

VOLUME 43 | ISSUE 4 | 2021

PSYNOOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

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**K.R. COHEN, PH.D.
& GLENN BRIMACOMBE, MA**



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The fall season of the CPA podcast Mind Full features interviews with some fascinating members. We spoke to Caroline Pukall about vulvodynia, a condition that affects millions of women but is not common knowledge. Melissa Tiessen and Karen Dyck told us about the Intentional Therapist, a network promoting self-care for female mental health professionals. Zuraida Dada told her incredible story of activism against apartheid growing up in South Africa, and Gina Ko introduced us to her own podcast, Against the Tides of Racism.

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MESSAGE FROM THE GUEST EDITORS

MAKING CHANGE:
Advocacy for Psychology in Canada

Change is the cornerstone of the practice, education, and science of psychology. Psychologists spend their days discovering, teaching and assisting people in making change – to learn and remember, to perform better as workers, in sports, in organizations and in groups, to how we treat each other and the environment, to reduce emotional distress and improve wellness, to name only a few examples. There is no doubt that psychologists understand change – why and when it might be needed and how to bring it about at the level of the individual and the groups of which we are part.

Advocacy is about making change – to a policy, regulation, or legislation. Making change is hard. In fact, studies of organizational change suggest that most change initiatives fail.¹ Maintaining the status quo takes less energy and, less energy, can be

adaptive. Maintaining the status quo is often the default choice;² regardless of whether the status quo is more or less expensive, healthier or unhealthier, or a better or worse environmental choice.

Change, and thereby advocacy, take time. Advocacy is about developing a clear message with implementable recommendations and delivering it strategically, and most often repetitively, to those who, individually or as part of an organization, can act on those recommendations. For many professionals, the prospect of advocating for one’s point of view, or a specific recommendation, feels pushy or uncomfortable. As leaders who have spent their careers as advocates, lobbying or government relations is an *essential* activity for all professions, and in many ways, is expected by governments.

Advocacy at its best is a productive, transparent, and inclusive process that allows organizations – like the Canadian Psychological Association (CPA) – to express its legitimate views on a range of public policy issues that affect the public and/or the profession. Psychology as a discipline concerns itself with how people think, feel, and behave. There is no policy, regulation or legislation to which thinking, feeling and behaving is not relevant. Think of several recent and current issues of public concern: conversion therapy, medical assistance in dying, climate change, fitness to stand trial, the psychological impacts of living through a pandemic, and racism and discrimination – these are all issues which psychology can, and has, helped societies address.³

While advocacy opportunity is sometimes what is presented to you – for example, when a hospital or university administrator asks for your input in addressing a service or educational problem – it is also sometimes the opportunity you take - seeking out meetings with decision-makers, funders and legislators and offering assistance to help them address the problems they face.

No matter how the opportunity unfolds, it is important to recognize that the public, media, other health providers and institutions and the government may have a different perspective on the very same issue that concerns you. It is equally important to understand those perspectives to inform your position and shape your recommendations. When an advocacy opportunity comes to you, it is important to balance having enough time to prepare for an informed meeting but not take so much time to meet, that the window of opportunity closes. When windows of opportunity open, you need to have your view and recommendations ready. We often say at CPA that we try to never refuse a meeting – you never know which meeting is the one that will give you traction to move your issue forward.

Leveraging the art (timing and opportunity) and science (evidence-based solutions) of advocacy are key to establishing the credibility of the profession. They can also position the profession as a thought-leader on specific issues where governments, decision-makers and the media and others will come to you for your policy perspective.

Here is an example, prior to the 2021 federal election, CPA submitted a federal pre-budget brief. One of the recommendations in the brief was a call for targeted mental health transfers

to the provinces and territories. The election platforms of every national party called for investments in mental health and substance use services – this was an historic moment. This moment might have been one where timing, opportunity and preparation came together in a message and recommendations that changed the minds of all political parties. Following the election, the Liberal government announced a new mental health transfer. CPA published two articles in the Hill Times on access to psychological services and parity in mental and physical health service funding. Following publication, the Hill Times has come to us for a perspective on the newly elected federal government's mental health commitments.

To be sure, change requires many voices and CPA's is but one. The power of partners in change cannot be underestimated. CPA has played a leading role on many of them (e.g., Organizations for Health Action [HEAL], the Canadian Alliance of Mental Illness and Mental Health [CAMIMH], the Canadian Consortium for Research [CCR]) which enables us to amplify our messages. Not only are more voices more compelling to government and other decision-makers than one, they can also open more doors. It is also important for effective outcomes when there is consensus and collaboration within a profession about a problem and its solutions. Nothing can close ears quicker than uncoordinated and inconsistent messages.

While advocacy for the discipline and profession is a key mandate for the CPA, and much senior staff time is directed to it, change is not the purview of the association alone. The CPA's members, affiliates and students are important advocates as well – within the organizations in which you work and with your elected officials at every level of government. We strongly encourage you to visit the advocacy section of our website to see what we are up to and what we have accomplished on your behalf.⁴ We strongly believe that there is a role for the association to equip members with the basic knowledge, strategies, and tools to be their own effective advocates. Having members speak a consistent truth-to-power message to a growing number of Parliamentarians can impact how they gauge the importance of addressing an issue and its solution.

We have created a members' only page where you can access an advocacy guide (*Advocacy and Public Policy in Canada...A Government Relations Guide for Psychology*), a media guide (*Interviews, Hashtags, and Op-Eds – A Psychologists Guide to Working With the Media*), toolkits (*Meeting Your Member of Parliament Toolkit, Meeting Your Member of Parliament – Psychological Science Toolkit*) and other educational resources to assist you in becoming an advocate. Whether you are seeking change within an educational institution, funding agency, health care setting, or in public policy, these resources can help.

Since its incorporation, the CPA's mandate has been the promotion of the science and practice of psychology in the service of society. The articles that follow in this issue show us the kinds of change activity some of the membership have been up to. Because of you, psychology make a difference. ■

PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

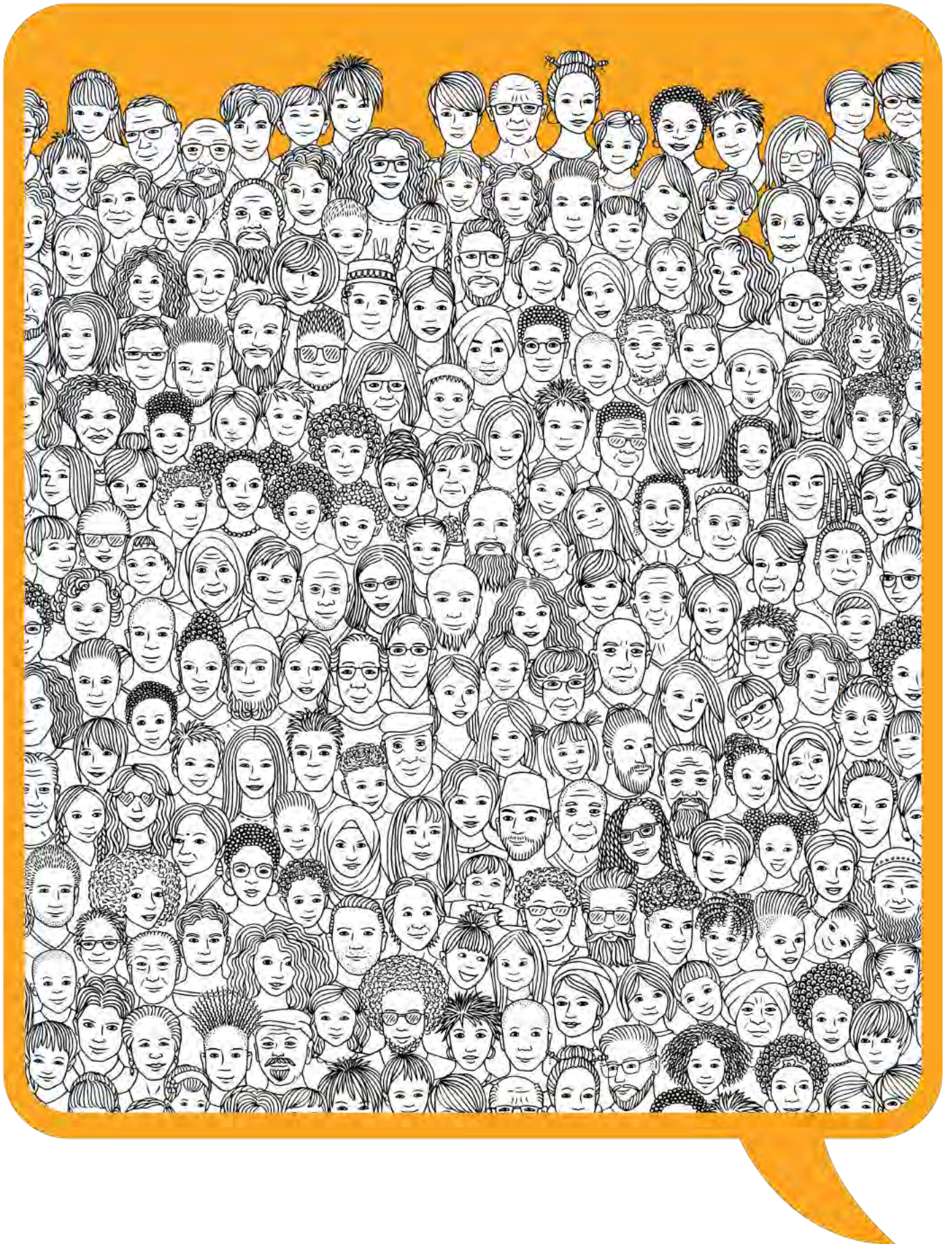
Psynopsis is the official magazine of the Canadian Psychological Association. Its purpose is to bring the practice, study and science of psychology to bear upon topics of concern and interest to the Canadian public. Each issue is themed and most often guest edited by a psychologist member of CPA with expertise in the issue's theme. The magazine's goal isn't so much the transfer of knowledge from one psychologist to another, but the mobilization of psychological knowledge to partners, stakeholders, funders, decision-makers and the public at large, all of whom have interest in the topical focus of the issue. Psychology is the study, practice and science of how people think, feel and behave. Be it human rights, health care innovation, climate change, or medical assistance in dying, how people think, feel and behave is directly relevant to almost any issue, policy, funding decision, or regulation facing individuals, families, workplaces and society. Through *Psynopsis*, our hope is to inform discussion, decisions and policies that affect the people of Canada. Each issue is shared openly with the public and specifically with government departments, funders, partners and decision-makers whose work and interests, in a particular issue's focus, might be informed by psychologists' work. CPA's organizational vision is a society where understanding of diverse human needs, behaviours and aspirations drive legislation, policies and programs for individuals, organizations and communities. *Psynopsis* is one important way that the CPA endeavours to realize this vision.

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FROM THE PRESIDENT'S DESK

ADA L. SINACORE, Ph.D.

Welcome to the Psynopsis Issue addressing how “the science and practice of psychology impacts legislation, regulation or policy” at different levels within and across society. CPA has had a longstanding commitment to advocating for the pillars of psychology both within the association and at the government and public policy levels. Advocacy is enshrined in the association’s strategic goals and, accordingly, many of the CPA’s activities revolve around promoting the science, practice and education of psychology with stakeholders, funders and decision-makers. Particular attention is being given to public policy that is directly influenced by psychological science or that impacts the discipline in direct and indirect ways. We do this through numerous avenues such as meeting with government officials, presenting in the House of Commons and the Senate of Canada, writing briefs and developing strategic partnerships. A careful review of the CPA website highlights much of the work being done through its advocacy activities (<https://cpa.ca/advocacy/>).

The CPA’s policy positions are informed by the expertise of the association’s membership. The CPA is comprised of psychological scientists, educators and practitioners who have a depth and breadth of knowledge directly related to a range of legislation and public policies. For example, psychological science has documented the reasons that conversion therapy should be prohibited, highlights the need for an Accessibility Canada Act, and demonstrates the short and long-term effects of climate change on mental health and well-being. As psychological scientists, educators, and practitioners, we all have a role to play when it comes to improving the health and well-being of all members of society, be it through using knowledge gleaned from basic or non-practice oriented science and research such as cognitive, environmental, experimental, or developmental psychology to inform policy, in addition to practice-oriented research necessary to advocate for evidence-based

accessible mental health care.

In addition to its policy positions (<https://cpa.ca/aboutcpa/policystatements/>) and its advocacy work at the policy and governmental levels, the CPA informs its membership, the public and stakeholders through “Psychology Works Fact Sheets” (<https://cpa.ca/psychology-factsheets/>). Combined, these products and activities contribute to public discourse and stakeholder decision-making about many important issues facing society. In fact, since the beginning of 2020, the CPA has published or updated over 20 fact sheets. This important work could not be done without you, our membership.

As you read through this issue of Psynopsis, I hope you become inspired about how your work as a psychological scientist, educator and/or practitioner has and/or can make important contributions to bringing about institutional, governmental and policy changes that are informed by the science and practice of psychology.

CHANGING MENTAL HEALTH POLICY

Learning How to Hopefully Get It Right in the End Based on Everything We Have Done Wrong (so far)

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Often, the most transformative experiences of our careers/lives are the ones in which we are the least trained/prepared. As psychologists, whether it is an influential administrative position, running the business side of a private practice, or becoming involved in health care policy change - these are the roles that challenge us in ways for which we are unprepared based on our traditional academic training. The authors have been leading the B.C. Psychological Association's Advocacy efforts since December of 2019. This article is meant as a record of the ongoing lessons learned and expectations thwarted in our attempts to advocate for the delivery of comprehensive psychological services to those who need them, but are least likely to have access.

When we began our journey into advocacy, policy change, and government relations, we had no idea how much we did not know about the complex minefield that awaited us. A year and a half later we have learned so much through a combination of trial and error, research, and hard work. We have made many mistakes along the way. However, hopefully, after reading this article, you will not have to do the same. We hope to get you started, or keep you moving forward, without needing to take so many steps back. Why? Because people's lives depend on it - more than ever.

Most people believe that changing policy and practice within a government is a marathon, requiring perseverance, dedication, and loads of patience over many months. From our humble perspectives and personal experiences over the last 18 months, policy change appears to be a very strategic and seemingly never-ending relay race, involving multiple parties over many years. Below we describe some of the legs of the race that we have run so far and what we have learned along the way.

Lesson #1. While absolutely necessary to any policy change, white papers to the government are not sufficient.

In the past two decades, BCPA has submitted more than 10 white papers, all of which were incredibly well-researched and carefully crafted by skilled and esteemed B.C. psychologists. These papers resulted in essentially no response from the B.C.

Ministry of Health or the Ministry of Mental Health and Addictions.

This may be a tough pill for us to swallow, particularly for those of us who are accomplished researchers who receive competitive funding and publish our research in prestigious journals, but here is the truth: even groundbreaking research is not important enough to impact policy change on its own.

While these submissions are certainly valuable, data sent to a ministry is really a bare minimum starting place for change. Policy change is a complex and multi-faceted process. Politicians regularly receive white papers, many of which are likely jam-packed with amazing ideas, compelling data, and beautiful graphs and charts, just like ours. A white paper, even one that is incredibly well-written and researched, is inadequate given the many competing priorities that each government is trying to manage at any given time. If we want the policy-makers to hear us, we must do more than submit a paper.

Lesson #2. Pretending that we (psychologists) are overly special and unique will inevitably lead to us playing alone in the sandbox - and will leave patients we need to care for untreated.

In the first year of our endeavour for change, we naively believed that the only people we needed to meet with were politicians and policy-makers. What we actually needed to do was build support for change from within the system by creating relationships with our mental and behavioural health and medical provider colleagues.

In a world filled with concerns about the scope of practice, psychologists have become really good at identifying what makes us unique. However, in the big picture of mental and behavioural healthcare, psychologists share increasing amounts of overlap with other professions. When we portray ourselves as being special or superior to other mental health practitioners, we become a threat to them. This is a great loss and perpetuates a tragic problem, as one of psychologists' main strengths is our ability to support and complement the work of psychiatrists, counsellors, family physicians, social workers and many others. It is critical that these other professionals

understand the role we can play in making their lives easier and their outcomes better, rather than being viewed as yet another group who wants a piece of the pie.

In sum, if we really want change, we need to start working effectively with other professionals. Yes, psychologists are different from other mental or behavioural health professionals, but we are all on the same team. Clinically, we need each other. In making policy change, we also need these professionals as partners, allies, supporters, and collaborators. More importantly, to patients, we are all just providers to help improve their health and well-being.

Thanks to the reaching out by some of our own colleagues from other professions following media interviews or press releases, our biggest supporters in our Advocacy efforts have been Doctors of B.C. (our medical association) the B.C. Association of Social Workers (BCASW), and the Federal Association of Counselling Therapists in B.C. (FACTBC). We are so incredibly grateful for their collegiality and collaboration - we truly believe that working together in a collaborative manner will result in the most meaningful change for the common goal that we all share: patient health and well-being.

Lesson #3. Building strong, genuine and symbiotic relationships is key.

We are not sure when it happened but somewhere along the way in our policy change journey we forgot about the most important thing that predicts change - the relationship.

At BCPA, initially we focused on the wrong thing: the data. After getting some very honest feedback about perception, intention, and concerns, we had an epiphany. We realized that it does not matter if we are "right," if the data is "clear", or if it is "in the best financial interest of the government" to make the changes we suggested. Without a good relationship with every party involved, nothing important can be achieved. What we needed to be doing was use the skills that we employ every day in our clinical work and bring them to our advocacy work. That is, focus first and foremost on establishing our relationship with those around us and building trust, and rapport before trying to do anything else.

Other clinical skills that are crucial are active listening and communication skills. Too often we forget that our stakeholders have their own goals which may be different from ours. How can you help them achieve their goals? How can your partnership be mutually beneficial? With many organizations having tight budgets, it is unlikely that your stakeholders will be willing to help you out if they do not stand to benefit from the partnership.

Show your stakeholders that you truly care about their organization and value your partnership. Educate yourself on any challenges they may be facing and let them know that you support them. For example, in B.C., counselling therapists are not regulated. A big part of our partnership with FACTBC is our open support for the regulation of counselling therapists. The take-home message: connect. Talk with them - not to them. It matters. A lot.

Lesson #4. You have to put your money where your mouth is: policy change will cost you.

The B.C. Psychological Association has relied on volunteers for decades. Our volunteers are extremely dedicated and passionate about the work they are doing but they are also busy. Making time in your schedule for meetings with politicians and key stakeholders can often take away from time that you could be providing critical psychotherapy and assessment. In addition, many volunteers were simply unavailable during normal business hours, making it incredibly difficult to coordinate with stakeholders. Moreover, since volunteers have such limited and inconsistent availability, advocacy work can easily become fragmented with several volunteers trying to share the work of one person.

If an organization really wants to move things forward, it is absolutely essential that it dedicates a portion of its budget out for advocacy. There are several ways that an organization might choose to use its funds to advance its agenda. At BCPA, we started by creating a formal advocacy position at 7 hours per week. One psychologist was initially offered the position - but declined unless they decreased her hours and hired on another psychologist to work with her. She knew that working as a team would result in much more impact than working alone. In the end, two psychologists took this

role - and the hours quickly were moved up to 10 hours a week. The psychology advocates are responsible for consulting on advocacy projects, writing letters and proposals and attending meetings with key stakeholders. Of course, 10 hours per week underrepresents the work actually done every week - it is a minimal amount of time - so this role is still heavily supported by volunteers, the Board and the Executive Director.

In March of 2021, BCPA decided to invest in a Public Relations firm to help get our message out to the public. This firm provided us with media training, wrote and edited press releases, and pitched us to the media. As a result, we had over 25 media mentions and interviews during our 6-week campaign, generating huge public interest and support.

Most recently, following important lessons learned from our medical colleagues, we are currently finalizing details to hire a Government Relations (GR) specialist to help us navigate the political landscape. While we can certainly do our own research and try to figure out on our own who might be the best person to reach out to, this is a very time consuming process. A GR specialist already knows who you should be talking to and how to get their attention. As an added bonus, most GR specialists already have strong relationships with several key politicians. In other words, decision-makers know and trust these people and may be more willing to meet with organizations with whom they are attached. Lesson: invest. Get the right people to sit at that important table. (And apologies to your fragile psychologist ego, but let's be honest - it is most often not you).

Your situation will be unique depending on your goals, your budget and your team. While we invest about 1/6th of our entire budget to advocacy, this may not be feasible for you. Start with having a serious discussion with your team about your goals and your timeline and work from there.

Lesson #5. Communication matters: know who you are, what you do, and what you want.

Very few people understand what psychologists do and what we bring to the table to help improve patient health and well-being. As a result, they often do not understand what we're advocating for, either. As

a profession, we have not been the best (some of us would say horrible) at communicating with the public and politicians. Perhaps even worse, we have committed the deadly sin of not engaging with hard conversations. To counter this, BCPA hosted several public discussions about our campaign in the spring of 2021. In particular, we offered presentations and meetings "in camera," allowing government and health provider groups space and comfort knowing we could have open and honest discussions. We never recorded these meetings or allowed any press in the meetings. However, we always made sure to do interviews with the media at the conclusion of each of the meetings.

Communication also involves your website and the information that is linked to it. Is your website easy to navigate? Does it clearly identify who psychologists are? Does it pop up when someone conducts a Google search for a psychologist? And what about social media? Do you have a team member who is adept at ensuring that your message shows up in the places where people look?

When considering your messaging - whether online, during interviews, or in meetings - keep in mind the possibility of defensiveness in people you are trying to persuade. All systems resist change, and the political system is no different. Early on in our campaign, it was decided that we would have little to no negative messaging in public or to other professional bodies. It can be tempting to point out how your target group is not doing well or the missteps they have made, but if you want them to be amenable to change you need to frame your argument as a way to optimize a system that they have clearly been working hard to improve. The truth is that the majority of government stakeholders we have met with are deeply caring and passionate about helping people; to come in and identify all of their flaws is not a way to create meaningful partnerships. And perhaps more importantly, we are all human. We all make mistakes. Everyone could use compassion and humility in our approach - especially these days.

Lesson #6. Policy change is not a one-and-done initiative, it is an ongoing process that requires perseverance and dedication from your entire association/profession.

At the end of the day, policy change takes a massive amount of work, time, and support from stakeholders, politicians and the public. It's also a little bit like a complicated maze; you will likely make a lot of wrong turns and often find yourself at a dead end. But this work can be very gratifying as well and we encourage all to work together to provide better overall health care to Canadians.

Most people are aware that provincial and federal government policies are fluid and changing, as are the people working behind the scenes. Government-funded initiatives come and go, with even successful and bright programs fading over time. One of the key purposes of maintaining relationships with stakeholders is having the ability to seize opportunities when they arise - timing is everything. For example, this year the B.C. government budget allocated a record high amount of funding towards mental health initiatives and primary care. Given the decades of research and outcome data related to integrated mental and behavioural health in primary care - it was a clear and timely link to help provide context, information, and potential for collaboration.

Conclusions

One of the main reasons that psychologists value research and program evaluation is that we get to understand what works, what does not, and to reduce our mistakes; that is, if we can help it. This article is not supposed to be a summative review of our lessons, but a formative one that will continue to grow over time as we continue to engage in advocacy.

Policy change is incredibly hard work, but maintaining presence, purpose, and appreciating the privilege to be able to do this work makes it worthwhile. We at the BCPA feel deeply honoured to be able to fight for our belief that psychologists, psychology, and evidence-based practice have the ability to positively impact lives. More importantly, despite our previous and ongoing challenges, we will persevere until our residents get the mental and behavioural healthcare that we know will decrease pain and suffering, improve health and well-being, and be a cost-effective and sustainable model for all!

With that, happy advocating!

THE CCTC SOCIAL RESPONSIVE TOOLKIT

Council of Chairs of Training Councils (CCTC)
**CCTC 2020:
 Social Responsiveness
 in Health Service
 Psychology Education
 and Training Toolkit**

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The Canadian Council of Professional Psychology Programs (CCPPP) represents university-based psychology programs and psychology internship settings in Canada that train professional psychologists such as clinical, counselling, school, and clinical neuropsychologists, as well as other branches of professional psychology. We maintain a seat on the CPA Board as a partner representing the interests of psychology training programs in Canada. Also in this role we work with our partner organizations in North America and hold liaison partnerships with the Association of Psychology Postdoctoral and Internship Centers (APPIC), the Association of State and Provincial Psychology Boards (ASPPB), and the Council of Chairs of Training Councils (CCTC).

Every 10 years the CCTC facilitates a North American conference and the 2020 conference focused on social responsiveness in health service psychology training. Many in our profession have been acutely aware of systemic problems across recruitment, research, policy development, curriculum development, ethics, engagement,

advocacy and lifelong learning, but for those who were not, 2020 certainly ‘caught’ up the members who were lagging behind. The theme, “recalibrating our mission” put our profession on notice; in order to continue to serve the needs of communities, students, and future students, we need to acknowledge our failures, leap in, have the courage to confront our inadequacies, engage in uncomfortable discourse and work toward real transformative change.

Within our profession, we have experts who have been working in the area of research and advocacy for diversity and inclusion for decades. There certainly are some programs which are leading in this area across the country. However, we need to shift from including diversity as part of our training experience to truly and wholeheartedly diversifying the profession, decolonizing the curriculum, and acknowledge that the research we often elevate excludes methodologies such as Indigenous, Black, racialized, international, intercultural, and minoritized perspectives.

Despite all the work that is occurring, it can feel as though it is too little, and too

slow, and that the profession, as a whole, is paralyzed at the edge of a precipice. In a highly monitored society, even the awareness that one’s actions will be subject to scrutiny can be paralyzing. Knowing that the methods we attempt to use to get there and the partnerships we forge along the way, are all open to commentary, requires programs and people to be vulnerable; to take a leap and have really difficult conversations, that can challenge and overwhelm us. Fears of the potential consequences of missteps that can occur as we learn, of being met with aggression, despite our attempts can make us reticent to take chances and be different.

However, an interesting dialectic abounds: while we do not want to misstep, the truth of the matter is, that we can’t stand cautiously in the corner observing and analyzing until we feel that we “know the answer.” This sort of transformation requires all hands on deck, to shift the course.

CCPPP in partnership with CPA Accreditation and CPA board members ensured Canadian representation in each of the nine working groups and more importantly, a strong student perspective. Vulnerable conversations were had, safe spaces were held, microaggressions were discussed, misunderstandings cleared up, and most importantly, a way forward emerged. At the end of six virtual meetings, with much work conducted between the meetings, a 157-page document was produced with actionable tools, processes and frameworks that can be used across and within any and all professional psychology programs.

But this isn’t enough. Toolkits only support change if they are put into action. CCPPP issued a challenge in June at the Annual General Meeting - take one tool, framework, or process from the tool kit and implement it during the 2021-2022 academic year. We encourage everyone involved in our profession who hasn’t been working in this area, or feels that they aren’t an expert in this area, to take a look and do the same.

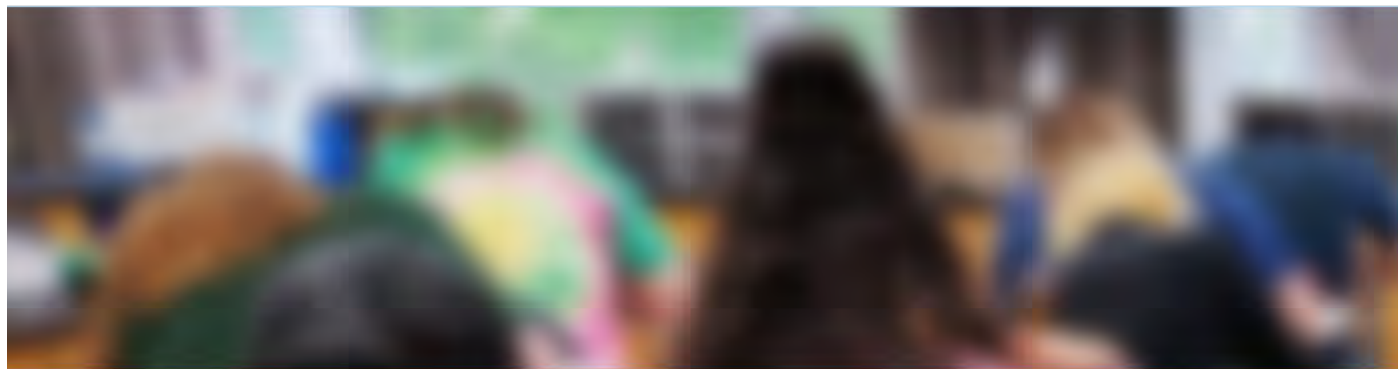
The most up to date version of the toolkit can be found here:

<https://cpa.ca/Education/SocialResponsiveToolkit>



SOCIAL EMOTIONAL LEARNING, POLICY AND PSYCHOLOGY

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When you look at the numbers, it becomes evident that mental health is one of the most significant and growing concerns among Canadian youth. With at least 3.2 million adolescents affected by a mental illness or disorder, these staggering numbers indicate that several mental health concerns begin in the school-aged years^{1, 2}. So far, the efforts to reduce this prevalence include implementing mental health interventions after diagnosing disorders such as anxiety and depression. However, this has resulted in a lower-than-expected outcome as they only reach 1 in every 5 children in Canada¹. To ameliorate these figures, there has been a push for primary, elementary, and secondary school educational policies to integrate proactive social-emotional learning².

A sought-after mental health framework in Canadian schools is Social-Emotional Learning (SEL), popularized by a group named The Collaborative for Academic, Social, and Emotional Learning (CASEL)³. According to CASEL, SEL is the process through which we learn to identify and regulate emotions, avoid negative behaviours, make appropriate choices, behave responsibly, and form positive and caring relationships with others. This is achieved by teaching five core competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision making. SEL programs using the aforementioned framework are deemed universal and incorporate the whole-school approach, meaning that students receive school programs and support from educators, psychologists, and their communities.

It makes perfect sense why social-emotional competencies are being considered in school policies. Children spend thirty hours a week on average in school and acquire dynamic educational and social

experiences that shape them. Schools are also an ideal setting for promoting SEL competencies where we can reach most youth early and repeatedly⁴. Furthermore, students are not without the professional support of school and clinical child psychologists whose bedrock principles are to implement school-wide programs that address mental health concerns for children and their families.

Despite SEL's recent and rapid progression into Canadian curriculums, the current policy cycle has created noticeable gaps in effectively implementing these programs. This is because the current policy cycle uses a rigorous vetting process in educational productivity research for simple and one-size-fits-all solutions^{5, 6}. Principally speaking, educational productivity is a positivistic policy approach that uses cost-benefit analysis (CBA) to generate economic returns that yield the most benefit for the least cost or risk^{5, 7}. CBA research has evaluated SEL programs in North America that achieve positive cognitive, affective, and behavioural outcomes with a positive economic return. For instance, a recent analysis conducted by the Center for Benefit-Cost Studies in Education at Columbia University demonstrated a substantial cost-benefit ratio of \$11 in return for every dollar spent for SEL programs⁸. Although these evaluations look at the overall effectiveness of SEL programs, they do not account for the fact that the data may be skewed due to a lack of consideration for students' relationships to their communities. In fact, the researchers Durlak et al. (2011) noticed that "few prevention and promotion studies explore the importance of classroom, school, and neighbourhood contexts on programs to illustrate how broader ecological perspectives can enhance [the] understanding of program effects"⁹.

The objective of SEL is to target all students, and a cost-efficient approach seems like a simplistic win-win for policymakers and school boards. However, it is imperative to problematize the term universal as it invites a one-size-fits-all vetting for SEL programs. Using this policy process diminishes the whole-school approach, which claims to invite perspectives of educators, families, and community members at large to create what is known as "healthy schools" across Canada¹⁰. Furthermore, it imposes challenges on school and clinical child psychologists who are uniquely positioned to identify students' SEL needs and safeguard their interests.

Psychologists concern themselves with supporting children's mental health holistically. Although reformation of the current policy cycle may not happen immediately, we can change what kind of research is presented at the table. As a first step, psychology researchers can evaluate SEL programs in education that consider community collaborations like *Addressing Bullying Using your WITS* (www.witsprogram.ca) or *Human Early Learning Partnership* (<http://earlylearning.ubc.ca>) implemented in British Columbia⁴. In addition, they can include CBA analyses of these programs to demonstrate their cost-efficiency. Psychologists can also present programs they appraise as beneficial to schools as they support the delivery of comprehensive mental health initiatives in these spaces. Finally, psychologists can encourage greater cooperation and dialogue between educators, community agencies, and other stakeholders as advocacy can drive the necessary systemic change for prioritizing students' best interests.

FOR A COMPLETE LIST OF REFERENCES,
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ENHANCING PUBLIC POLICIES

JUDI. L. MALONE

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Psychology Association of Alberta



Years of careful relationship building, and targeted advocacy plans have enabled the Psychologists' Association of Alberta to enhance public policies considering psychological science and practice – to the benefit of our profession but also the psychological health and wellness of all Albertans.

In the past few years, we have submitted unsolicited policy briefs, presented as expert interveners for legislative committees, and have been invited to the table when a range of provincial, municipal, or organizational policies are being reviewed or considered. A few examples include Workers Compensation Act reopening, Child and Youth Advocate review, Alberta Health Care public information pages policies, and various ways that involve access to psychologists.

Our process has evolved into 5 key stages: build awareness, research, development, presentation, and direct advocacy. For awareness, we watch for issues that matter, develop key relationships that result in invitations to get involved, and get informed through direct member contact. Research takes many forms but always includes calls for member expertise, review of the relevant science and practice of psychology, and aligning that to both current policy, positions, and existing stated platforms. We then develop a policy brief, centred on actionable solutions/recommendations, which is often used to develop a communications plan or key presentations. Live presentations always involve an expert psychologist. And the preventative aspect is having psychology toolkits for both elected officials/senior civil servants and for our members to facilitate their involvement in issues that matter.

It's not always a smooth process and it's both time-consuming and heavily dependant on the leaders of the day but we have a responsibility to impact change. And sometimes it results in some easy wins for our profession and those we serve.

A recent example from last year was a campaign we referred to as the "Billing Code Amendment". We couched this advocacy initiative as one to protect quality healthcare and to improve interdisciplinary care. What had occurred was a slight policy change that resulted in psychiatrists no longer being able to bill for receiving a referral from a psychologist. This was brought to our attention by several caring and concerned members who work closely in interdisciplinary practice with psychiatrists (of which there is a shortage in Alberta).

We briefly identified the impacts of the policy change – how this did well to facilitate direct referrals to psychiatrists for assessment, diagnosis, and medication management optimizing efficient and effective psychological care. This meant clarifying how appropriate billing codes for psychologist referrals to psychiatrists were a necessary and cost-saving measure for optimal patient-centred care in interdisciplinary environments. We also highlighted the "likely omission" in the changed policy which essentially prevented psychiatrists from completing telehealth assessments when referred by psychologists to the exclusion of referrals from Nurse Practitioners.

Importantly, we clearly articulated how this change did not align with the current government platform for "Red Tape Reduction" and how a simple policy change

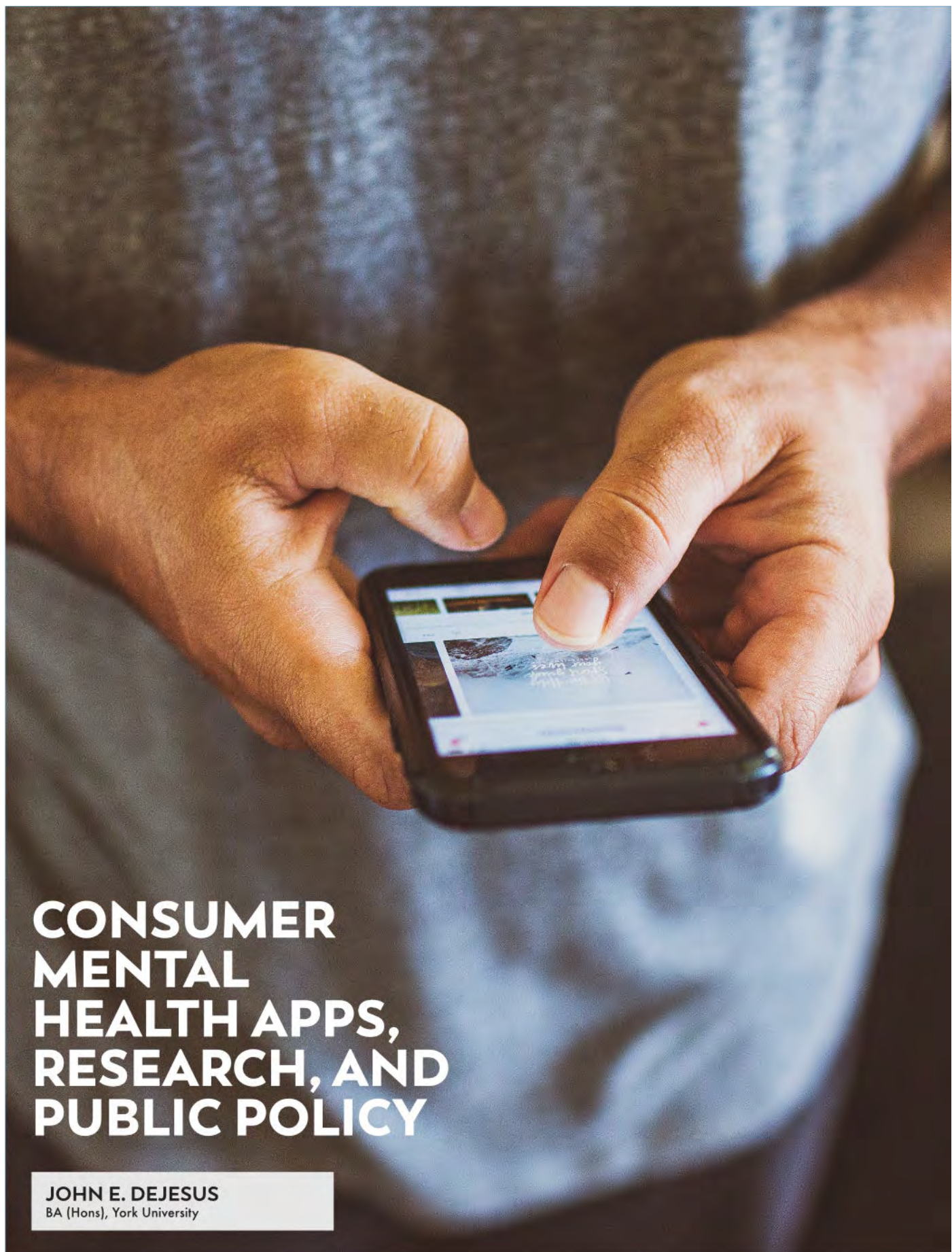
could save money & time while better supporting timely, patient-centred care. More importantly, how a quick amendment could reverse, "costly, inefficient, and negative impacts on care by burdening the healthcare system, delaying needed mental health care, and increasing waitlists" – all taken from the government's own platform.

The policy brief was a simple one-page overview and was sent, following all government protocol, to the Minister of Health, Associate Minister of Addiction and Mental Health, the Minister of Finance, each of those Deputy Ministers, and the CEOs of Alberta Health and Alberta Health Services. And, in every bit of correspondence we highlighted our three simple actionable recommendations / solutions:

1. Allow psychologists to refer directly to psychiatrists
2. Replace the physician billing code for referrals from psychologists
3. Remove the requirement that patients seek referral from their family physician in addition to their psychologist

Although we were quickly working on specific presentations and were training and supporting two members as psychologist experts ready to speak to the issue with direct experience, we didn't need to take those final steps. Within one week the policy was reversed and each of our recommendations were implemented.

Our science and practice have much to offer. Get involved. It does make a difference for the science of psychology and for those served in our practice.



CONSUMER MENTAL HEALTH APPS, RESEARCH, AND PUBLIC POLICY

JOHN E. DEJESUS
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Healthcare in Canada abides by the Canada Health Act (CHA). The primary objective¹ of the CHA is to "protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers." Healthcare services are managed, organized, and delivered at the provincial and territorial levels, with the federal government providing support for funding and standards. However, despite decades of research summarized by "No health without mental health", coined by the World Health Organization,² mental health services in Canada have yet to be considered 'medically necessary' and inclusively covered by provincial healthcare insurance providers.³ As a result, this lack of acknowledgement and coverage, along with the low number of mental healthcare providers, high costs of non-insured treatment, geographical or cultural barriers, and the rising cost of living,⁴ widens Canada's *treatment gap*, also known as the difference between the number of people who need care and those who receive care.

National initiatives, such as healthcare reform integrating advances in clinical science and technological and interdisciplinary centralization, are underway to address this gap.^{5,6} However, the reality of timelines for structural change and the current mental health needs of Canadians has some turning to their mobile devices in hopes to ameliorate their symptoms.⁷ *Consumer apps*, or smartphone apps publicly available on stores such as the App Store or Google Play, have dramatically increased the number of mental health resources, and access to them, at little to no cost. The purpose of this article is to provide a glimpse of the state and quality of evidence for consumer mental health apps to best inform evidence-based policymaking.

Meta-analyses of smartphone mental health apps are promising at first, reporting significant effects for treating internalizing disorders,⁸ reducing stress and negative affect, and improving positive affect and quality of life.⁹ Although, one review of 361 apps aimed at treating anxiety and worrying found that 75% of apps did not contain evidence-based strategies such as exposure, stimulus control, and cognitive

restructuring.¹⁰ Another review of 52 apps for anxiety found that 67% were not developed with a mental healthcare professional on staff.¹¹ In turn, mental health apps are promoting passive coping strategies (e.g., distraction, avoidance), using non-validated measures for symptom monitoring, and delaying professional help-seeking behaviours.¹² An important distinction, seldom made in many reviews, is the codification between *laboratory apps*, or smartphone apps incubated in highly controlled conditions, and consumer apps. There are, however, two systematic reviews of consumer apps that have analyzed consumer apps that treat anxiety and depression. They included 20 published articles reporting significant findings; however, the individual studies were conducted by stakeholders, increasing the risk of bias.¹³ Thus, on the one hand, consumer apps are indeed accessible and widespread. On the other hand, the evidence is too nascent to conclude on their effectiveness, as supported by more extensive reviews.^{14,15,16}

Public health policymakers aim to make the best use of finite resources to most positively impact society. The reach provided by consumer apps merits greater attention in policy work to address its limited evidence by supporting research generation. *Randomized-controlled trials* (RCTs) are the gold standard for effectiveness research.¹⁷ Replicability and generalizability¹⁸, two pre-existing concerns for RCTs, are amplified in the consumer app context due to the large number of interventions permuted within a single app (e.g., ordering from unstructured and multiple modules) and the global population¹⁹ and diverse characteristics of consumers (e.g., ergodicity). Moreover, findings of an earlier version of an app are potentially jeopardized with each content update and introduction of active ingredient(s).²⁰ Methodological considerations such as these are not always apparent, yet they are essential to examine, resolve, and assimilate in the research generation process before policymakers advocate for industries to conduct transparent, valid, and reliable evaluations.

Policymakers can support research initiatives that improve the app development process and advance our evaluation tools while mitigating risks in the current market.

For the design of an app, policies can promote Open Source evidence-based strategies, development frameworks,^{13,21,22,23,24} and ethics and data privacy protocols^{13,25}. Moreover, providing industries incentives to enlist a clinical scientist can ensure valid implementation of evidence-based strategies and continued monitoring to preserve treatment fidelity.^{26,27}

In evaluating an app, policies can facilitate initiatives that improve existing evaluation tools, develop alternative methodologies, and promote apt evaluation approaches. Previously mentioned methodological concerns should be carefully understood in the globalized app context and subsequent appropriate solutions incorporated in future revisions of trial and review initiatives, such as the CONSORT-EHEALTH and Cochrane review.^{28,29} Alternative methodologies, such as single-case research designs²⁰, machine learning, and precision medicine³⁰ are promising but costly, and require greater funding opportunities. Promoting felicitous methodologies for a specific aim, such as the RE-AIM for public health impact,³¹ would provide industries with precise information to answer their questions and improve their publicly-available app.

Mitigating risks is recommended at the current level of evidence for consumer apps.¹⁶ First, policies can propagate existing evidence-based consumer apps such as BounceBack, MindShift, and MindBeacon. Alternatively, they can promote digital and mental health literacy, advocate for clear and grounded app descriptions that would not lull one into a false sense of security or hinder professional help-seeking behaviours,^{32,33,34} and persuade consumers to use decision-making frameworks (e.g., the App Rating Framework^{16,19}) while navigating stores.

Consumer apps are an independently developed innovation that has found its way into public health and the hands of Canadians. Policymakers and researchers must collaborate to better understand this ubiquitous technology and its potential integrated role in public health policy and strategies.

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URGENCY FOR A CANADIAN COMMISSION TO OVERSEE BEST PRACTICES FOR OUR MOST VULNERABLE CANADIAN CHILDREN AND YOUTH

JON FRIEL
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The *Problem* is Canadians do not know the full extent of the child maltreatment problem. The Canada Incident Study of reported child abuse and neglect (CIS, 2013) confirms this statement¹.

Julia Kovarikova (2017) is the founder of the Child Welfare Political Action Committee of Canada (PAC). From age 6 to 16 she saw the inside of foster care and from 18 onward the other side of social services—for teens and their personal growth and development from youth into adulthood. Her research notes that outcomes remain bleak for vulnerable youth in Canada².

Canadians understand the impact as we see it in the news. Headline: Foster teen killed in Ontario home run by for-profit company (Sher, February 2021)³. The scenario of the killing is provided by Dvoskina (2021): “David Rowan ...was... placed in a privately operated foster care...where he was fatally stabbed (by another teen in the foster home) in February of 2019...”⁴. This exposed gaps in for-profit child protection and illustrated the severity of the associated social ramifications.

Schimmack (2020) suggests we need to provide oversight to all Canadians about treatment, therapies, guidance and social support practices⁵. He calls out the research, showing that only about 25% of Social Psychology research can be dupli-

cated. In my opinion, the science on which treatment services are based, merits close replication, scrutiny as well.

In a recent interview for the Canadian Criminal Justice Association with Ms. N. Wright (2020), Editor-in-Chief of the *Justice Report*,⁶ I spend considerable time talking about my idea for a Canadian Commission on evidence based best practices in human services. This aims directly at the problem of maltreatment and vulnerability of the children, adolescents, adults in group homes, residential care and campus care, (another term for residential care operating in the federal and provincial institutions of our provinces and territories). The purpose of this social and public policy, the Commission, would be to oversee the influx of books, journals, pamphlets and consultants into the domain of psychology from Canada and into Canada from other countries. These writers and consultants are advising our boards of directors, managers and administrators, who then deliver the recommended human services because they are believed to be “best practices” for our most vulnerable Canadians.

This means that professionals involved with care delivery in foster care, group homes and residential or carceral institutions have no hope of being able to make reasonable assessments as to what works and what does not work. The lack of public oversight into the merits of those methodologies represents a critical gap in policy.

An example of a resource that demands immediate review is the DSM-5⁷. Consid-

eration of the impact of factors such as bullying in schools, ineffective child protection services, violence or neglect and abuse in homes and at work is critical to the appraisal of psychological adjustment and wellbeing. How accurately or fairly does the DSM-5 assess and diagnose disorders in disadvantaged and vulnerable people or, as many long-standing critiques suggest, does it risk medicalizing or pathologizing behaviour that may be normal when considered in its context?

The hindsight questions about the child-care problem are simple: (1) what would have been a better way for Ms. Kovarikova to have grown up? (2) what could have saved Mr. Rowan’s life? and (3) who provides oversight of all the information, models, and programs being used to help our most vulnerable Canadians? Since mental-health diagnostics is a complex process and requires skills that not all professionals possess, professions like psychology are critical to ensuring the science base of our assessments and interventions.

A Canadian commission on evidence-based practices would ensure peer-review and oversight of models/best practices to be used in Canada and provide critical support to professionals involved with care delivery in foster care, group homes and residential or carceral institutions as well as to public domain managers, board members, executive directors and wellness coordinators.

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MENTAL HEALTH CARE IN CANADA:

Mending the access gaps



K.R. COHEN
Ph.D., CEO, CPA

We are way past minding the mental health care gap in Canada. It's time to mend it—for individuals, families, the workplace and all our communities. Psychologists can help.

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One of the lessons we have learned from the COVID-19 pandemic, is that physical illness has its psychological side. There is the worry about catching it, the behaviour change necessary to managing it (e.g. distancing and masking), and the sadness, stress, and isolation it leaves in its wake (e.g. loved ones becoming gravely ill,

job loss, work and study at home). The pandemic has under scored the inseparable relationship between mental health and physical health. Yet, the two are not valued equally in our health systems.

Psychological intervention is mainly delivered by psychologists and other mental health providers, outside of publicly funded institutions, where their care is not covered by medicare plans. This is because Canada's medicare plans cover services delivered in specific venues, like hospitals, and/or delivered by designated health providers, mainly physicians.

Our medicare plans must evolve beyond the Canada Health Act to recognize that we have many regulated, non-physician, health professionals who provide evidence-based care to treat people's health conditions. When it comes to mental health, some problems present on their own, and others present along with other health conditions such as substance use, heart disease, diabetes, and living in the spectre of COVID-19.

Approximately 26 million Canadians have access to extended health benefits through employment. However, what is included in these plans varies among plan sponsors. While plans usually include medications and dental care, only some include psychological care. While medication coverage isn't usually capped, there are significant caps on psychological care; and this despite the fact that evidence-based, psychological interventions are less expensive than, and at least as effective as medication in treating common mental health problems (i.e., depression and anxiety). The median psychological care coverage for the plan that offers it is \$1,000 annually whereas, on average, a successful course of psychological treatment is \$3,500 to \$4,000.

While important progress is being made by provinces who have adapted successful mental health initiatives from other countries, unless you see a physician, or receive care in a hospital, your access to publicly funded psychological care is limited. While some employers are increasing coverage for psychological care, most caps continue to be low, and many Canadians have no extended health coverage at all. These service gaps, in the public and private sectors,

are gaps that as a country we can no longer step over.

COVID-19 has made clear the significant role that mental health plays in managing stress, disease, changes in work and family life and, well, everything. Canada's national political parties have recognized that and, leading up to the recent election, made explicit mental health funding commitments.

Change must happen within public and private sectors and at the level of health providers, individuals, and systems. Here are some recommendations.

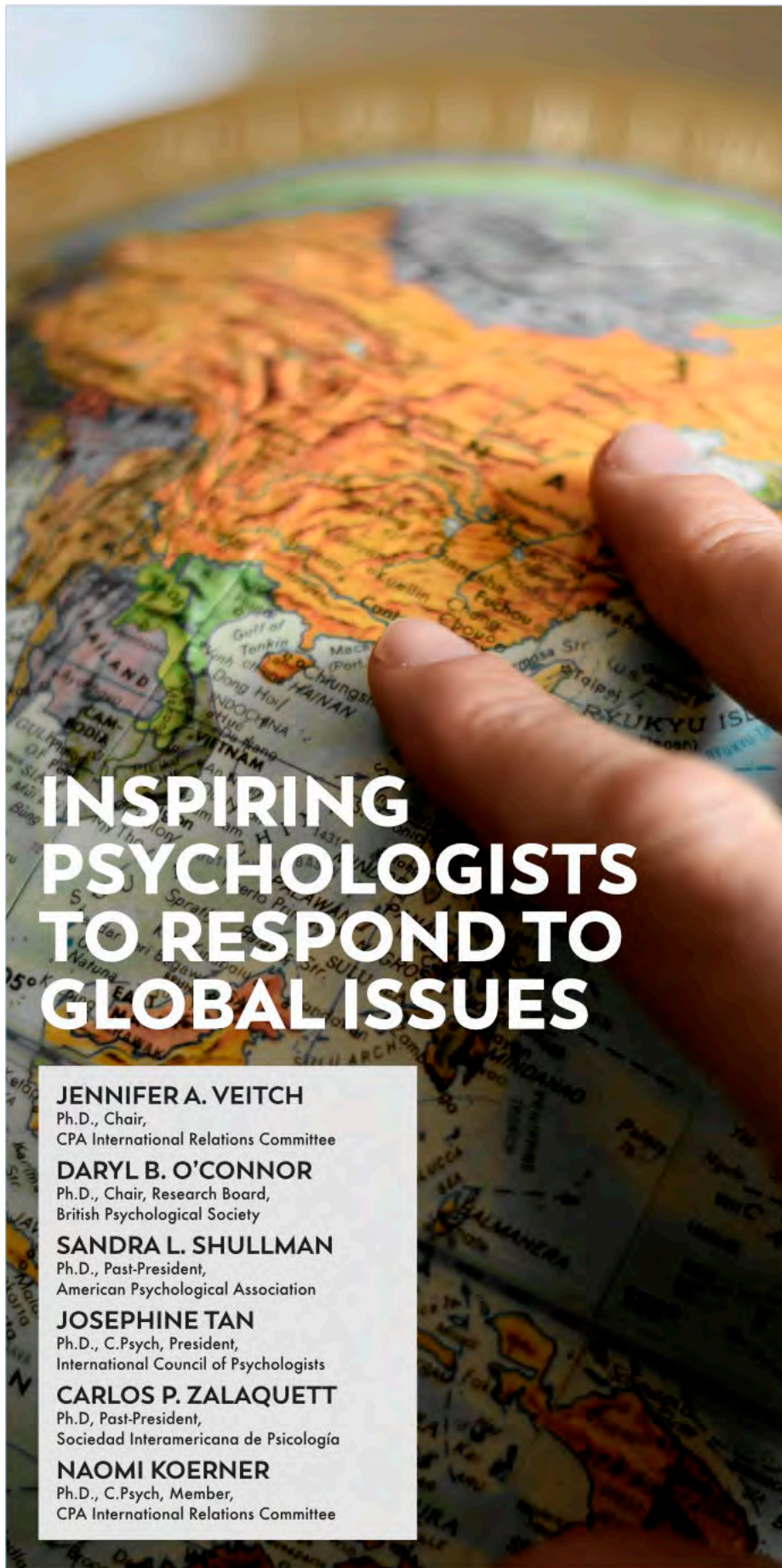
- While targeted mental health transfers to support program-based initiatives are a great step, we need sustained funding that ensures people get the evidence-based interventions, delivered by regulated mental health providers, where and when they need it. As is the case for physical illness, there are a range of mental health problems and disorders that need a range and combination of services and supports.

- Canada has a two-tiered health system when it comes to mental health; we need to ensure that, no matter how the service is covered, people have access to the help they need. Employers who sponsor extended health insurance plans must provide meaningful amounts of coverage and government can give them tax incentives to do so.

- Canada needs to reconsider what it means by health and health care. Much has changed in health care practice in the decades since the introduction of medicare. There are hundreds of thousands of licensed health care providers, like psychologists, whose care is best delivered in communities where, unfortunately, their services are not covered by medicare and are insufficiently covered by extended health insurance.

- Health providers need to be supported to practice to their licensed scope in the public and private sectors. There is more that many can do safely and accountably in hospitals and in communities. We need a public health system that is service and patient based, not venue and provider based.

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INSPIRING PSYCHOLOGISTS TO RESPOND TO GLOBAL ISSUES

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Global life-changing events such as the COVID-19 pandemic demonstrate the applicability of psychology’s accumulated knowledge about human behaviour to problems in which cultural sensitivity, social justice, and advocacy are paramount (Zalaquett et al., 2019)¹. Yet many psychologists do not seem to realize how relevant our discipline is to the resolution of global issues, missing opportunities for sizeable contributions. Here, we reflect on what is needed from psychology as a discipline and as a profession to respond more effectively to issues of global consequence:

- Redefine what it means to be a “psychologist.” Psychologists need to see and develop themselves as learning leaders who help others learn, grow and change at all levels of human organization (Shullman, 2018)². We have to see ourselves as more than academics, clinical care providers, or consultants -- we need to ask ourselves about the meaningfulness of our work in relation to global issues. This requires a shift in mindset within training programs and funding bodies so that past models are not perpetuated. Having said this, it is never too late to become a psychologist or psychological scientist who addresses global issues. Many trainees and professionals ‘learn the ropes’ by joining advocacy committees, special interest groups or task forces in regional, national and international associations.
- Broaden the unit of analysis. Psychologists and psychology across the globe would benefit from adopting a population health or community psychology model. This would enable us to reach the broadest possible number of people, starting in their communities and groups, and creating appropriate strategies to prevent or to mitigate problems, and to maintain the desired end state. To accomplish this, psychologists and psychology must adopt a systems perspective to underpin community contexts and their impact on behaviors. This requires psychology to go *beyond* an individual focus, to a focus on families, groups, teams, organizations, institutions and nations as basic units of human organization and activity.
- Consider other epistemologies. To adopt a broader contextual perspective,

psychology as a field needs to broaden its epistemological foundation, which largely resides in Western world views. In this vein, we observe efforts to decolonize and indigenize psychology already taking place. Tackling global issues requires an understanding of local contexts and cultures so that the solutions that arise from psychological research and initiatives are relevant and useful to those regions. What might be considered a very important issue in the West might be viewed as unimportant within the local context. What might be considered the ‘gold standard’ in intervention in the West might turn out to be totally ineffective in another part of the world.

Understanding the local contexts or other epistemologies does not mean abandoning efforts to uncover similarities among societies; the most effective way for different groups to come together is through common paths. While we increase our recognition and understanding of differences, we also must learn what links us together. We need to develop a sufficiently common view to come together to address global issues.

- Increase access to knowledge and uptake of Open Science approaches. Increasing global reciprocal access to research and information resources is critically important. Psychology and psychologists have led the way in advocating, promoting and adopting Open Science principles and practices in recent years. However, there is much to do to increase uptake of these new and important approaches. Open Science – by which we mean the sharing of data as well as the dissemination of results -- is a valuable tool for developing solutions to international challenges such as a global pandemic or climate change. Adopting these principles and approaches will undoubtedly improve the quality and robustness of the research findings and dramatically increase access to the latest research and available evidence base. Therefore, in order to help further improve quality, openness and rigour, we urge psychological scientists to endeavour to preregister their research hypotheses and analysis plans (e.g., <https://aspredicted.org/>; see <http://dx.doi.org/10.23668/psycharchives.4584>; Bosnjak et al., in press)³



or to use registered reports (e.g., <https://osf.io/rrf/>) and make their data FAIR (findable, accessible, interoperable, reusable) recognizing the principle of ‘as open as possible; as closed as necessary’ (BPS, 2020, O’Connor, 2021)^{4,5}.

- Learn to communicate the nature and value of our work in a way that is comprehensible to the public, decision-makers, and professionals in other disciplines. If nobody can understand us, nobody will want what we have to offer. This means avoiding technical and scientific jargon when we explain what we know, what we do, and what it means for tangible acts that benefit the world community. Creativity in translating our research and knowledge will enable us to reach a broad audience. Many psychologists are learning how to engage with audiences and stakeholder groups through social media platforms, podcasts, webinars, live streams and recorded talks, and others communicate directly to policy-makers or serve on committees to write application standards. These skills should be taught and cultivated starting at the earliest stages of training, and career progression criteria would benefit from including such outreach in addition to traditional publications, teaching and service.

Psychologists from around the world work together to advance the application of psychology to global issues through the Global Psychology Alliance (GPA), which is a collective of over 60 psychology associations, including our five affiliations. To learn more, visit: <https://www.apa.org/international/networks/global-psychology-alliance>.

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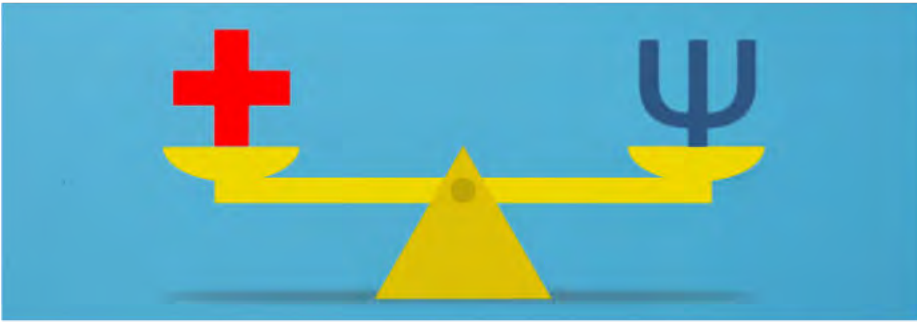
Mental health care in Canada

Continued from page 15

- We need to train health providers in sufficient numbers, and with the skills that their patients need of them. A large class of doctoral students in professional psychology is ten, a fraction of the hundreds of nurses and physicians trained annually in a single class. If we want to make mental health care more accessible to people who need it, we need to invest in our mental health human resources.
- Health provider training must focus on what patients need of us. We must break down barriers to ensure an inclusive and representative resource and training must include competence around culture, identity, and intersectionality; aging populations; the management of chronic health conditions; substance use, and end of life decisions—to name only a few.
- Barriers to accessing care are disproportionately felt by those people who are most marginalized. To achieve equitable access to health care, health providers, systems and institutions must dissolve the disparities that exist due to stigma, poverty and being a member of minority and vulnerable populations.
- Governments and policy-makers must consider the behavioural science of public policy and programming. How well we manage a pandemic or climate change depends in large measure on how people behave. Policy that takes into account why and how people make behavioural decisions will be better policy.

We are way past minding the mental health care gap in Canada. It’s time to mend it—for individuals, families, the workplace and all our communities. Psychologists can help.

Dr. Karen Cohen (Ph.D.) is the CEO of the Canadian Psychological Association (CPA). Dr. Cohen is a registered psychologist. She completed a post-doctoral fellowship in rehabilitation psychology and neuropsychology at the Ottawa Rehabilitation Centre where she worked for 9 years with persons living with a range of chronic health conditions and disabilities.



MENTAL HEALTH PARITY, A TIME WHOSE IDEA HAS COME

KIM HOLLIHAN,
ELLEN COHEN
& GLENN BRIMACOMBE

When it comes to funding, CAMIMH supports the Royal Society of Canada recommendation that the provinces and territories should increase funding for mental health and substance health services to at least 12 per cent of their health budgets.

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While the results of Election 44 suggest that we are no further ahead than where we were in 2019, some might be reminded of Yogi Berra's adage that "it's déjà vu all over again."

However, the Canadian Alliance on Mental Illness and Mental Health (CAMIMH)—an alliance of 13 national organizations representing people with mental illness experience, their families and caregivers, and health-care providers—was encouraged by what we think is a historic moment; where all sitting national political parties made significant funding commitments to improve access to mental health and substance use health programs, services and supports. This is clearly welcomed at a time when 42 per cent of Canadians believe the pandemic will have a lasting impact on their mental health (KPMG, 2021), and there are already long wait times for care.

In a minority government, the importance cannot be overstated of a multi-party consensus on such a critical public policy issue where the federal government can and must do more to help those in need. It is also a reflection of the times we are living in, given the negative impact COVID-19 has had, particularly for those with a mental health and/or substance use issues that worsened because of a pre-existing condition.

Given the parties' commitments, how can we ensure that the promised federal investments in mental health and substance use health will make a difference in Canadians' lives by expanding timely access to care and improving outcomes? For too long, mental health and substance use health programs, services and supports provided by psychologists, social workers, psychotherapists, counselling therapists and counsellors have not been covered by provincial and territorial health plan. This must change.

While the political will is clearly there, the question of how to do it remains.

In a recent report, "From Out of the Shadows and Into the Light ... Achieving Parity in Access to Care Among Mental Health, Substance Use and Physical Health," CAMIMH recommended that the federal government, similar to other developed economies, pass a new piece of legislation, A Mental Health and Substance Use Health Care For All Parity Act, that would provide a framework for the federal government to collaborate with and support the provinces and territories.

The proposed act would: (1) recognize that timely access to accessible and inclusive mental health and substance use health programs, services and supports are valued equally to physical health; (2) ensure the full array of publicly funded evidence-based mental health and substance use health

services are available on an equitable basis; (3) invest in health promotion, prevention and education as well as the social determinants of health; (4) include clear accountabilities and meaningful national health system performance indicators; and (5) be linked to an appropriate and sustainable level of federal funding to the provinces and territories.

In effect, the act would define a set of mutual accountabilities where the federal government provides an appropriate and sustainable federal contribution (such as through a Canada Mental Health Transfer) and the provinces and territories meet the objectives of the act. At the same time, the provinces and territories should have the full flexibility they need to continue the transformation of their mental health and substance use health delivery systems. The act would also embrace a national set of health system performance indicators so that we can all learn from one another in a "race to the top" when it comes to innovation, improved access and health outcomes.

Post-pandemic, we anticipate that Canadians will need more mental health and substance use health programs, services and supports, not less. When it comes to funding, CAMIMH supports the Royal Society of Canada recommendation that the provinces and territories should increase funding for mental health and substance health services to at least 12 per cent of their health budgets.

The time to act is now. There can be no health without mental health.

CAMIMH looks forward to working with all levels of government and others to ensure that the people of Canada get the care they need, when they need it.

Dr. Kim Hollihan (EdD) is Co Chair of CAMIMH and CEO of the Canadian Counselling and Psychotherapy Association, and has been a member of CAMIMH for several years. Ellen Cohen is Co-Chair of CAMIMH and CEO of the National Network for Mental Health, which advocates, educates and offers expertise and resources to increase the health and well being of Canadians with lived experience of mental health issues. Glenn Brimacombe is CAMIMH Chair, Public Affairs Committee, and Director of Policy & Public Affairs at the Canadian Psychological Association, and past-CEO of two National Health Associations.

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KNOWLEDGE, SKILLS AND ABILITIES

- Ability to work independently and as a member of an interdisciplinary team.
- Demonstrates broad assessment, treatment and consultation skills.
- Knowledgeable in the field of health psychology, pain management and impacts of psychological factors on health.
- Knowledgeable in the treatment of trauma and clinical mental health conditions.

CPA HIGH

A list of our top activities since the last issue of Psynopsis.

Be sure to contact membership@cpa.ca to sign up for our monthly CPA News e-newsletter to stay abreast of all the things we are doing for you!

ACCREDITATION UPDATE

The CPA Accreditation Panel and Standards Review Committee completed their internal consultations on their draft of the 6th Revision of the CPA's Accreditation Standards, and have launched their consultations with stakeholders external to the CPA. For any information related to the progress of our Standards Revision process, please visit www.cpa.ca/accreditation.

1. NATIONAL DAY OF TRUTH AND RECONCILIATION WEBINAR

Stryker Calvez, Chair of the CPA's Indigenous Peoples Section and David Danto, Chair of the CPA's Standing Committee on Reconciliation presented a webinar September 30, the National Day of Truth and Reconciliation. You can find 'How can the field of Psychology in Canada honour this day and the Survivors, their families, and communities?' at the CPA's YouTube channel.

2. MENTAL HEALTH IN THE WORKPLACE SURVEY

The Mental Health Commission of Canada and the Canadian Psychological Association, in partnership with Saint Mary's University, are conducting research to better understand how mental health services are being accessed and provided by Canadian organizations. A short, online survey (10-15 minutes) will improve our knowledge of employees' experience in accessing psychological services and employers' strategic decisions on providing coverage for them in Canadian workplaces.

3. NEW ADVOCACY TOOLS FOR MEMBERS

The CPA has developed a number of educational tools to assist members with advocacy efforts and media relations. Go to the Advocacy section of the CPA website for the Advocacy Guide, the Meeting Your Member of Parliament Advocacy Kit, the Meeting Your Member of Parliament Psychological Science Kit, CPA's Key Messages, Advocacy Dos and Don'ts, the Media Guide, and other resources.

4. NEW PROFESSIONAL DEVELOPMENT COURSE SERIES WITH APA LICENSING AGREEMENT

Check out the Professional Development section of the CPA website for dozens of new courses now available through a partnership between the APA and the CPA. New courses cover a very wide range of topics, from pain management to racial trauma to organizational transformation. There will be hundreds of courses available in this new series before the end of the year.

HIGHLIGHTS

5. HISTORY OF PSYCHOLOGY COURSE

The University of Calgary, in collaboration with the CPA, is offering an online History And Systems Of Psychology (PSYC601) course that examines the history of psychological concepts in Western culture, major theoretical systems of twentieth century psychology and foundational assumptions of theories in contemporary psychology. If you need a history of psychology course for provincial licensing purposes, in order to complete your grad degree, or you are simply interested in learning about historic concepts and their relevance to today's psychology, contact Janelle McConnell at jmconne@ucalgary.ca

6. FEDERAL ELECTION AND 2021 PRE-BUDGET CONSULTATION PROCESS

Notwithstanding the calling of a federal election, CPA submitted its Brief to the House of Commons Standing Committee on Finance as part of the 2022 federal budget consultation process. The submission has relevance with the new government formed on September 20th. As each political party begins to unveil their platform during the 2021 federal election, the CPA summarized the key "promises" that each party made that were relevant to members. This summary remains available on the CPA website under Advocacy.

7. POST-ELECTION AND MENTAL ILLNESS AWARENESS WEEK

As part of Mental Illness Awareness Week (MIAW, October 3-9), and the CPA's post-election advocacy activities, the association sent a congratulatory letter to Prime Minister Trudeau noting the importance of investing in expanded and timely access to mental health care programs and services. Dr. Karen Cohen (CPA CEO) also had an Op Ed *Mental Health Care in Canada: Mending the Access Gaps in The Hill Times* - which is read by all Ottawa insiders - outlining a number of recommendations to close the access gap. As well, in the capacity as Chair of Canadian Alliance on Mental Illness and Mental Health's (CAMIMH) Public Affairs Committee, Glenn Brimacombe (CPA Director of Policy and Public Affairs) co-wrote an Op Ed on *Mental Health Parity, a time whose idea has come for The Hill Times*. As the new government takes shape, CPA will continue to be active in engaging a broad cross-section of Parliamentarians.

8. TWO NEW FACT SHEETS

Epilepsy: A new grouping of fact sheets specific to epilepsy has been added to the Fact Sheets collection. Addressing the academic, cognitive, social and emotional aspects of epilepsy in children, these fact sheets will be particularly helpful for teachers, pediatric neuropsychologists, and school psychologists.

Workplace Burnout: A new fact sheet specific to Workplace Burnout has been created by Dr. Melanie Badali, Registered Psychologist at the North Shore Stress and Anxiety Clinic, and Dr. Joti Samra, Registered Psychologist, CEO and Founder of MyWorkPlaceHealth.

The fact sheet about Relationship Distress was also updated by CPA Head Office Staff and Dr. Cheryl Harasymchuk, Ph.D., Carleton University.

9. FUNDING STUDENT RESEARCH AND LEADERSHIP DEVELOPMENT

In October, the CPA opened its annual funding envelope for various student research grants and leadership development opportunities. Notification of funding decisions will go out in February 2022.

10. 2021 VIRTUAL CAREER FAIR

The Canadian Psychological Association (CPA), in collaboration with the Canadian Society for Brain, Behaviour and Cognitive Science (CSBBCS), hosted its second annual Career Fair on Friday, November 12th, 2021.

Students participating in this event had an opportunity to learn about various career paths and positions for psychology graduates outside of the health services delivery and academic settings directly from individuals in those positions; connect with the people in these positions about their experiences via virtual break out rooms; hear from and talk to employers about the skill sets that psychology graduates have that are most valued by employers; and obtain information on job searching, approaches to applying, and companies and people that trainees can contact.

CPA MEMBER SPOTLIGHT



ZURAIDA DADA

C.Psych., R.Psych., CHRP

ERIC BOLLMAN

Communications Specialist, Canadian Psychological Association

“I remember the day Nelson Mandela was released from prison; I was so excited – just to see this man. We were not allowed to keep paraphernalia of Mandela including any images of him. He was a banned individual, and so anything with his image on it was banned as well. If you were caught with his picture, you would serve jail time. None of us knew what he looked like!”

Zuraida Dada is a licensed psychologist in Alberta, where she has lived since 2006. Zuraida is also licenced in South Africa, where she started her psychology career in 2003. Her path to that career is certainly vastly different from the bulk of the CPA membership. Growing up in Apartheid South Africa, education *was* activism.

Zuraida comes from a family of anti-apartheid activists. Her older sister was

heavily involved in the most dangerous forms of activism – helping people across the border, burning the South African flag – the kind of activism that got people killed. A fellow activist approached her sister one day and said,

“There are two ways we are going to win freedom. One is through the sword, the other through the pen. You are a scholar, don’t lose your life on the battlefield. You need to get an education. We need educated people and the rest of the intelligentsia who can come back after the struggle to help rebuild South Africa.”

In line with this two-pronged approach, the African National Congress (ANC), Mandela’s political party, placed great emphasis on obtaining an education outside of South Africa. Activists in exile and those joining the struggle got their degrees in Russia, China, Libya and elsewhere.

Within the boundaries of South Africa itself limited access, few opportunities, and scant resources for people of colour made obtaining an education nearly impossible – only a few universities accepted students of colour, and those students needed government permission (permits) to attend. Even then, the space was extremely limited – due to a quota system that limited the number of students of colour. The White Supremacist Apartheid government was clearly equally aware of how strong a weapon education could be against oppression.

Under Apartheid, people of colour were, for the most part, allowed to attend only those universities that were designated for “Coloureds, Indians and Africans”. Zuraida, following in her sister’s footsteps, studied hard and with very limited resources, landed one of the coveted spots in a South African “white university”, where she earned an undergraduate degree in 1989. Zuraida’s classmate, Winnie Mandela, was considered a ‘banned individual’ which meant that she could not engage in any form of activism – speaking out in public against Apartheid or organising protests or the burning of the South African flag. For a ‘banned individual’, these acts would result in charges of treason and potentially execution. Winnie Mandela attended University classes with bodyguards present and was not allowed to speak in the class.

“1985 to 1990 was the height of activism against Apartheid and the Anti-apartheid movement. There was unfortunately a great deal of bloodshed, and we were right in the throes of it. It really was a social revolution, and we were experiencing that in our universities where there was a consciousness about social justice. Universities were the platform, the only places where people could gather. Not only did I obtain a formal education at university, but it was the social education, and the activism for justice in these spaces, that helped to tip the scales and lay the groundwork for the end of Apartheid.”

The social awakening that came about in the late ‘80s in South Africa began in the universities, which meant Zuraida was playing a dual role – that of student and activist. She witnessed friends being arrested, beaten, and some subsequently killed. The Apartheid government enacted several atrocious practices such as detention and torture without trial and solitary confinement. Activists were regularly murdered while in jail – thrown off the 10th floor of the police headquarters at John Vorster Square.

“You had to be really committed to be an activist under Apartheid because the consequences were so dire. Any gathering of more than fifteen people was considered an illegal assembly and if you were caught, you would face significant consequences. When we were protesting, the police were always present fully armed and would spray us with tear gas and beat us with rubber batons/whips which would leave welts on our bodies for days and would make it difficult to walk or attend classes. When I saw on the news what was happening in the United States with the Haitian refugees being attacked from horseback, I was having terrible flashbacks of what happened to us while protesting under apartheid.”

Upon graduating from university, Zuraida did not immediately begin work as a psychologist. In fact, it would be another 14 years before she got her license in South Africa. Zuraida was approached by the ANC to help rebuild the country in other capacities following the release of Nelson Mandela and the vote to end Apartheid in 1994 and, as a result, she took on more of a transformational/human resources role than a psychological one.

“When Mandela was released, I can’t describe the feeling of joy and relief that we all felt – that the struggle we’d been fighting in was finally over. Mandela’s release heralded the end of the atrocities of Apartheid and ushered in a life of democracy and freedom.” Zuraida was a member of the International Electoral Commission, counting votes in that first election. “That experience was so joy-filled, I’ll never forget it!”

One of the roles Zuraida played in post-apartheid South Africa centred on transforming the culture of organisations – this included creating and implementing diversity and inclusion policies, recruiting people of colour, and creating organisational policies that introduced and maintained equal representation and equal treatment of people of colour. Zuraida participated in reviewing and providing input into various post-apartheid legislation such as SAQA (South African Qualifications Authority) and the Labour Relations Act. She was also involved in the establishment of the Commission for Conciliation, Mediation, and Arbitration (CCMA), which is required for the enforcement of the Labour Relations Act.

Apartheid was not just a form of physical segregation. Yes, the implementation of the ‘Group Areas Act’ resulted in Zuraida’s family being forcibly removed from their home and business. She and her friends were not allowed to use the same benches, nor visit the same parks and beaches, nor live in the same locations nor use the same transportation as the white South Africans. But the system went deeper than that - it was an authoritarian system of legal and socio-economic oppression. All the gains, accomplishments, and successes accumulated by people of colour were appropriated by the government and given directly to the white citizens. This ensured the continuation of white supremacy as well as creating a world where no families of colour could build any kind of intergenerational wealth or stability.

Zuraida sees parallels between the struggle against Apartheid in South Africa and the work of activists in North America today. While it can be argued that the inequality in North America isn’t as explicit today as it was under Apartheid (no one is bulldozing the businesses of business owners of colour, nor handing the property over

to white people under the auspices of a law), socioeconomic oppression exists in Canada as well. The inability of minority communities to create intergenerational wealth is a serious issue, even without an explicit policy decreeing that it be so.

“Even when I talk with some of my white friends from South Africa, there is some denial there too. They’ll say, ‘I didn’t vote for apartheid, it was my parents, or my grandparents, so don’t put that on me’. Whilst that may be true, what is equally true, is that white people benefited from the system that was in place. Acknowledging that this all happened and that it was designed to set up white people for life at the expense of people of colour, is part of communal healing.”

Zuraida’s focus is on healing – not moving past the traumas of the recent past, but acknowledging them, discussing them, and coming to grips with the legacy of oppression. She is passionate about social justice and it infuses all the work that she does at various levels from the personal, to the organisational to the provincial levels. Zuraida’s work has transformed individuals’ lives, organisational policies and provincial legislation. Zuraida is licensed in both Alberta and Ontario to work with a diverse range of clients. Many of them are immigrants trying to find their way in Canada the way she and her family did more than a decade ago. Many of the immigrants are coming from areas where they have experienced human rights abuses and traumas most white Canadians could never imagine. She says that helping them is also a healing process for her.

“Seeing my clients progress and heal is so meaningful, and even cathartic, for me. To know that they’re able to heal, and see their lives differently, and thrive. It gives me hope – which is why I’m sharing my story of life under apartheid because I want it to give people hope. Mandela said he didn’t do it alone, that it was all of us and our individual actions that contributed to the country’s transformation. One person *does* make a difference. It doesn’t matter how small someone’s action is, it all adds up. Whether you change your profile picture to a black square, or you speak up when someone makes a racial comment, every person’s actions count, because every drop of water contributes to the creation of a flood.”

TRIBUTE TO PAT O'NEILL

DOUG SYMONS

Professor, Psychology Department,
Acadia University

An inspiring colleague, mentor, and friend. Pat was a Professor Emeritus in the Department of Psychology, where he worked from 1974 to 2003. Pat came to Acadia after undergraduate studies at the U. of Victoria and graduate work at Yale, where he developed his expertise in Community Psychology and Ethical Decision-making, fields in which he wrote over 30 publications and three books during his career. He made a lasting impact on the discipline and profession of psychology, both within Acadia and at the national level.

Within the Psychology Department, Pat was a beloved teacher and mentor. Although he taught many courses over the years, he was perhaps best known at the undergraduate level for his History and Systems course, in which he brought the history of psychology alive for students with a store of vivid and engaging anecdotes, many drawn from his own deep well of academic and life experiences. At the graduate level, Pat organized community psychology projects for students in areas such as transition homes, women's health education, and serving children with learning challenges. These projects provided an important source of community engagement for Acadia's clinical psychol-

ogy graduate students, reflecting the themes of fairness, equity, diversity, and inclusiveness that Pat advocated for throughout his career, long before these terms were in common use. Pat's graduate-level course in ethics was a tour de force. He shaped the views of a generation of clinical psychologists across Nova Scotia, teaching the course at Acadia, Dalhousie, and Mount Saint Vincent. He was also a devoted mentor, supervising over 80 theses during his time at Acadia.

At the university level, Pat was best known for his involvement with the Faculty Association. He served AUFA in countless ways over the years, including as President twice. His most notable achievement, though, was ushering in the first Collective Agreement as preliminary planner and Chief Negotiator, a role he repeated in a later collective agreement, as well as serving as an ongoing consultant to many subsequent negotiations. Whether they know it or not, every faculty member at Acadia owes Pat a debt of gratitude for setting the foundation for many of the rights we take for granted today.

Dr. O'Neill's contributions extended far beyond Acadia. At the provincial level, Dr. O'Neill was a Charter (founding) Member of the Registry of Psychologists, and served as the Chair of the Nova Scotia Board of Examiners in Psychology from 1989 to 1991. At national and international levels, he served as President of the Canadian Psychological Association (CPA), as editor of the journal *Canadian Psychology*, and as a key member of the committee that helped shape the ongoing development of CPA's ethical code of conduct. He was also a member of the Social Sciences and Humanities Working Group

that helped shape the TriCouncil Policy on ethics, and of the Canadian Association of University Teachers (CAUT) special advisory committee on ethics policy. Again, whether they know it or not, countless academics owe Dr. O'Neill a debt of gratitude for helping to establish the ethical foundations upon which Canadian academia rests today.

Dr. O'Neill was a Fellow of CPA, the American Psychological Association, and the American Psychological Society. He was the recipient of CAUT's Distinguished Academic Award, which is granted to those whose "teaching, research, and service have contributed noticeably to the lives of their students, to their institution, to their field of study, and to the community". Those words perfectly sum up the outstanding life and career of Dr. Pat O'Neill. He will be mourned and missed by his long-time partner Dr. Janice Best, by his family and friends, and by all those many individuals whose lives he has touched.

The discipline and the profession of Psychology, as well as of academia more broadly defined, are built on the contributions of exceptional leaders. Dr. Pat O'Neill was one.

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Photo: Courtesy
Albert Bandura

Honoring One of the Most Influential Psychologists of All Time

ALBERT BANDURA

(1925-2021)

JANEL GAUTHIER

Ph.D., Professor Emeritus of Psychology
at Laval University

GARY LATHAM

Ph.D., Secretary of State Professor
of Organizational Behaviour, Rotman School
of Management, University of Toronto

Albert Bandura, former honorary president of CPA (1999-2000), died peacefully in his sleep at his home in Stanford, California, on July 26, 2021, at age 95. At the time of his death, he was the David Starr Jordan Professor Emeritus of Social Science in Psychology at Stanford University. He was widely regarded as one of the greatest and most influential living psychologists of all time. In 2002, a survey (Haggblom, Warnick, Warnick, et al., 2002) ranked him fourth among the most-cited psychologists of the 20th century" behind B. F. Skinner, Jean

Piaget, and Sigmund Freud.

We are deeply humbled by the opportunity to honor one of the giants of our field, known to his friends and colleagues as Al. Both of us had the opportunity to interact many times with Al over the years. We both conducted research based on social cognitive theory, and Al provided critiques of our work whenever we asked for his feedback. As such, we were extremely privileged.

Al was born on December 4, 1925, in Mundare, a small hamlet of some 400 inhabitants in northern Alberta. His early education consisted of one small school, which housed first grade through high school. It was the only one in town, with only two teachers for the entire high school curriculum. For Al, this paucity of educational resources turned out to be an enabling factor that served him well. He wrote later: "We [the students] had to take charge of our own learning." (Bandura, 2006, p. 1). These early experiences contributed to his later emphasis on the importance of personal agency.

During summer vacations while in high school, Al's parents encouraged him to seek experiences beyond the confines of their small town. One summer he worked in the far North, at Whitehorse in the Yukon, where he found himself in the midst of a curious collection of fellow workers, most of whom had fled creditors, alimony, the draft board, or probation officers. When speaking about his experience in the far North, he would sometimes say jokingly: "This wasn't Mr. Rogers' Neighborhood." He quickly developed a keen appreciation for the psychopathology of everyday life.

After high school graduation, Al enrolled at the University of British Columbia in Vancouver. He started out as a biological sciences major, but he majored in psychology. There was an element of fortuity to his entry into psychology. While working nights and commuting to school with a group of students, he found himself arriving at school each day very early, much earlier than his courses started. To fill the time, he began taking "filler classes" during these early morning hours. Al explained later that, one morning, "while waiting for my English class, I flipped through a course cata-

logue that happened to have been left on a table in the library. I noticed an introductory psychology course that would be an early time filler. I enrolled in it and found my future profession." (Bandura, 2006, p. 2). The impact of his accidental entry into psychology would influence his theorizing later. In 1982, he published an article on the psychology of chance encounters (Bandura, 1982) in which he discussed how personal initiative often places people into circumstances where fortuitous events can shape the course our lives take. Rather than treating fortuity as uncontrollability, Al focused on how to make chance work by exploiting fortuitous opportunities in one's self-development.

Al earned his Bachelor's degree from the University of British Columbia in 1949 after three years of study. He then went on to graduate school at the University of Iowa where he earned his M.A. in 1951, and his Ph.D. in clinical psychology in 1952 under the direction of Arthur Benton who was an academic descendant of William James. This was the heyday of theoretical and experimental analyses of learning, with the Hullian approach being the dominant theory. Although the program took an interest in social learning theory, Al felt that it was too focused on behaviorism. Influenced by Miller and Dollard's studies of modeling and imitation, Al began to conceptualize learning with a social cognitive framework.

In 1953, Al joined the faculty at Stanford University. When he arrived at Stanford, Robert Sears was exploring the familial antecedents of social behavior and identificatory learning, as well as nonaggressive reactions to frustration. Influenced by Sears' work, Al began field studies of social learning and aggression in collaboration with Richard Walters, his first doctoral student. This research, which underscored the paramount role of modeling in human behavior, led to programmatic laboratory research into the determinants and mechanisms of observational learning. This work led to Al's first book, *Adolescent Aggression* (Bandura & Walters, 1959).

Having gained a better sense of how people learn by observation, Al subsequently extended this research to abstract modeling of rule-governed behavior and to disinhibition through vicarious experi-



Albert Bandura in 1973 with photo of Bobo doll experiment in background.
Photo: Courtesy Albert Bandura

ence. This led him to conduct programmatic research on social modeling involving the now famous inflated plastic doll, “Bobo.” The children in these studies were exposed to an adult who demonstrated either violent or nonviolent behavior toward the rebounding doll. Children who observed an adult hitting and yelling at the doll were more likely to display aggressive behavior toward the doll when playing with it later. These studies demonstrated not only that children learn new patterns of behavior vicariously without actually performing them or receiving external rewards, but also challenged the prevailing theory that watching violence on television alleviated aggressive impulses in children. This research led to a second book, *Social Learning and Personality Development* (Bandura & Walters, 1963).

During the 1960s, Al conducted research on the development of self-regulatory capabilities in children. He found that children who observed a model forego small immediate rewards in favor of larger long-term rewards increased their preference for delayed rewards. These pioneering studies of the social origins of self-regulation in children provided experimentally testable alternative hypotheses to prevailing personality trait theories.

Because his interests ranged widely, Al pursued several lines of research concurrently. During the 1970s and early 1980s, for example, he devoted a major share of

his attention to elucidating how self-referent thoughts mediate action and affective arousal, while he continued to explore theoretical problems relating to observational learning, self-regulation, aggression, and psychotherapeutic change. In the course of investigating the processes by which modeling ameliorates phobic disorders, Al found that changes in behavior and fear arousal are mediated through changes in the level and strength of perceived self-efficacy, i.e., the belief that people have in their capacity to execute behaviors necessary to produce specific performance attainments. This finding led him to propose his theory of self-efficacy as one of the key features of a unifying theory of behavioral change in a landmark article published in 1977 (Bandura, 1977b). Using the self-efficacy theory as a conceptual framework, Al went on to study the influential role of self-efficacy beliefs in psychological functioning.

The theory of human behavior that Al started to develop at the University of Iowa in response to the limitations of behavioral theories of learning was first presented in his book, *Social Learning Theory* (Bandura, 1977b). While the behavioral theories suggested that all learning was the result of associations formed by conditioning, reinforcement, and punishment, Al’s social learning theory, later re-labeled “social cognitive theory,” proposed that learning also occurs simply by observing the actions of others.

In 1986, Al published another highly influential book, *Social Foundations of Thought and Action: A Social Cognitive Theory* (Bandura, 1986), in which he presented cognitive social theory as a new conceptual framework to explain and predict personal and social behavioral change. Al’s decision to re-label his theoretical approach from “social learning” to “social cognitive learning” was due to his growing belief that the breadth of his theorizing and research had expanded beyond the scope of the social learning label. In the more fitting appellation as “social cognitive theory,” the *social* portion of the title acknowledged the social origins of much human thought and action; the *cognitive* portion recognized the influential contribution of cognitive processes to human motivation, affect, and action. Moreover, the label had become increasingly misleading because it applied to several theories founded on dissimilar tenets, such as Miller and Dollard’s drive theory, Rotter’s expectancy theory, Gewirtz’s operant theory, and Patterson’s functionalist theory. Social cognitive theory is rooted in an agentic perspective. In this view, people are self-organizing, proactive, self-reflecting, and self-regulating, not just reactive organisms shaped and controlled by environmental forces or driven by concealed inner impulses.

In the 1990s, to represent more fully how human agency is exercised, Al expanded the concept of personal agency to collective agency. People do not live in isolation. They work together on shared beliefs about their capabilities and common aspirations to better their lives. This conceptual extension made the social cognitive theory applicable to understanding human adaptation and change in collectively-oriented societies as well as individually-oriented ones. In his book, *Self-Efficacy: The Exercise of Control* (Bandura, 1997), Al set forth at length the basic tenets of his theory of self-efficacy and its fruitful applications to the fields of life-course development, education, health, psychopathology, sport, business, politics, and sociocultural change.

At the age of 90, Al published *Moral Disengagement: How People Do Harm and Live with Themselves* (Bandura, 2016). For Al, this book constituted his most important legacy

Continued on page 38

SECTION SPOTLIGHT PSYCHOLOGISTS AND RETIREMENT

ERIC BOLLMAN

Communications Specialist,
Canadian Psychological
Association



Many psychologists get into the profession with a goal of advocacy – advocacy for their clients, for the advancement of psychological science, for knowledge mobilization and for ending the stigmas surrounding mental health. Whether this advocacy is explicit or implicit, it is a universal impetus for people who dedicate their lives to helping others.

That motivation to be of service to others, does not end when a career ends. Retirement from the profession of psychology does not necessarily mean retirement from advancing good causes. In fact, it might allow for more time to tackle those challenges, or even illuminate new causes to champion.

Such is the case for Juanita Mureika and Dawn Hanson, Co-Chairs of the Psychologists and Retirement Section of the CPA. Juanita retired as a school psychologist in 2011, but remains active in the New Brunswick political arena. She spent much of 2021 pushing against Bill-35, which included a decision by the New Brunswick government to take student assessments out of the hands of school psychologists and allow teachers to perform those assessments instead.

Dawn recently retired as the Chair of the Manitoba Association of School Psychologists but stays active and involved with the recently proposed Bill-64. This bill would do away with all democratically elected school boards, in order to place the 36 existing boards under the control of the Provincial Education Authority in Winnipeg. She says,

“We, as an organization [the Manitoba Association of School Psychologists], are always tracking anything that could impact psychological services in Manitoba, particularly as it pertains to school children and families. I can’t imagine – retired or not – not being involved with these burning questions and issues. We’ve been very involved with trying to shape a new College of Psychologists in Manitoba. Our school psychologists have not been part of the regulatory body before now. So now with the opportunity of a new college coming in, we’ve been working for many years trying to create representation within that college.”

For Juanita, Dawn, and the Psychologists and Retirement Section as a whole, advocacy does not end with retirement. And retirement itself actually creates further areas where advocacy can be very important. Retired psychologists across Canada are very concerned about regulations in their respective provinces for the length that files are to be kept. In one province the rule is that files must be kept secure for fifteen years – but if your client is a school-aged child, then those files must be kept secure for fifteen years **after** the year when that child reaches the age of majority. Dawn says,

“This is very onerous for psychologists who have to somehow find a way to store and maintain these files securely, sometimes for decades! For Juanita and I, most of our practice has been within a school setting, so when we retire from our job, it’s not our problem any more. The school must keep those files safe and secure in line with what is required

either by the regulatory body or the province.”

Neither Dawn nor Juanita are affected by this issue, but here they are championing the cause, nonetheless. The Psychologists and Retirement Section has sent out a survey to all other regulatory bodies across Canada, including the Territories, to determine what the issues were regarding confidentiality, file retention, informed consent, and more. As of the writing of this article, the responses from those groups are still coming in – slowly. So far, the one thing that is clear is that the regulations, policies, and practices governing file retention vary wildly from one province to another.

Imagine you’re closing your psychology practice and retiring. In addition to a massive number of electronic files, you also have reams of physical paper files that you must keep secure for a further fifteen years. It is likely impractical, not very secure, and possibly illegal for you to keep them in your basement. Are you going to pay for a storage locker for 15 years on what is now a fixed retirement income? What are your options and how can you go about doing this? And who, depending on where those files are stored, will insure them?

Dawn and Juanita are on the case, but it may take a while to procure answers, as every step along the way there is another wrinkle thrown in. Says Juanita,

“Another thing we now have to consider is that many provinces require a professional will if you’re going to retire. So those files will become someone else’s problem if you retire, or if you die. But not all provinces require that. There’s always something new. But if you think about medical or dental records, those are kept for a very long time and so should psychological records be kept a long time. It’s just a little overwhelming for people who think ‘how long will this go on?’”

Juanita, Dawn, and the Psychologists and Retirement Section may be retired as psychologists, but are increasingly advocating for the profession. Within school boards, provincial policies, and the section itself there are multiple opportunities to shape systems for the better. They are going to keep pushing forward on the issues that are important – for retirees, for school psychologists, and for everyone else.

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A REPORT ON VIRTUAL INTERNATIONAL UNION OF PSYCHOLOGICAL SCIENCE GENERAL ASSEMBLY, 2021



SABA SAFDAR & JOHN BERRY

The IUPsyS General Assembly took place virtually in two four-hour sessions on July 19 and 21, 2021. Ninety-four members attended the meeting. There is space here only to provide highlights; contact the authors to request details including the Report of the IUPsyS Executive Committee and the Agenda of the General Assembly.

One of the agenda items was the description and review of the structural governance of the IUPsyS. As Figure 1 shows, the IUPsyS consists of the General Assembly, the Executive Committee, and the Secretariat. The General Assembly is the legislative body of the IUPsyS and comprises the 90 National Members, who have voting rights, and 24 Affiliates, who do not have voting right. The General Assembly is held every two years, although the 2021 meeting had been postponed from 2020 because of the pandemic. The Executive Committee is the governing body of the IUPsyS and includes the Officers: the President, President-Elect, Past-President, Secretary-General, and Treasurer. The Executive Committee is elected by the General Assembly. The Secretariat carries out the administrative functions of the Union and is headed by the Secretary-General.

The IUPsyS also has three Standing Committees: Capacity Building; Publications and Communications; and Strategic Planning. The IUPsyS is a member of the International Science Council and has special Consultative Status with the United Nations Economic and Social Council (ECOSOC) and the United Nations Department of Public Information (DPI),

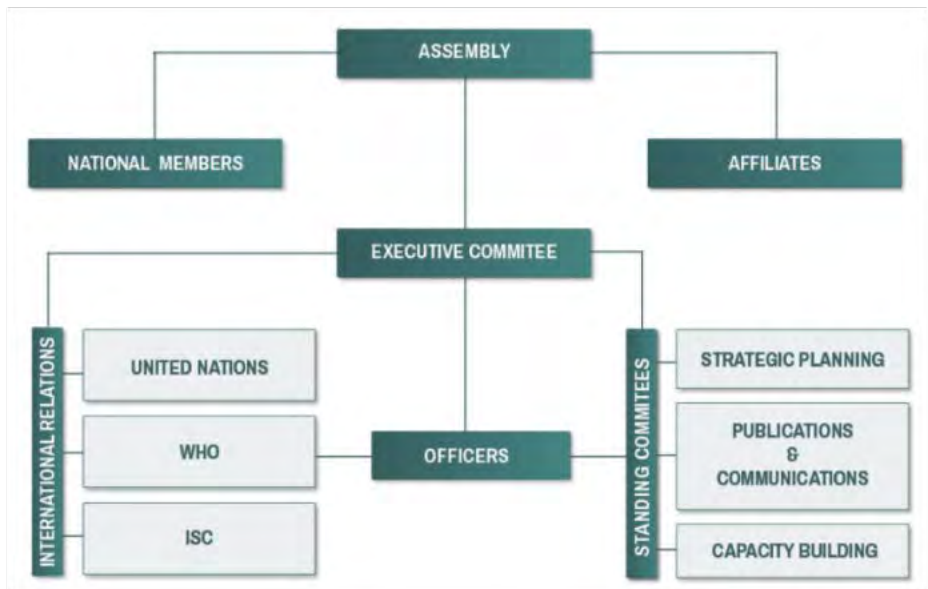


Figure 1: Structural Governance of the IUPsyS

as well as Official Relations with the World Health Organization (WHO).

The Treasurer’s report was provided by Goh Chee Leong. The IUPsyS has large financial reserves and sound financial status. The IUPsyS has based its financial operations in Montréal since 1952.


Secretary-General Ann Watts reported on the implementation of the Strategic Plan, which has been the focus of the Executive Committee since 2018. The strategic priorities have focused on the following five action plans and some information on progress towards these goals was presented:

1. Growing the IUPsyS’ global footprint and impact as a broker / convener of psychological science to deal with issues of critical importance to the international psychological community and

humanity. To that end, it is a member of the Global Psychology Alliance (<https://www.apa.org/international/networks/global-psychology-alliance#>), along with more than 60 other national and international psychology associations (including the CPA).

2. Engagement with National Members.
3. Increasing regional activity and engagement to enhance the IUPsyS’ impact and relevance.
4. Improving the global visibility and profile of the IUPsyS.
5. Developing the IUPsyS’ operational capacity and financial underpinnings to enable the enactment of the Action Plan.

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The following is a condensed transcript from Episode 7 of Season 4 of the *Mind Full* podcast: *Advocacy Policy and Public Affairs with Glenn Brimacombe*.

Q: How would you define ‘advocacy’? Is it mostly aimed toward public policy, and how does it differ from ‘activism’?

A: Advocacy is not constrained to the public policy arena. You can advocate for anything – like you want spaghetti with meatballs for dinner! There are many different ways in which it can apply. In the context in which we think about advocacy, and given the roles that we have, for us it’s pretty much in the context of the public policy arena. Contributing to, trying to shape, and perhaps influence, how governments and other players think about a particular policy issue. My own personal view is that there is a difference between advocacy and activism. The way I see and feel activism, to me it’s more grass roots, more personal, more random in a way, and tends to be more rigid. Activism isn’t

beholden to the process of advocacy – the synonym for which is ‘lobbying’ – which is really a formal process of engagement in the context of public policy with governments.

Q: What can psychologists, specifically, bring to a public policy discussion on a national, provincial, or municipal level?

A: Psychologists bring perspective. They are health care providers and when they walk the halls of power people listen. That’s one of the things that I’ve found through many meetings I’ve attended – when providers speak, policy makers listen. And particularly knowing how important mental health is these days for a whole host of reasons, whether it’s improving access or just making sure that people are productive workers moving back into an office environment, there are real opportunities to contribute to public policy. When psychologists speak for themselves, they can have a significant impact on moving the policy dialogue in a particular area – for example, access to mental health care and psychological services. They are their own best advocates. A lot of what I do is preparing the profession to speak clearly and articulately to the issues and to the challenges. To bring the art and science of advocacy together. The art piece is the timing, the opportunity, and to some degree preparedness. The science piece is the evidence. Speaking articulately, directly, to the evidence so that policy-makers understand what you’re saying and you’re presenting it in a very credible way. And the profession brings that. It has a significant amount of gravitas because of who they are and what they do.

Q: The topic of mental health is being discussed in the public domain more now than ever before. Is now the best time to advocate for this topic?

A: Mental health is very much part of many different conversations, be that related to COVID-19, or wait times for those that are suffering from mental illness who can’t gain access to mental health professionals, or seeking new funding for psychological science. There’s tremendous momentum, and there’s clearly a spotlight on the importance of investing in mental health. We have a commitment from the newly formed Liberal government of \$4.5 billion through the mental health transfer over the next five years, which is significant. It’s also sig-

nificant that all three sitting national political parties made major commitments in their platforms leading up to the September election. That’s historic, in my view. It’s never happened before that we see all parties on the same page in recognizing mental health as a public policy priority.

Q: What are some of those public conversations that you think are pointing us in the right direction?

A: We have major athletes coming out and speaking about their mental health in the past couple of months. Carey Price, Simone Biles, Naomi Osaka. These are moments where not even ten years ago this would never have happened. Education, information sharing, and destigmatization of mental illness are allowing people to feel comfortable talking about it in a public space just as they would about a broken arm or a torn ACL. Hopefully the levelling of the playing field when it comes to talking about these issues will lead to a levelling of the playing field in terms of funding and access to opportunities. And more importantly, the overall architecture of the mental health system in this country.

Q: Where are you and the CPA going next in terms of advocacy? What is the next big push?

A: It will be a continuation of what we’ve been talking about recently. Now that we have the inaugural federal minister of mental health and addictions, Dr. Carolyn Bennett, there’s an opportunity to work with a minister who really understands, from the ground up, how to move forward. Dr. Bennett is a family physician from Ontario who has lived these issues and has treated individuals with mental health and substance use conditions. Given the commitments that the federal government has made in this area, we’re looking to work with them to help them bring those promises to life. Of course a big piece of that is how we can work with the provinces and territories because a big chunk of the money that has been promised will be transferred to the provinces and territories in their stewardship role. It’s also important, in this minority government situation, to connect with all parliamentarians. There are more moving pieces in the conversations we’re likely to have, knowing that the NDP and Conservatives will play a role in determining how policy will be set.



THE CPA INVITES YOU TO JOIN US FOR OUR 83RD ANNUAL CONVENTION June 17th to 19th

Presently scheduled to span three days from June 17th - 19th, the **Canadian Psychological Association's 2022 Annual Convention** will provide many opportunities for personal and professional growth, and highlight the many ways in which the science, practice, and education of psychology can benefit society, improve lives, and advance the discipline. The Convention will be preceded by pre-convention professional development workshops on June 16th, as well as many other pre-convention events.

CPA2022 is scheduled to take place at the Hyatt Regency Calgary in Calgary, AB. We're excited to bring the psychology community back together for a great in-person experience, with all safety measures in place. **CPA2022** will provide some quality virtual and on-demand experiences.

REGISTRATION WILL OPEN IN EARLY FEBRUARY 2022

For more information and regular updates, visit convention.cpa.ca.

Direct any questions to
convention@cpa.ca.

Albert Bandura

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to the world. He had been working for more than two decades on unlocking one of the greatest mysteries of our time: how do otherwise considerate people do cruel things and still live in peace with themselves? Drawing on his agentic theory, Al provided enlightening new perspectives on the psychosocial mechanisms by which people selectively disengage their morality from their harmful conduct in business, politics, and social life. His book was a breakthrough in moral psychology and ethics because it provided a practical conceptual model showing how to counteract unethical practices by mindful moral engagement.

Al's contributions to psychology have been recognized in the many awards and honors he has received. They include Honorary President of the Canadian Psychological Association, an Officer of the Order of Canada, and the National Medal of Science bestowed personally by President Barack Obama. He received 19 honorary degrees from universities around the world, including: the University of British Columbia, the University of Lethbridge, the University of New Brunswick, and the University of Ottawa.

Al left us an extraordinary legacy that provides important knowledge and guidance for addressing many of today's critical global challenges. Despite his many achievements, when asked what he was most proud of in his professional life, Al would say that "the knowledge and guidance he passed on to students" around the world was what he treasured most.

Al was an esteemed mentor and colleague, known for his wisdom, humility, integrity, humanity, thoughtfulness, kind and caring nature, and sense of humor. He was always happy to talk and invariably generous with his time. Al often would say: "Let the efficacy force be with you!" He lived his theory of self-efficacy, instilling confidence in others for achieving successful experiences.

Al continues to live on in those he taught and befriended, as well as those who never had the privilege of meeting him yet were influenced by his insightful and thought-provoking work.

International Union of Psychological Science

Continued from page 34

Each of these plans and the subsequent targeted actions that were developed were described at the meeting.

In addition, the list of nominations for the Executive Committee for the following positions were circulated and the Assembly voted on:

- President-Elect: Germán Gutierrez (Colombia)
- Treasurer: Amanda Clinton (USA)
- Seven regular Executive Committee Members.

Furthermore, Applications for National Membership for Barbados, Dominica, Kazakhstan, and Nepal were reviewed and approved. Similarly, applications for Affiliates for the Asia Pacific Psychology Alliance (APPA) and the Central American Union of Colleges and Associations of Psychology (UCCAP) were reviewed and approved.

The General Assembly also voted on the two bids (from Australia and South Korea) to hold the 34th ICP Congress in 2028; Australia was elected as host. The 33rd ICP Congress will be held in Rio de Janeiro, Brazil in 2024.

Reports were also given by the three standing committees. The report by Editor in Chief, Abigail Gewirtz, of the International Journal of Psychology (IJP) highlighted the contribution of the journal as a peer-reviewed academic journal that is published bimonthly and is the only global general psychology journal. The IJP's Impact Factor for 2020 is 2.00. The Editor-in-Chief's term ended in December 2020 and she accepted a three-year extension of her term effective 01 January 2021 to 31 December 2023. Furthermore, the report by Saths Cooper (Chair of the Standing Committee on Capacity Building) highlighted that during 2020 the IUPsyS developed a Concept Document for Emergency Situations that forms the basis of the IUPsyS policy for responding to emergency situations (e.g., natural disasters and the current pandemic).

This General Assembly was the last one for John Berry, who is retiring as a delegate after serving since 2004. Nomination for his replacement is currently underway. Nominees must be Members/Fellows in good standing of CPA. Preference will be given to psychologists who have been involved in national or international organizations in psychology and whose major professional activity involves research and teaching, and whose CVs are judged by the Canadian National Panel for IUPsyS (CNP/IUPsyS) to meet these criteria.

Each nomination shall consist of:

- a letter of nomination by a CPA Member or Fellow that states the position for which the candidate is being nominated, expresses support for the candidate, and contains a statement to the effect that the nominator has ascertained the candidate's willingness to stand for nomination;
- a statement from the candidate about his or her reasons for wishing to serve;
- a current curriculum vitae of the nominee (including educational background, present and former positions, research and professional activities, participation in psychology organizations, and international congress participation); and
- two letters of support from two individuals familiar with the nominee's contributions.

The deadline to submit nominations is **March 31, 2022**. For more information, or to submit nominations and supporting documents, send an e-mail to the Head of the CNP/IUPsyS, Saba Safdar, at ssafdar@uoguelph.ca.



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