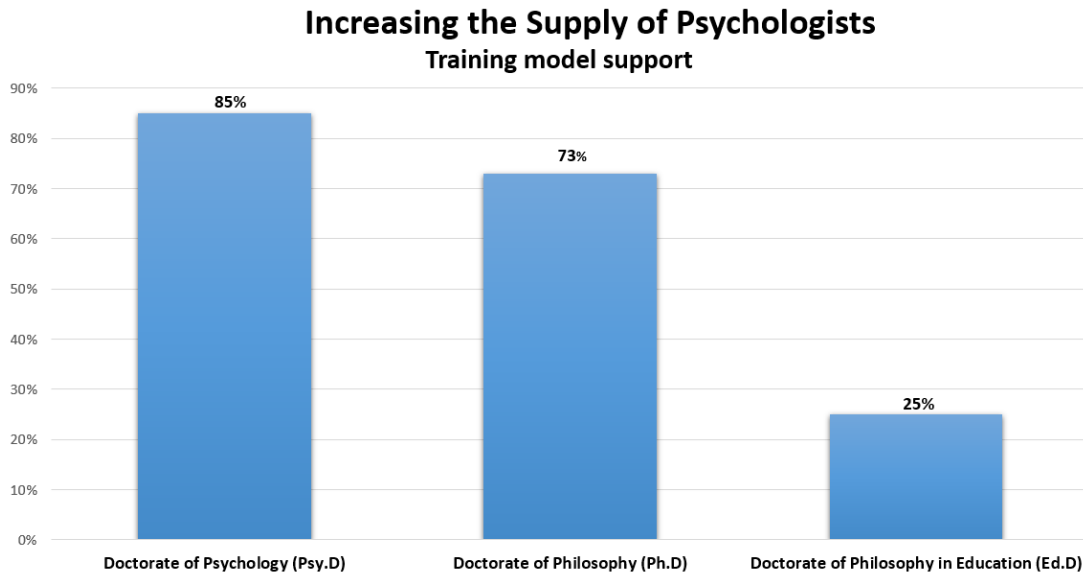


Figure 25. Survey question: *In considering doctoral training in psychology, what training models do you support to increase the number of practitioner psychologists to the population?*

When asked where Psy.D. programs should be located, 89% of respondents said they should be at publicly chartered universities, 45% said free-standing not-for-profit professional schools, and 23% said free-standing for-profit professional schools (Figure 26).

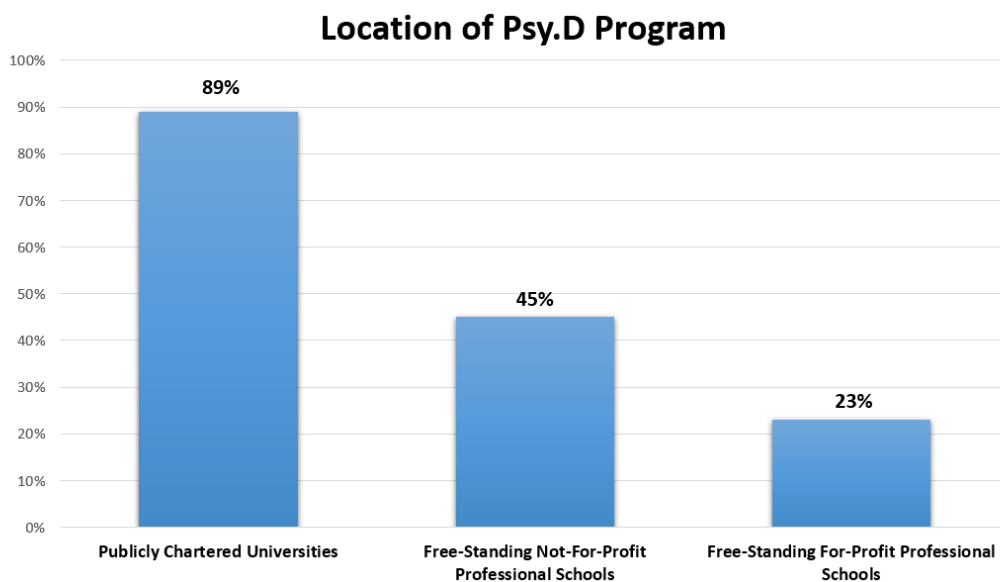


Figure 26. Survey question: *Where do you think Psy.D. programs should be located?*

COVID-19

As we know, the COVID-19 pandemic has had far reaching effects globally, across all sectors, settings, and populations. In psychology's case, COVID impact practitioners and their patients, scientists and their research, educators and their students.

When asked about COVID's impact on their well-being, 53% of respondents strongly agreed/agreed that the COVID-19 pandemic negatively affected their well-being (Figure 27).

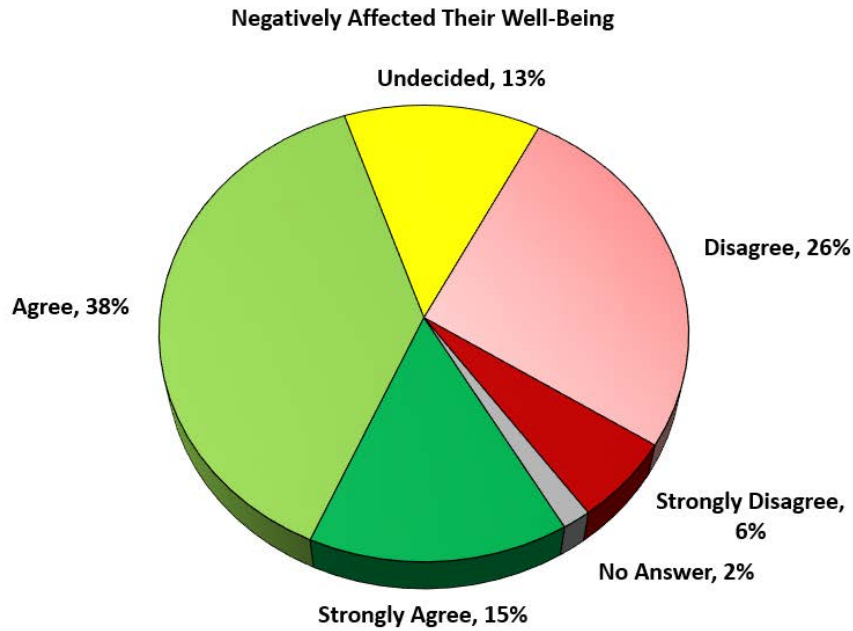


Figure 27. Negatively affected their well-being survey question: *The pandemic has negatively affected your well-being?* N=1,822

Of the respondents who experienced a negative impact, 55% continue to experience negative effects on their well-being (Figure 28).

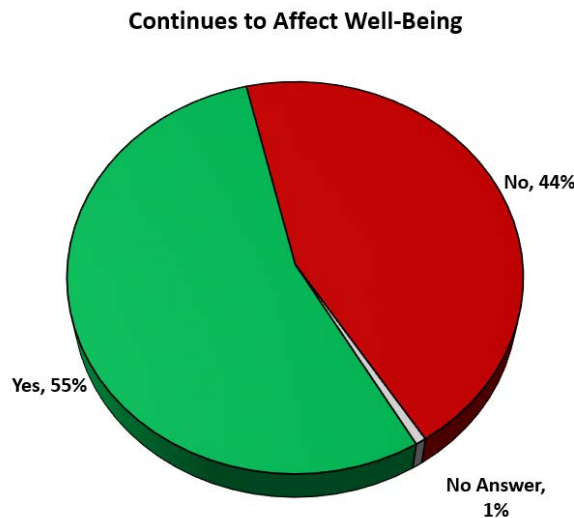


Figure 28. Continues to affect well-being survey question: *Is the pandemic continuing to affect your well-being?* N=968

Virtual Care

The pandemic also changed the landscape in which practicing psychologists work. Not surprisingly, the majority of Practitioners (82%) reported providing virtual services (**Figure 29**), with 33% of respondents providing virtual services for the majority of their work time (i.e., over 50%) (**Figure 30**).

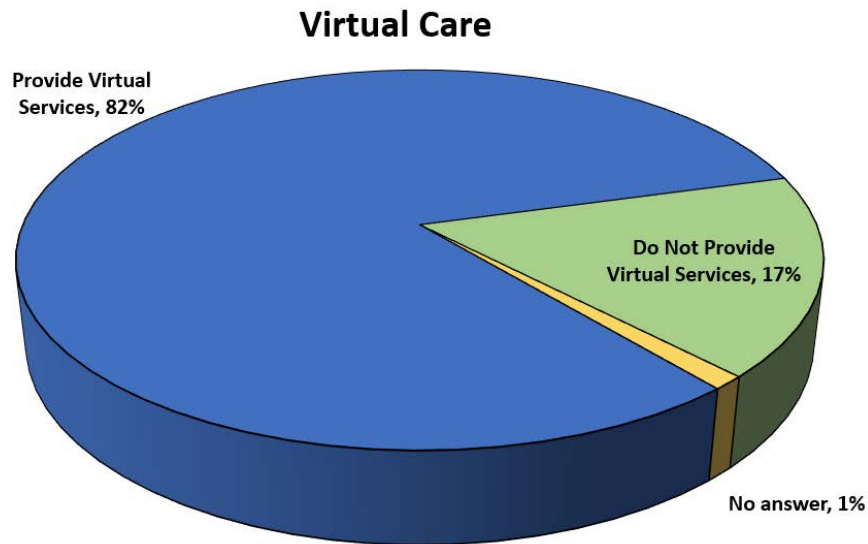


Figure 29. Virtual care survey question: Do you provide virtual services? N=1,222

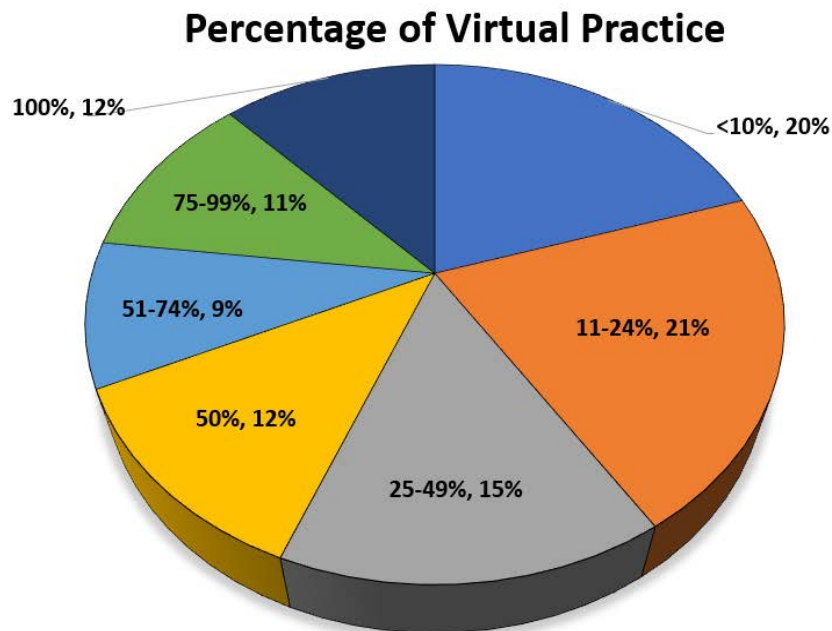


Figure 30. Percentage of virtual practice survey question: What percentage of your practice is conducted virtually? N=999

National Licensure

The COVID-19 pandemic showed many of the health professions how much digitally delivered care is possible and sometimes preferred by patients and providers alike. Digitally delivered care can help Canada overcome barriers to accessing health care. With traditional modes of licensure, when a psychologist and patient are not in the same province or territory, the psychologist must be licensed from where they are delivering service and where it is received. While some jurisdictions have licensing agreements, these are select, often short term, and are bound by exceptional circumstances.

When respondents were asked about their support for a national licensing body or process so that the entry to practice requirements for psychologists are the same across the country and psychologists can practice anywhere across Canada, a clear majority of respondents supported this (81%). Only 5% disagreed/strongly disagreed with this issue (Figure 31).

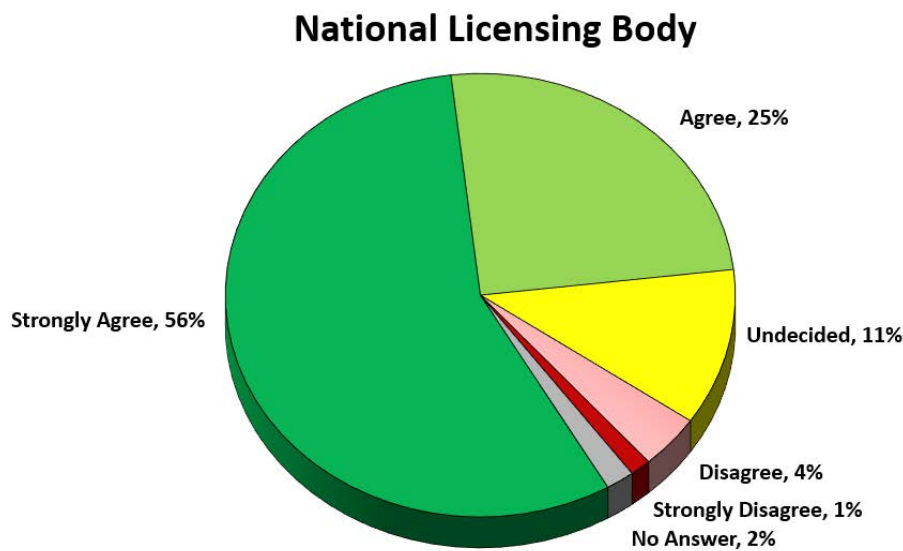
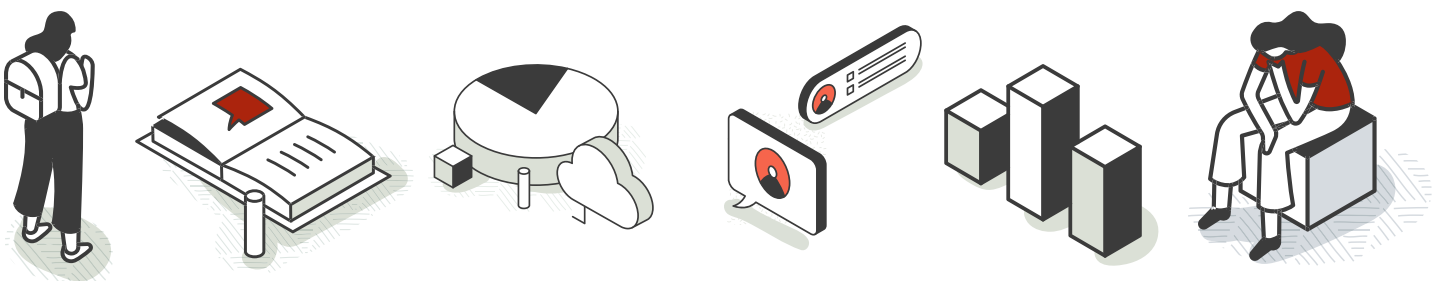


Figure 31. Survey question: There should be a national licensing body or process so that the entry-to-practice requirements for psychologists are the same across the country and so that psychologists can practice anywhere across Canada? N= 1,880

Most Practitioner respondents in the survey reported having had to decline service or sever a patient-clinician relationship because the patient moved to another province/territory (69%) (Figure 32). Severing an otherwise productive patient-clinician relationship solely due to provincial/territorial regulatory restrictions impacts continuity and quality of care for the patient who may be hesitant to start over with a new practitioner or has trouble finding a new practitioner.



Moving Out-of-Province & Patient Relationship



Figure 32. Survey question: Have you ever had to decline service or sever a patient-clinician relationship because the patient moved to another province/territory? N=1,222

Practitioners were asked how likely they would be to engage in several activities should a national licensure system be implemented – results showed that:

- A significant percentage would seek out practice opportunities in other provinces/territories (44%), with 38% unlikely to do so and 16% unsure.
- 42% would practice in multiple provinces/territories on an ongoing basis, with 38% unlikely to do so and 18% unsure.
- 63% would provide virtual care to patients in other provinces/territories, with 23% unlikely to do so and 12% unsure (Figure 33).

Impact of National Licensure

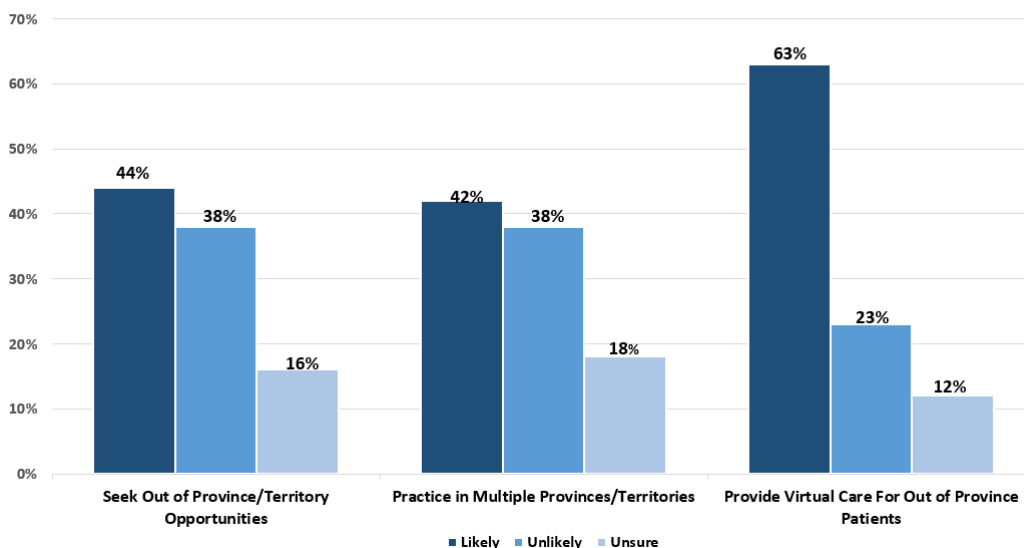


Figure 33. Survey question: If a national licensure system were implemented today, how likely would you be to do the following? N=1,222

- 41% would practice temporarily in rural/remote areas in other provinces/territories, with 38% unlikely to do so and 19% unsure.
- 33% would practice temporarily in urban/suburban areas in other provinces/territories, with 43% unlikely to do so and 21% unsure.
- 19% would consider permanent practice in rural/remote areas in other provinces territories, with 58% unlikely to do so and 21% unsure.
- 20% would consider permanent practice in urban/suburban areas in other provinces/territories, with 55% unlikely to do so and 22% unsure (Figure 34).

Impact of National Licensure

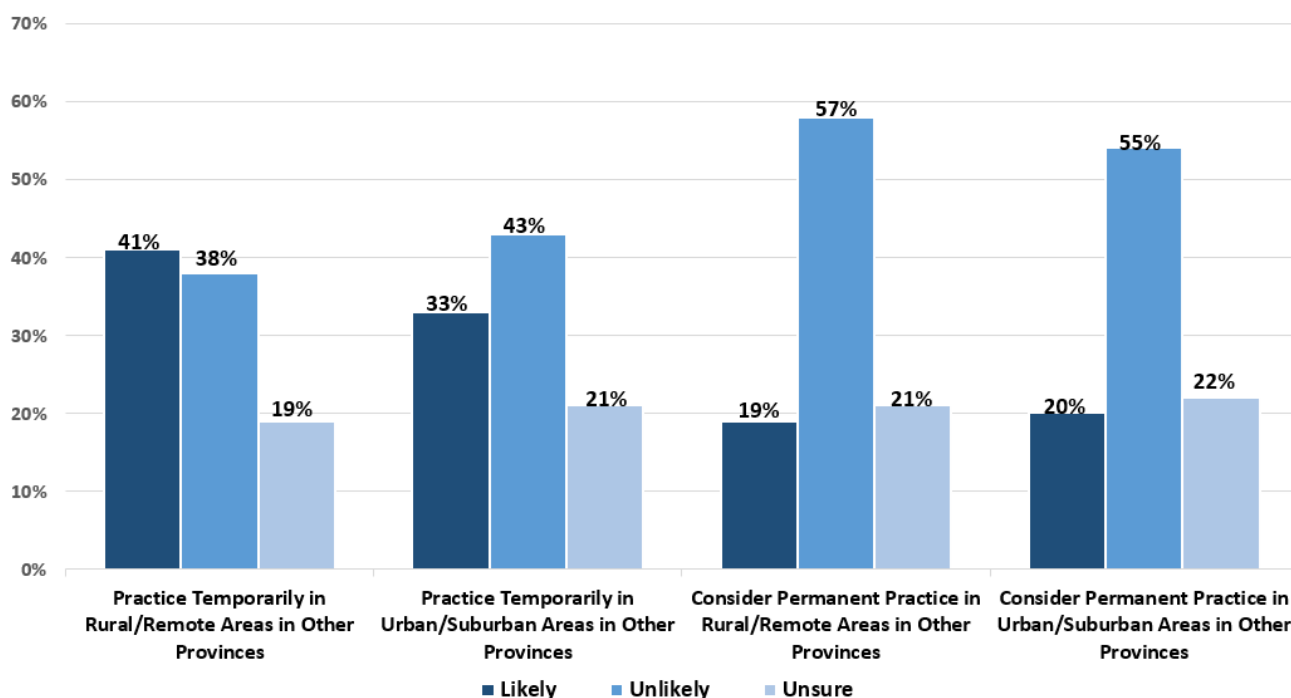


Figure 34. Survey question: *If a national licensure system were implemented today, how likely would you be to do the following?* N=1,222

- 69% would seek professional development educational opportunities in other provinces/ territories, 12% unlikely to do so and 17% unsure.
- 46% would relieve/assist colleagues when they are on vacation or need a break, with 27% unlikely to do so, and 24% unsure.
- 69% would continue to practice part-time during retirement, with 10% unlikely to do so and 18% unsure.
- 73% would remain within Canada rather than seek opportunities abroad, with 7% unlikely to do so and 17% unsure (Figure 35).

Impact of National Licensure

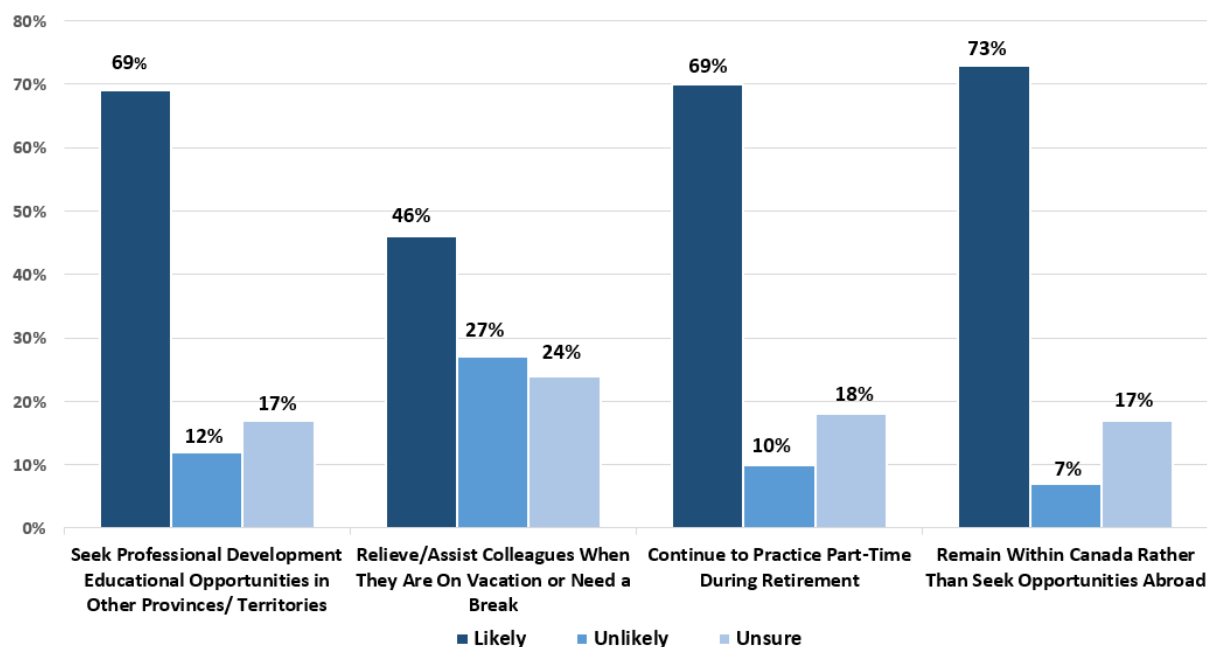


Figure 35. Survey question: *If a national licensure system were implemented today, how likely would you be to do the following?* N=1,222

These results indicate that there is strong support for a national licensure process that would allow practitioners to provide mental health services across Canada in more than one province, territory, or jurisdiction. It appears that respondents are more likely to provide temporary services across jurisdictions than permanently, but even temporary provision of services can help fill service gaps to rural or remote areas. Furthermore, it seems national licensure would encourage practitioners to continue practicing part-time during retirement and/or remain in Canada rather than seek opportunities abroad, which can help minimize the health and human resource supply problem that we currently face and expect to face into the future.

Psychologists' Title

In Canada's jurisdictions, the title "psychologist" is reserved for those who seek and obtain licensure by the relevant regulatory authority. While exemptions to the requirement of licensure to access title exist in Canadian provinces and territories, there are also inconsistencies from one jurisdiction to the next.

Respondents were mixed on the title of 'psychologist' being made available to all doctoral graduates in psychology, including those with non-health service psychology Ph.D.s (e.g., social, developmental, experimental) with 19% who strongly agreed and 17% agreed to the change, and 24% who disagreed and 20% who strongly disagreed. Nineteen percent (19%) were undecided on the matter and 2% provided no answer (Figure 36).

Availability of Title of ‘Psychologist’

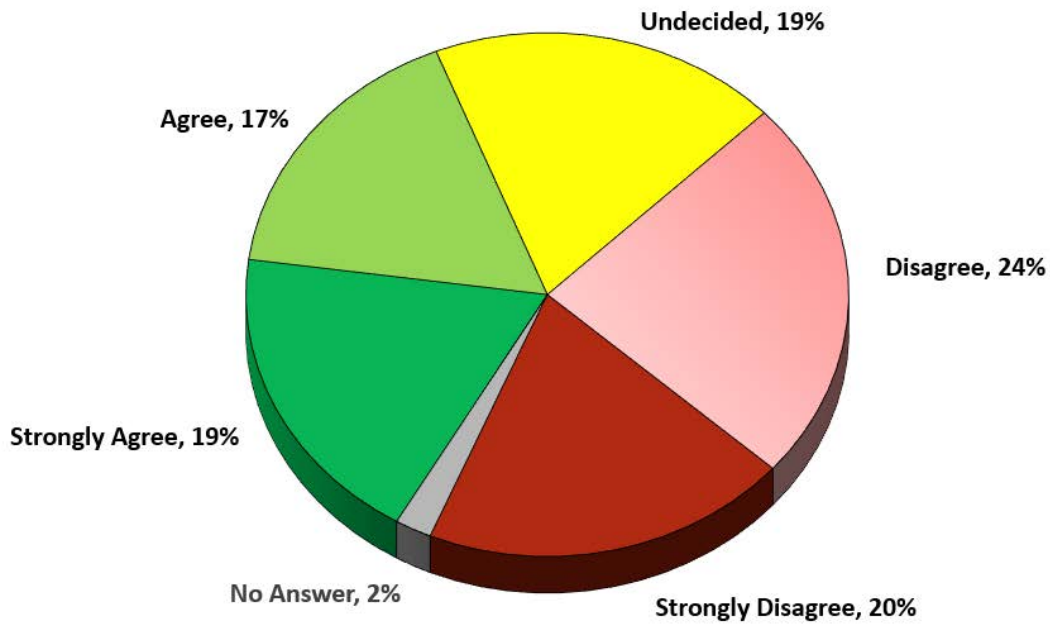


Figure 36. Survey question: Access to title differs from one province to another. The title of ‘psychologist’ should be made available to all doctoral graduates in psychology, including those with non-health service psychology PhDs (e.g., social, developmental, experimental)? N=1,880

Scope of Practice

Doctoral and residency training for psychologists in Canada are accredited by the Canadian Psychological Association [CPA], using a national set of standards, developed in consultation with the profession’s many stakeholders. Both the CPA and the Association of Canadian Psychology Regulatory Organizations (ACPRO) agree that the doctoral degree should be the entry to practice requirement for registration as a psychologist in Canada. However, despite this agreement, and even though there is considerable consistency in how psychologists who graduate from accredited programs are trained in Canada, there is considerable inconsistency in the requirements for licensure from one province/territory to another.

The CPA has taken the stance that the doctoral degree should be the standard to practice. Survey respondents appeared to agree with this. When survey respondents were asked whether a doctoral degree should be the standard of entry to practice for practicing psychologists and whether those already licensed with a master’s degree should be allowed legacy access to the title “psychologist,” and whether new graduates with a master’s degree would seek other regulated titles (e.g., psychotherapist, counselling therapist), 50% of respondents strongly agreed and 19% agreed, while 9% disagreed and 11% strongly disagreed, with 2% providing no answer (**Figure 37**).

Doctoral Degree as the Standard of Practice

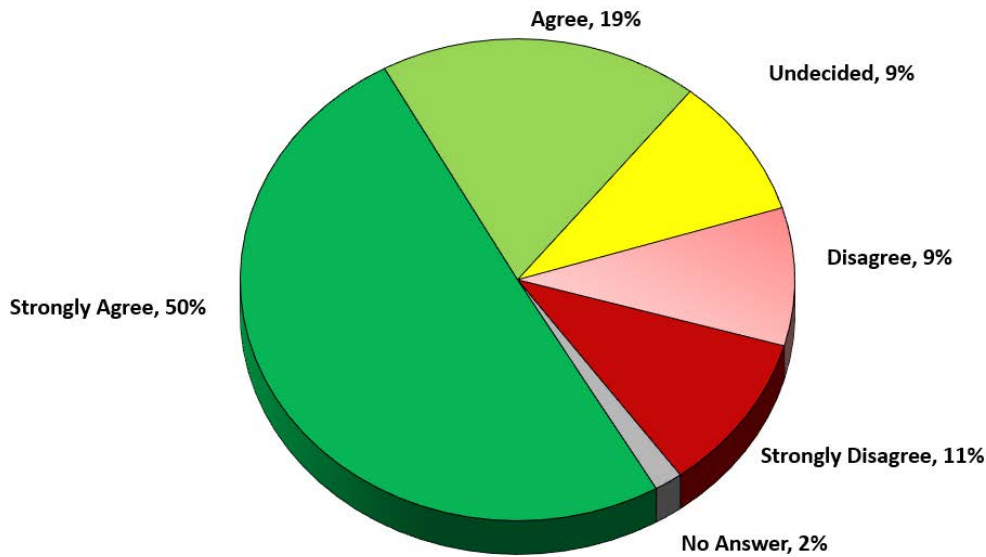


Figure 37. Survey question: *A doctoral degree should be the standard of practice for practicing psychologists. Those practicing with a masters' degree would be relegated and new graduates with a masters' degree would have access to other regulated titles (e.g., psychotherapist, counselling therapist)?* N=1,880

Medical Assistance in Dying (MAiD)

Medical Assistance in Dying (MAiD) is a controversial topic that has broad implications for the public and the profession of psychology.

Fifty-three percent (53%) of survey respondents strongly agreed and 30% agreed that (MAiD) should be available for individuals with a terminal illness (**Figure 38**).

MAiD and Terminal Illness

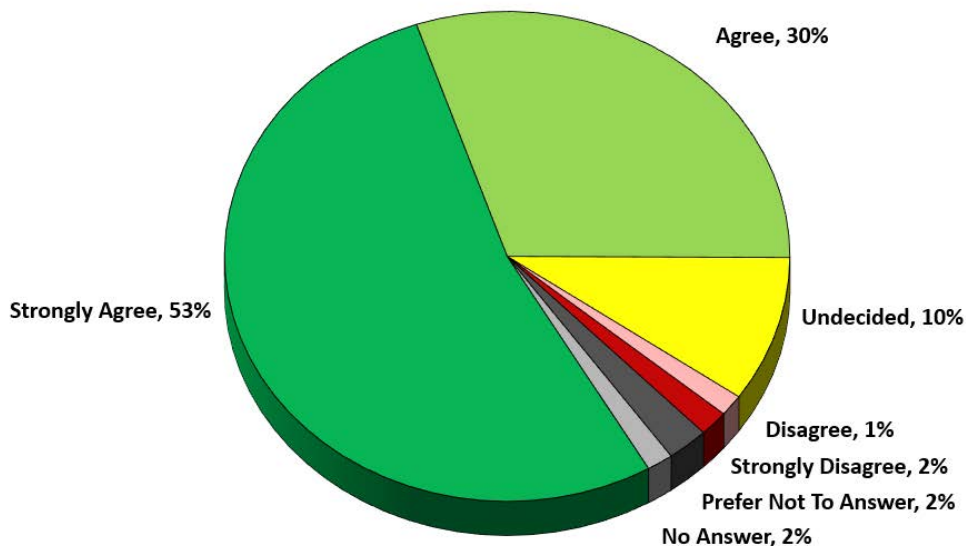


Figure 38. Survey question: *Medical Assistance in Dying (MAiD) should be made available to individuals with a terminal illness?* N=1,856

However, responses were split regarding whether MAiD should be available to individuals whose sole condition is a mental disorder with 27% strongly agreed/agreed and 30% strongly disagreed/disagreed, and 38% undecided (Figure 39).

Available to individuals whose sole condition is a mental disorder

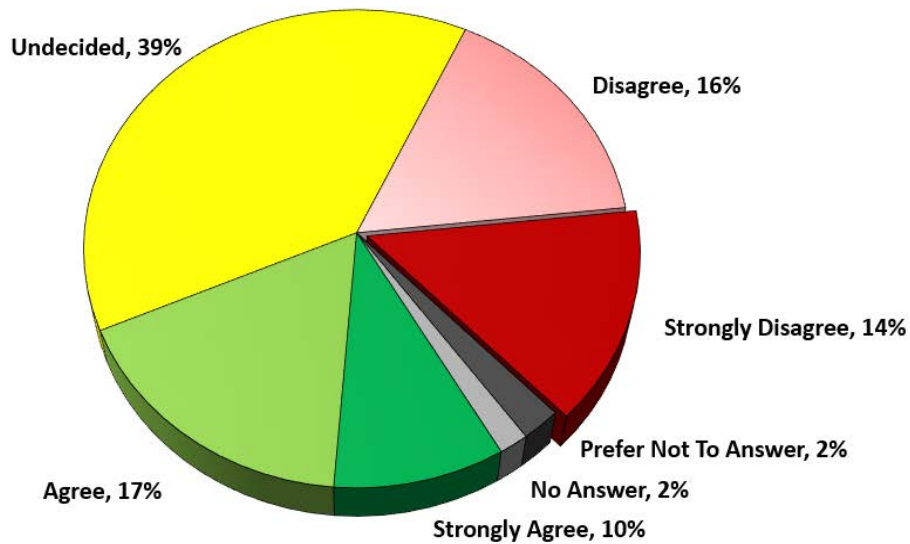


Figure 39. Mental disorders survey question: Medical Assistance in Dying (MAiD) should be made available to individuals whose sole condition is a mental disorder? N=1,856

Furthermore, 35% of respondents strongly disagreed/disagreed that people who are waiting to be treated for an illness should be able to access MAiD compared to 24% who strongly agreed/agreed, and 37% undecided (Figure 40).

Available to people who are waiting to be treated for an illness

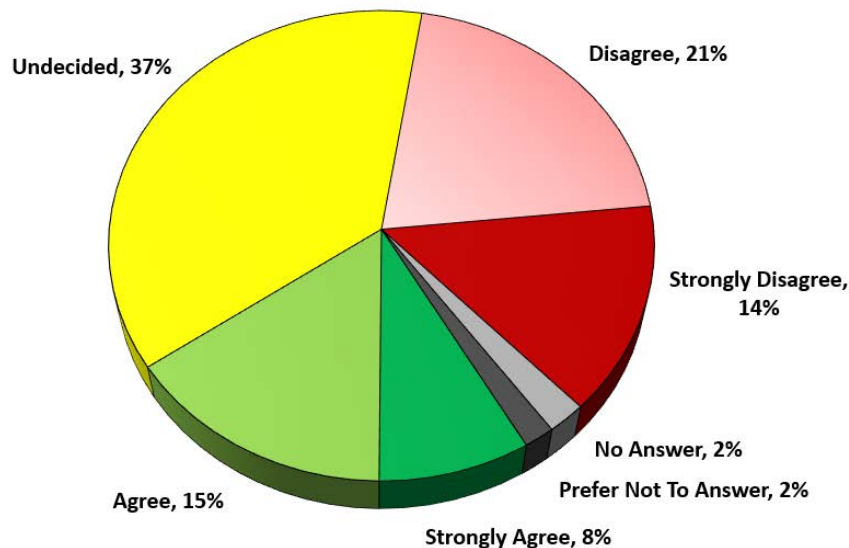


Figure 40. Waiting to be treated survey question: People who are waiting to be treated for a mental illness should be able to access Medical Assistance in Dying (MAiD)? N=1,856

Currently, the Final Report of the Expert Panel on MAiD and Mental Illness, a document created by the federal government, recommends that MAiD cases where a mental disorder is the sole underlying medical condition should undergo an independent assessment by a psychiatrist. The CPA has advocated for psychologists to be included and named as an expert to conduct such assessments. In keeping with this recommendation, 75% of survey respondents strongly agreed/ agreed that psychologists should be involved in capacity assessments and/or mental health assessments of individuals who have applied for MAiD regardless of their condition being physical or mental illness, with 5% who strongly disagreed/ disagreed (Figure 41).

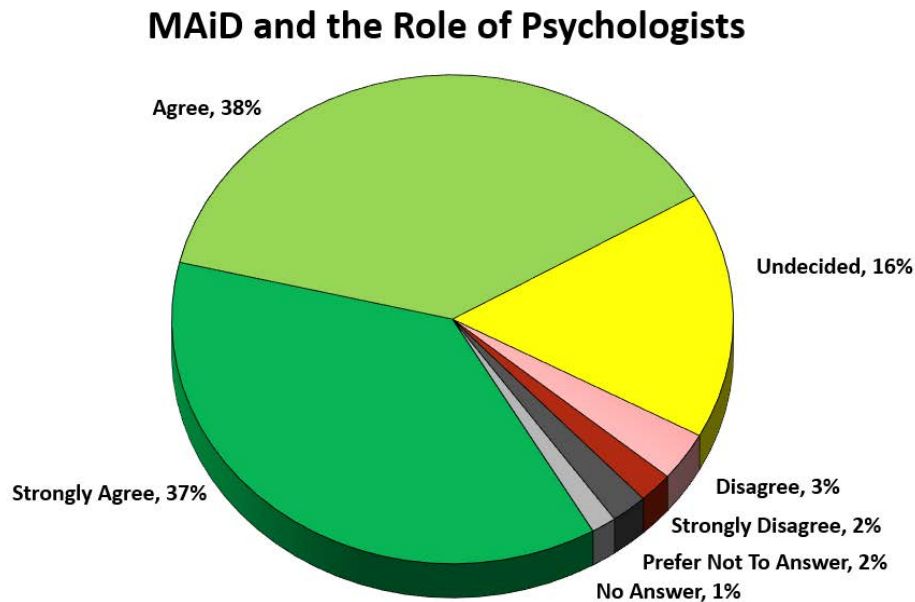


Figure 41. Survey question: *Psychologists should be involved in capacity assessments and/or mental health assessments of individuals who have applied for medical assistance in dying (MAiD) regardless of their condition is a physical or mental illness?* N=1,856

Psychological Research

In 2017, the Advisory Panel for Canada's Fundamental Science Review submitted its report to the federal government that made recommendations to strengthen the foundations of independent research in Canada. Since then, the federal government launched the Advisory Panel on the Federal Research Support System to provide independent, expert advice on the structure and governance of the federal system supporting research and talent. This panel also released a report. Both reports noted that the granting councils funding levels have not kept pace with the research community's evolving needs.

In keeping with these reports, 46% of survey respondents strongly agreed/agreed that it is increasingly more difficult to receive federal funding for psychological research, with 50% undecided and 2% disagreed/strongly disagreed (Figure 42).

Federal Funding for Psychological Research

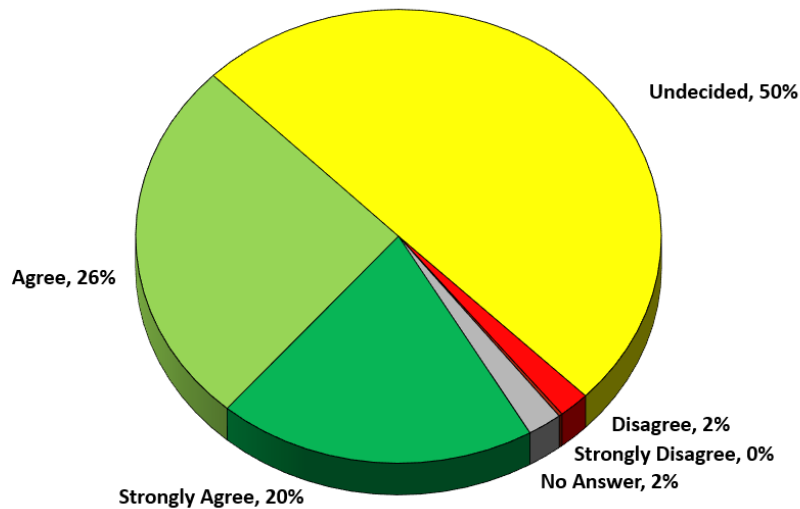


Figure 42. Survey question: *It is increasingly more difficult to receive federal funding for psychological research?* N=1,829

There was a clearer consensus that there should be more targeted funding for psychological research across all three Tri- Councils (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council [NSERC], Social Sciences and Humanities Research Council [SSHRC]) with 76% of respondents who strongly agreed/agreed, 20% undecided and only 1% who strongly disagreed/disagreed (Figure 43).

Psychological Research

There should be more targeted funding for psychological research across all the three Granting Councils (CIHR, NSERC, SSHRC)

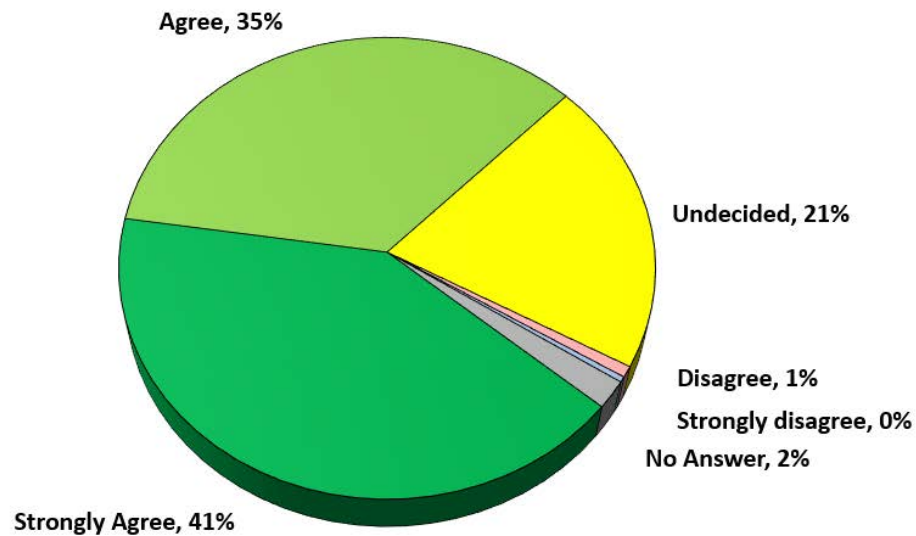


Figure 43. Targeted funding survey question: *There should be more targeted funding for psychological research across all three Granting Councils (CIHR, NSERC, SSHRC)?* N=1,829

Nearly all respondents (92%) strongly agreed/agreed that psychological and behavioural science research is relevant to public policy and should be relied on more consistently (e.g., managing health and environmental emergencies and disasters), with 5% undecided (Figure 44).

Psychological and behavioural science research is relevant to public policy and should be relied on more consistently (e.g., managing health and environmental emergencies and disasters)

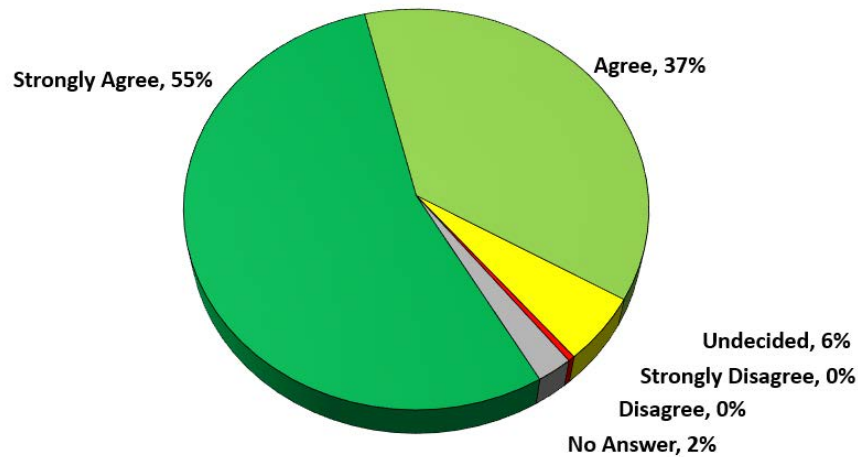


Figure 44. Psychological and behavioural science survey question: Psychological and behavioural science research is relevant to public policy and should be relied on more consistently? N=1,829

The majority of respondents (88%) strongly agreed/agreed that researchers who receive public funding should be accountable to the public (e.g., provide updates to or information for the public, address societal problems), with 8% undecided and 3% strongly disagreed/disagreed (Figure 45).

Researchers who receive public funding should be accountable to the public

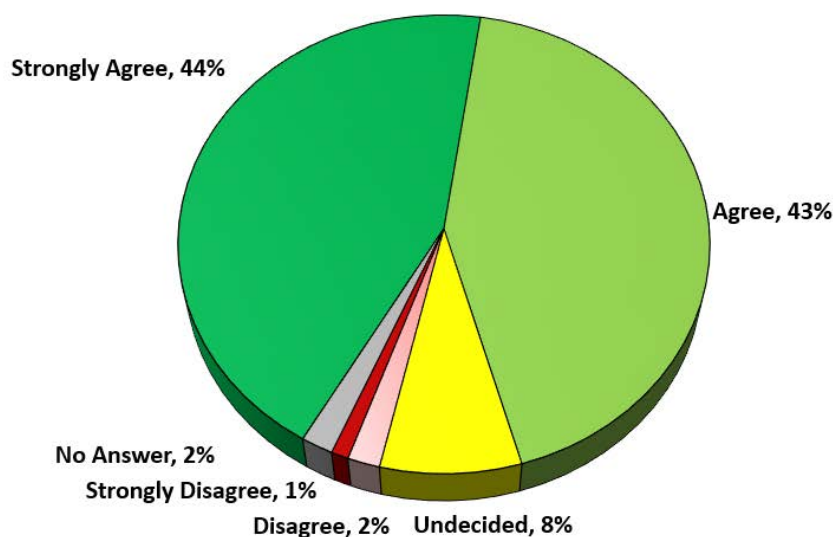


Figure 45. Survey question: Researchers who receive public funding should be accountable to the public (e.g., provide updates to or information to the public, address societal problems)? N=1,829

Eighty-seven percent (87%) of respondents strongly agreed/agreed that researchers should speak directly to the federal government about the value and impact of science, with 10% undecided and 1% who disagreed (Figure 46).

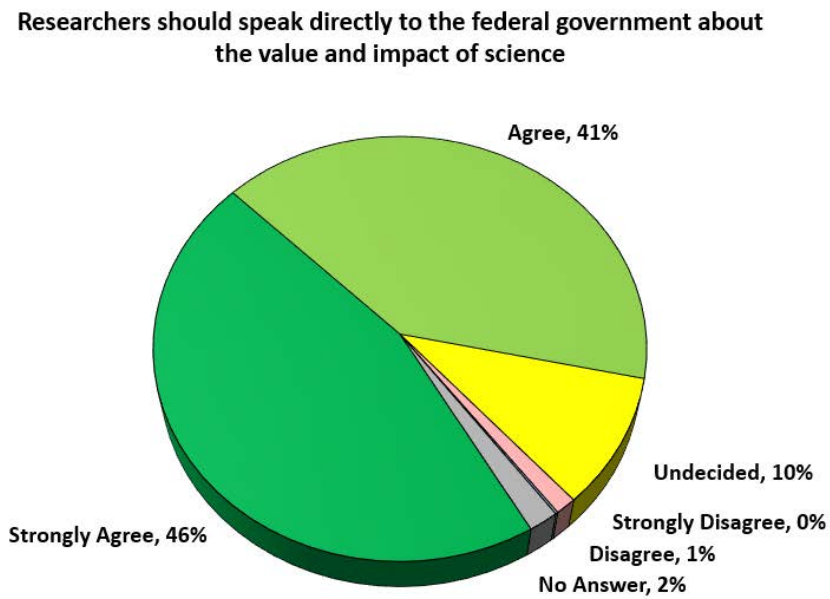


Figure 46. Survey question: Researchers should speak directly to the federal government about the value and impact of science? N=1,829

Fitness-to-Stand Trial/Not Criminally Responsible Assessments

Seventy-nine percent (79%) of respondents strongly agreed/agreed that, where appropriate, psychologists should be granted authority by the courts to undertake fitness to stand trial/not criminally responsible assessments. One percent (1%) disagreed, while 19% were undecided, and 2% provided no answer (Figure 47).

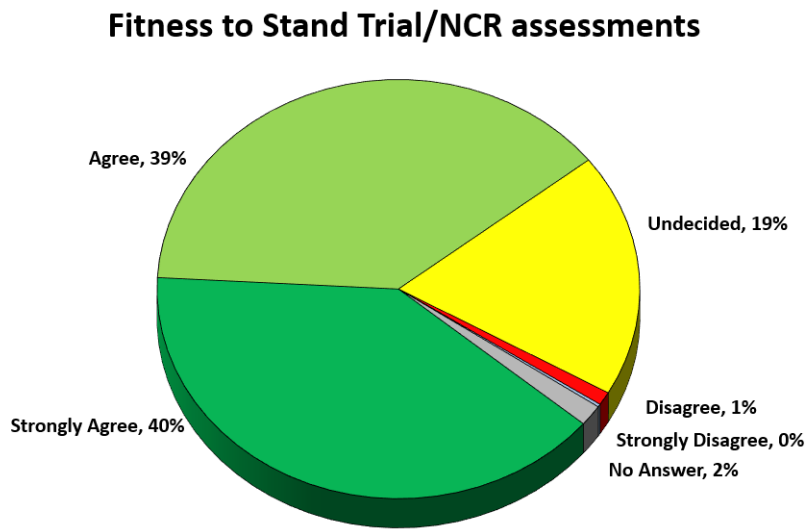


Figure 47. Survey question: Where appropriate, psychologists should be granted authority by the courts to undertake Fitness-to-Stand Trial/Not Criminally Responsible (NCR) assessments? N=1,851

As noted in Figure 49, most student respondents were in programs with a concentration in clinical psychology (52%). The next highest concentrations were counselling, social and personality psychology, and school psychology. The remaining categories were: developmental psychology, experimental psychology, forensic psychology, health psychology, industrial/organizational psychology, neuropsychology, school psychology, and sports psychology.

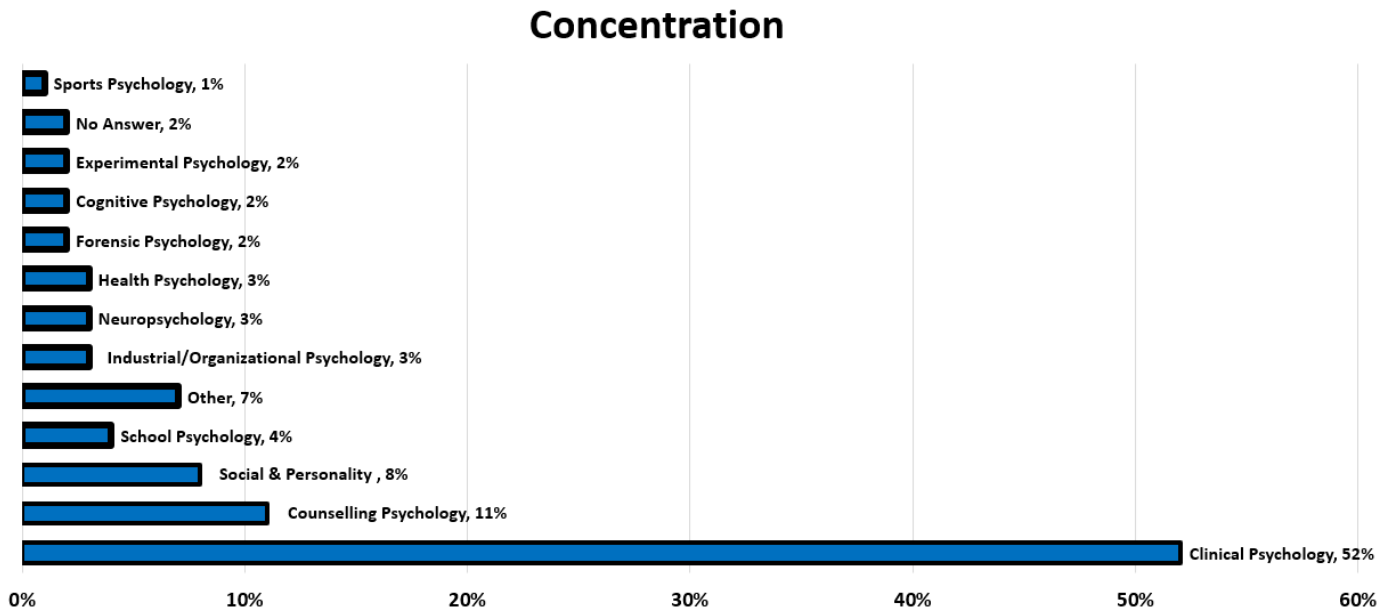


Figure 49. Concentration survey question: What is your concentration in your program? N=327

The highest number of student respondents were in the first year of their program (29%), followed by second year (23%), third year (17%), then fourth year (14%) and fifth year (9%). Eight percent (8%) of students were in their 6th year or above of their program (Figure 50).

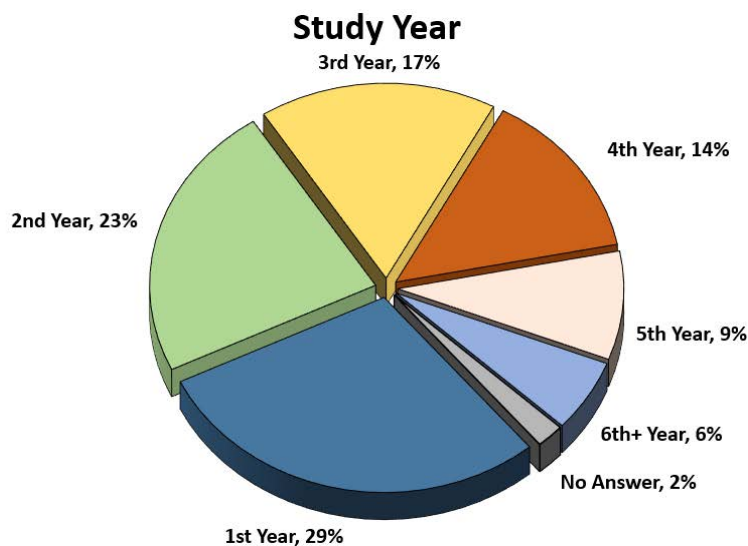


Figure 50. Year survey question: What year are you in your program? N=327

Twenty-five percent (25%) of students reported spending 25-49% of their time on research, 21% spent 50% of their time on research, 19% spent 51-74% on research, and 18% reported that they spent 10-24% on research (Figure 51).

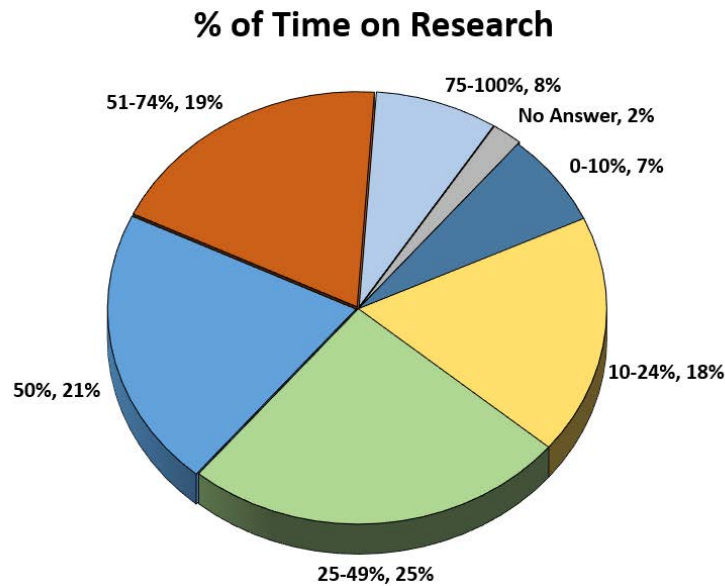


Figure 51. Research time survey question: What percentage of your time is spent on research in your program (including your own research and/or as a research assistant)? N=327

Tuition Payments

Students were asked how their tuition was paid for and they were permitted to select more than one option. Students reported that their tuition was covered primarily with a scholarship/fellowship (65%). They also had student loans (42%), teaching assistantships (41%), research assistantships (30%), help from family (27%), or bursaries (18%) (Figure 52).

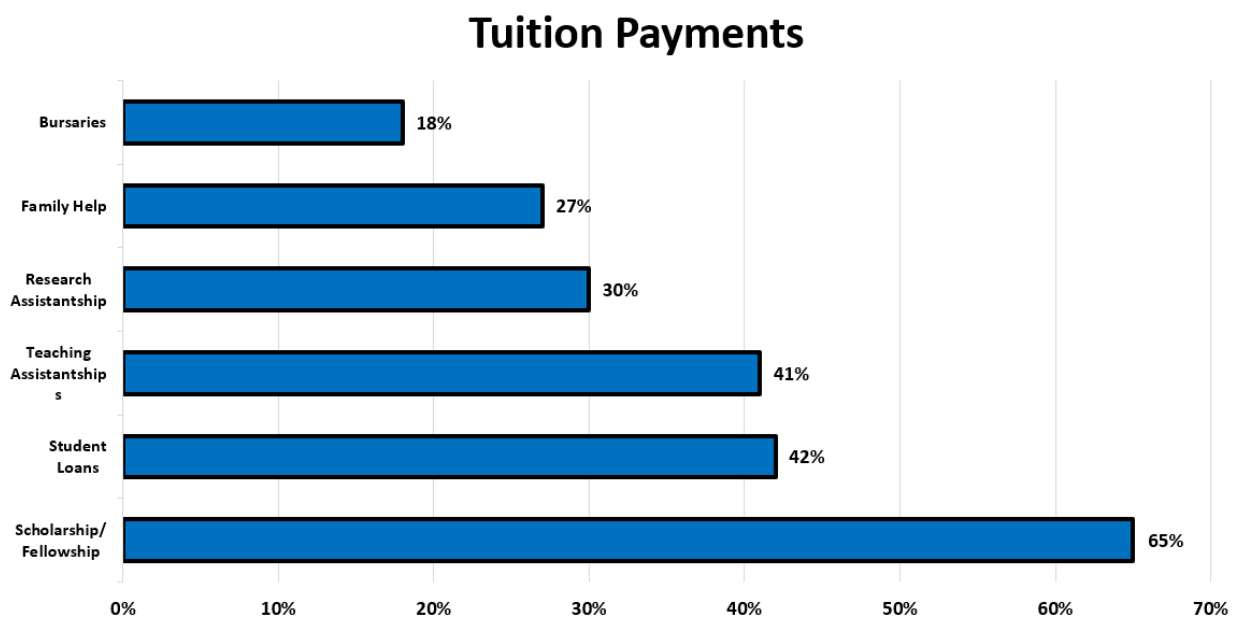


Figure 52. Survey question: How is your tuition covered?

Finding a Supervisor

Forty-nine percent (49%) of students noted that they strongly agreed/agreed that it was difficult to find a supervisor in their research area of interest, with 37% who strongly disagreed/disagreed and 5% undecided (Figure 53).

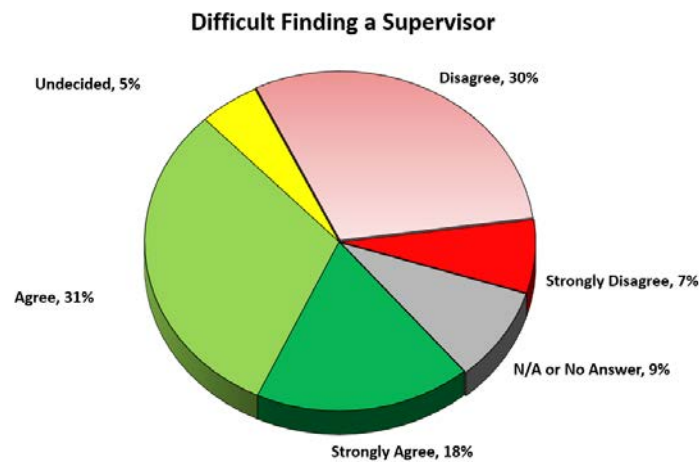


Figure 53. Supervisor survey question: Finding a supervisor in my research area of interest was difficult. N=327

The difficulty of finding a research supervisor has implications for students being able to matriculate into psychology programs. The current model of most psychology graduate programs is academic-based and a matriculating student must match with a research supervisor. If it was difficult for those who did end up in a program to find a research supervisor, there are likely many more who missed out on getting accepted into a graduate program due to no supervisor being available for them.

Matching to a Residency

Forty percent (40%) of students reported worrying about matching to a residency, with 12% not concerned; just over a third of student respondents noted this did not apply to them. This might point to the need for students to get more support during the residency match process to help ease their stress through the process (Figure 54).

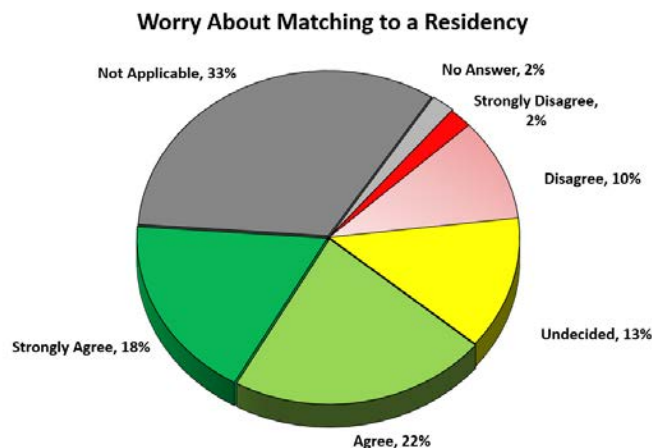


Figure 54. Residency survey question: You worry about matching to a residency. N=327

