

VOLUME 44 | ISSUE 4 | 2022

PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

THE SOCIAL CHANGE ISSUE

A BRIEF OVERVIEW OF THE
SCIENCE OF ATTITUDES

Page 6

RADICALISATION,
POLARISATION
AND CENSORSHIP
IN PSYCHOLOGY

Page 10

SILENCE IS VIOLENCE

The need to amplify the voices
of Canadians experiencing
housing instability

Page 14

KERRI RITCHIE, PH.D., C.PSYCH
& **MEGHAN NORRIS, PH.D.**
Guest Editors

UPGRADE YOUR SKILLS AND FULFILL CPD REQUIREMENTS WITH THE CPA'S ONLINE COURSES

Lifelong learning opportunities that are self-directed and reasonably priced for Canadian learners. Member discounts apply to all courses.

Be sure to check out the CPA's licensed APA course bank with a wide range of learning opportunities on themes such as Family Psychology, Culture and Identity, Leadership Development, Professional Resources, and Aging. Pricing for these courses is lower than the APA equivalents.

LAUNCHING NOVEMBER 14th – 'Understanding and Treating Substance Use Disorders', an informative and engaging 2-credit event by Dr. Eric Morris from McGill University.

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

Learn more at:
cpa.ca/professionaldevelopment

Reconsolidation™
Therapy
Méthode Brunet reconsolidationtherapy.com



TRAUMA

Therapy

INNOVATIVE TREATMENT FOR PSYCHOTRAUMA

(514) 243-0699

formation@reconsolidationtherapy.com
www.reconsolidationtherapy.com

BECOME A RECONSOLIDATION

THERAPIST

Essentials of the Personality Assessment Inventory (PAI)

A 10-hour webinar by its author, Leslie Morey, PhD

Dec. 1-2, 2022 - Noon-5pm EST, 11-4pm Central; 9-2pm PST, daily

For more info, go to specializedtraining.com ("upcoming") or call (800) 848-1226 or (858) 675-0860



Specialized Training Services is approved by the American Psychological Association to sponsor continuing education for psychologists. Specialized Training Services maintains responsibility for this program and its content.

Typically, LCSW's, LMFT's, LPC's and LMHC's can receive continuing education from APA-approved providers but there are a few exceptions. Please check with your licensing board if there is any question as to whether credit from an APA-approved provider is valid for your license. **Continuing Education: 10 hours**



THE OFFICIAL MAGAZINE OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION

EDITORIAL

Editor in Chief	Karen R. Cohen
Managing Editor	Christy Savage
Advertising	Kathryn McLaren
Design/Production	Adam Ashby Gibbard

BOARD 2021-2022

President	Kerri Ritchie, Ph.D., C. Psych.
President-elect	
Past President	Ada L. Sinacore, Ph.D.
Directors	Nicolas Roulin, Ph.D. Shelley Goodwin, Ph.D., RPsych Eleanor Gittens, Ph.D. Elizabeth Church, Ph.D., RPsych Anita Gupta, Ph.D. CPsych. Janine Hubbard, Ph.D., RPsych Amir Sepehry, Ph.D. Alejandra Botia, M.A.
Partners	CCDP - Sandra Byers, Ph.D. CCPPP - Sara Hagstrom, Ph.D., CPsych CSBBCS - Myra Fernandes, PhD CPAP - Judi Malone, Ph.D., RPsych
Chief Executive Officer	Karen R. Cohen, Ph.D., CPsych
Deputy Chief Executive Officer	Lisa Votta-Bleeker, Ph.D.

Psynopsis is proud to announce that as of Vol 42.4 we have switched to using more environmentally-friendly vegetable-based ink, 100% recycled material for the pages, and 10% recycled content for the cover pages.

SUBMISSIONS

Please send your articles to psynopsis@cpa.ca. Please visit cpa.ca/psynopsis for additional submission details and editorial guidelines.

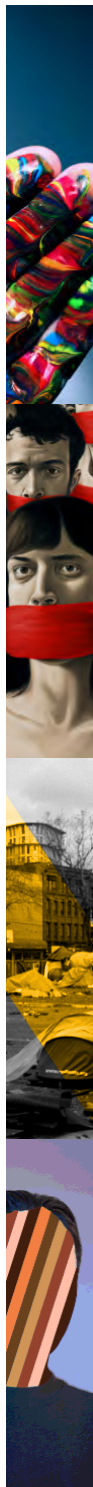
The Canadian Psychological Association (CPA) retains copyright of Psynopsis. The contents of any article published therein, by other than an officer, director or employee of the CPA, are strictly those of the author and do not necessarily reflect the opinions of the Canadian Psychological Association, its officers, directors, or employees.

CANADA
POST
POSTE
CANADA

PUBLICATION
MAIL
POSTE
PUBLICATION
40069496

AGREEMENT
REGISTRATION NUMBER
NUMÉRO DE CONTRAT
D'INSCRIPTION

ISSN 1187-11809



MESSAGE FROM THE GUEST EDITORS 04

A BRIEF OVERVIEW OF THE SCIENCE OF ATTITUDES 06

THE FUTURE OF INCLUSION IS INCLUSIVE 08

RADICALISATION, POLARISATION AND CENSORSHIP IN PSYCHOLOGY 10

THE REPRESENTATION OF EQUITY-DESERVING GROUPS AT THE FACULTY LEVEL MATTERS FOR UNIVERSITY STUDENT SUCCESS 12

SILENCE IS VIOLENCE 14

The need to amplify the voices of Canadians experiencing housing instability

UNPACKING MENTAL HEALTH 16

Parity between mental and physical healthcare depends on an understanding of mental health problems and disorders and who can treat them

INVITING RESEARCHERS, POLICYMAKERS, AND DECISION-MAKERS INTO ALLYSHIP WITH THE ACCESSIBILITY MOVEMENT IN CANADA, AND WITH EACH OTHER 18

IS THERE ROOM IN PSYCHOLOGY FOR THE CONCEPT OF 'RACE'? 20


KERRI RITCHIE

PH.D., C. PSYCH., CPA PRESIDENT


MEGHAN NORRIS

PH.D.


K.R. COHEN

PH.D., C. PSYCH., CPA CEO

MESSAGE FROM THE GUEST EDITORS

In the past few years, societies have lived through a pandemic, a systemic discrimination awakening and reckoning, war and conflict, and economic decline – events that have impacted almost every aspect of our daily lives. With this instability comes fear and anger, leaving communities and societies more divided and more divisive about identifying problems and/or coming up with ways to solve them.

Psychology has often been defined as the study of how people think, feel and behave. The knowledge we have amassed from this study prepares us, arguably even obligates us, to contribute to discussions about the challenges that people and societies face.

In this issue, psychologists from across Canada have shared evidence, recommendations, and viewpoints about some of the challenging issues of our time. Our goal in editing this issue was to bring the work of psychological science and practice to conversations around these challenging issues; the issues that keep societies up at night and which, by their nature, are ones about which people have strongly held beliefs and opinions. We hoped to promote understanding of differing views, ideally resulting in constructive conversations.

CPA's peer-reviewed journals mobilize evidence-based knowledge for a psychology readership. *Psynopsis*' key objective is to translate psychological knowledge. Its articles are a high-level summary so that they can also reach a readership outside of the discipline and profession. The information shared in the articles that follow span the knowledge, science and opinion of psychology researchers, educators, and practitioners. Authors share viewpoints which reflect their evidence base, as well as personal and professional opinion. Some are viewpoints with which the editors did not always agree.

Conversations, especially around important and consequential topics, are often hard. We have discovered that this is as true within a discipline with common training as it is for the public at large. That editing this issue was hard for the guest editors, is upon reflection, not surprising. These articles highlight the complexity associated with challenging topics at both personal and professional levels.

In reading through this issue of *Psynopsis*, you will see how perspectives on important topics differ; these differences may be explained by how issues are recognized and understood, the

language used to communicate about them, and the recommendations to improve them. We invite you to reflect on these perspectives alongside your own. We encourage you to join in conversations about them with a commitment to the ethical code that guides our discipline and profession, namely with respect for the dignity of persons and peoples, a commitment to responsible caring within the scope of your professional role, a commitment to integrity in relationships, and a responsibility to society.

This issue of *Psynopsis* is a small and imperfect step at framing some of societies' most difficult issues. We hope that your consideration of these issues leads to greater discussion and engagement. Some open-access (free) resources that maybe helpful in facilitating productive conversations are below.

We thank you for your care, and openness to engage with a spirit of respect. ■

Resources:

Difficult Dialogues. A web resource created by Vanderbilt University <https://cft.vanderbilt.edu/guides-sub-pages/difficult-dialogues/>

Navigating Difficult Conversations. An online module created collaboratively by Queen's University and the University of British Columbia <https://healthsci.queensu.ca/sites/opdes/files/modules/EDI/navigating-difficult-conversations/#/>



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.

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE



A BRIEF OVERVIEW OF THE SCIENCE OF ATTITUDES

MEGHAN E. NORRIS

Ph.D., Queen's University

LEANDRE R. FABRIGAR

Ph.D., Queen's University

This issue addresses topics which many psychological scientists (and others!) have strong thoughts, feelings, and experiences with. These topics are nuanced and can be difficult. This is especially true when pieces are necessarily short, as in *Psynopsis*. The reality is that communication, especially about important and challenging topics, is hard. The purpose of this short piece is to introduce some of the reasons *why* this is so hard from the perspective of research on attitudes, and to provide insight into factors that might be relevant when considering effective communication about hard topics.

In psychological science, the term “attitudes” refers specifically to the overall stored evaluation of a stimulus on a continuum of good-bad. In other words, at their most basic level, attitudes are simply our stored assessments of how “good” or “bad” you think something is. Importantly, attitudes can, under certain conditions, have powerful consequences on how we think and behave (Albarracín & Johnson, 2019a; 2019b).

Of course, attitudes are more complex than a simple “good/bad” evaluative tag, and details associated with a given attitude, and the context, influence whether attitudes are likely to exert an influence on downstream consequences such as information processing and behaviour. For example, according to the Theory of Planned Behaviour (TPB), attitudes are one predictor of behavioural intentions alongside subjective norms and perceived behavioural control. It is then behavioural intentions that predict behaviours (Ajzen, 1991). This is important: attitudes *will not always influence behaviour and other downstream consequences*. For example, if you want to speak up about an issue that is important to you, but no one else is speaking up, you might not speak up even though your attitude is important to you.

Assuming a given context allows for attitudes to exert an influence on outcomes of interest, even though an opportunity exists, not all attitudes are likely to have consequences. Attitudes are more likely to exert an influence if they are *strong*. Attitudes that are strong, as compared to weak, are stable over time, resistant to persuasion, guide information

processing and judgment, and are predictive of behaviour (Krosnick & Petty, 1995). Given the potential outcomes associated with a strong attitude, what makes an attitude strong?

There are many factors that determine attitude strength. Not often considered in the public domain is the *cognitive structure* of an attitude. The underlying structure of attitudes is important: some structures within cognitive networks facilitate strong (and thus consequential) attitudes. At its simplest form, an attitude can be considered as an evaluation of a given object (i.e., some “thing” is considered “good” or “bad”). The association between an attitude object and the good/bad evaluation may be salient and very accessible, or it may not be. The stronger this association, the more easily that the attitude can come to mind (Fazio, 1995). In addition to a link between an attitude object and its evaluation as “good/bad”, the attitude object can also be linked with other information and evaluations in memory. These additional links, and the relationships among them, are also considered to be part of an attitude’s structure (Fabrigar & Wegener, 2010). Thus, when considering attitudes that people hold, it is possible to consider a broad attitude structure in terms of the *amount*, *complexity*, and *type* of information linked to an attitude object. For example, and perhaps unsurprisingly, attitudes supported by large and complex knowledge networks tend to be strong (e.g., Wood, Rhodes, & Biek, 1995).

The *type* of linked information, and *how* that information came to be formed in memory, is also important when considering whether attitudes are likely to be consequential. For example, attitudes that are formed based on direct experience are likely to be stronger than those based on indirect experience (Regan & Fazio, 1977). Attitudes that are based on a great deal of thought and consideration tend to be stronger than those formed based on more superficial thinking (e.g., Petty, Haugtvedt, & Smith, 1995). Attitudes that are of central importance, with a high degree of psychological significance, tend to be stronger than attitudes of lesser personal importance (e.g., Boninger, Krosnick, Berent & Fabrigar, 1995). Attitudes held with certainty tend to be stronger

than those held with less certainty (Gross, Holtz, & Miller, 1995). Attitudes that are more extreme on a continuum of good-to-bad are also thought to often be stronger than attitudes that are closer to a midpoint. For example, an attitude ranked as a “9” on a 10-point good/bad scale is more *extreme* when compared to a “5,” and is more likely to be stronger than an attitude ranked closer to the midpoint (e.g., Judd & Bauer, 1995).

Understanding attitude structure is critical when it comes to working towards *attitude change*. For example, attitudes can include affective, cognitive, and behavioural components (e.g., Zanna & Rempel, 1988). It has been shown that *matching* communications with the primary base of an attitude can facilitate attitude change (e.g., affective messaging for an affectively-based attitude is likely to be more persuasive than a mis-matched message) (Fabrigar & Petty, 1999). Understanding the underlying structure of attitudes allows us to design better communication strategies.

As hinted at in this very brief overview, the study of attitudes and attitude change is rich, with many important lessons for those seeking to understand how attitudes influence outcomes of interest, and how to change attitudes. By understanding this literature, including the cognitive networks supporting attitudes, it is possible to facilitate more effective communications, especially about challenging topics.



THE FUTURE OF INCLUSION IS INCLUSIVE

KATELYNN CARTER-ROGERS

MSc., St. Francis Xavier University

VURAIN TABVUMA

Ph.D., St Mary's University

STEVEN SMITH

Ph.D., St Mary's University

Across all sectors, there is a desire to understand how organizations can harness diversity and inclusion to increase performance and wellbeing. This is often referred to as “Equity, Diversity, Inclusion and Accessibility” training or awareness (EDIA). Academic literature in this area has largely focused on the impact, importance, and relevance of diversity within organizations. However, the understanding of the ways that inclusion can increase organizational wellbeing and performance is still underdeveloped and is often ineffective or unsustainable (Gebert et al., 2017). Further, and critically, even when companies are willing to hire diverse employees, they are often not equipped or ready to adapt the culture of the work environment to sustain diversity within their organization (Roberson et al., 2013).

Closing the gap between the science and practice of successful inclusion is where psychology and organisational behaviour researchers can make a significant contribution. Several scholars have called for a shift in emphasis from studying diversity to studying inclusion in the workplace (Ferdman & Deane, 2014; Mor Barak, 2005; Nishii & Rich, 2014; Shore et al., 2011), arguing that although diversity and inclusion are interrelated concepts, they are distinct. Inclusion goes beyond diversity in that the differences among individuals are not just simply identified, they are integrated into daily work life and into the organization’s culture through climate, leadership, and practices. Thus, an inclusive climate is a diverse environment within an organization that values the contribution of all employees.

Defining features of inclusive climates include policies, procedures, and actions at all levels of an organization that are consistent with fair treatment of everyone, with a deliberate focus on groups that historically have fewer opportunities and who are still currently stigmatized within our society (Ferdman, 2017; Nishii, 2013; Shore et al., 2011). Given the above, there are clear steps researchers and organisations can take to support improved inclusion practices and thus increase employee retention and success.

Step 1: Research involving all community members

A challenge with inclusion practices has been that individuals who are traditionally in the majority may feel targeted and can have concerns pertaining to “reverse discrimination” (i.e., where members of minoritized groups are preferentially treated at the expense of majority group members; Heilman et al., 1992; Morrison, 1992; O’Donovan, 2018) leading to conflict within the group. This can negatively impact the environment such that majority group members who may feel “passed over” become resentful and create an unwelcoming work environment for new hires who may be perceived as under-qualified (Shore et al., 2011). Thus, research related to inclusion should explore both the experiences of the minority *and* majority within an organization to ensure that barriers and concerns are understood, and proactive steps can be taken towards inclusion (Ferdman, 2017; Shore et al., 2011; 2018). Organisations should consider this and proactively determine ways to reduce or eliminate this perception.

Step 2: Inclusive leadership

Inclusive leadership is a relatively new concept (Boekhorst, 2015; Booysen, 2014; Gallegos, 2014) and most of the focus within this domain has been on the inclusiveness of the immediate manager as perceived by the employees (Shore et al., 2018). It is the immediate manager that creates the experience of inclusion and must: a) model comfort with diversity; b) alter rules for acceptable behaviour to adapt; c) create opportunities for dialogue about and across differences; d) demonstrate an interest in authentic and in some cases learning to be authentic about diverse challenges; and e) encourage authenticity in others (Cottrill et al., 2014). Randel et al (2018) created a model that shows a leader's pro-diversity beliefs, humility, and cognitive complexity increase the likelihood of inclusive leader behaviours, which in-turn has positive behavioural outcomes related to job performance, creativity, and reduced turnover rates.

Step 3: Intentional and involved decision making

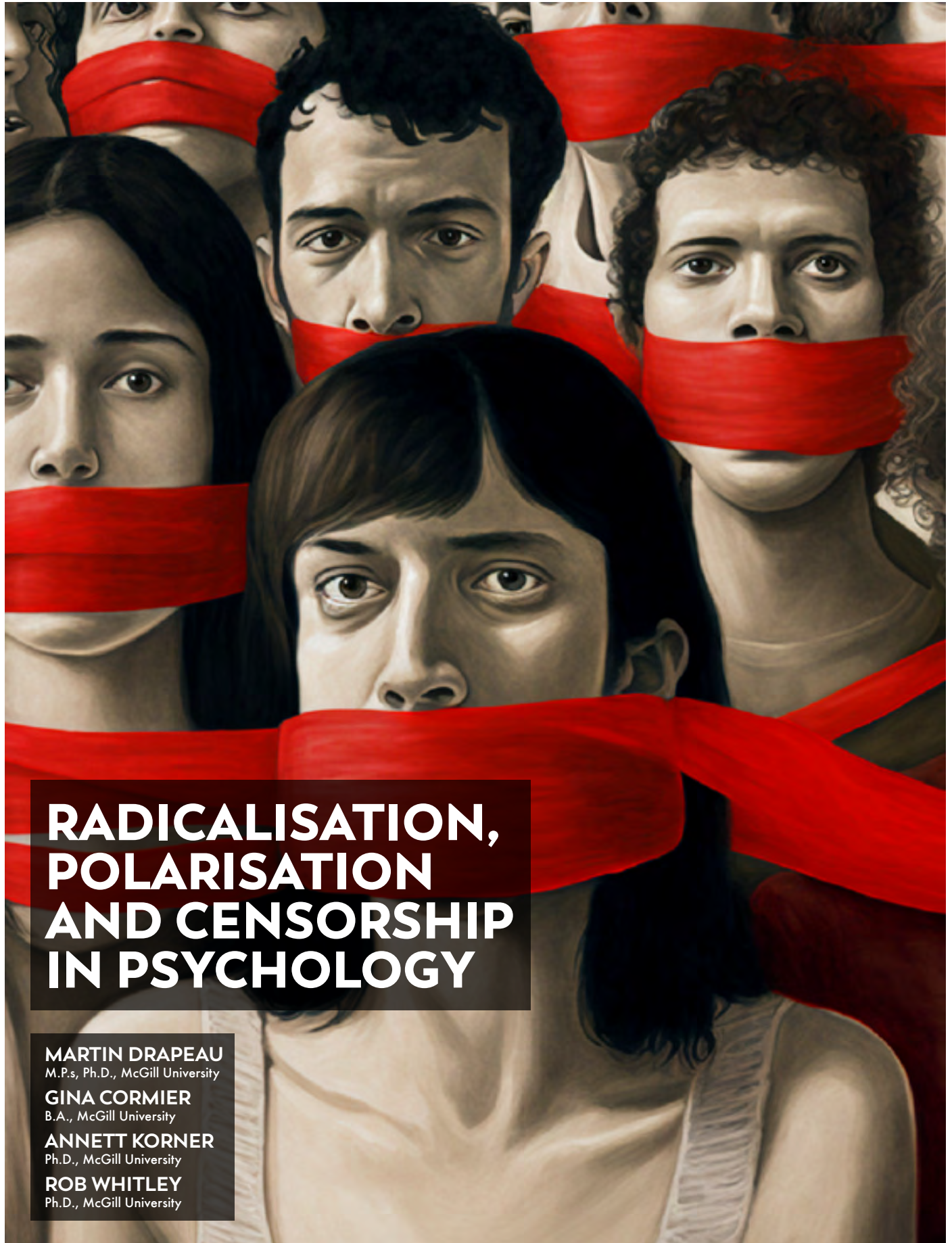
Inclusive practices within an organization include ensuring there is partici-

pation in decision-making (Shore et al., 2011), proper communication and facilitation (Janssens & Zanoni, 2007), conflict resolution procedures (Behfar et al., 2008), and an overall safe environment that is sustained (Bilimoria et al., 2008). Most of this literature has focused on how toxic environments thrive and the practices that lead to them. What is lacking is deeper understanding of the psychologically healthy workplace practices that are most needed when employees are joining a work environment. Recently, we have seen literature demonstrating a positive relationship between employee workplace onboarding (also called orientation training) and organizational commitment, job satisfaction, and job performance, and employee onboarding reducing quitting intentions (Bauer et al., 2007; Klein & Weaver, 2000; Saks et al., 2007; Tabvuma et al., 2015). However, whilst these workplace attitudes and behaviours can inform us about how new employees relate to the organization and their work, they do not tell us the degree to which new employees feel they participate in decision-making, their involvement in facilitation and communication, and how welcoming, healthy, and safe the environment is.

Conclusion and Future Directions

Inclusion is everyone’s responsibility. But inclusion does not end after the hiring stage. It requires consistent and sustained efforts to support the integration of new employees into the workplace if we want that employee to be successful and retained. Moving forward, researchers should investigate the effectiveness of inclusion practices relative to employee onboarding. The goal would be to help organizations develop an inclusive organizational climate and create an employee onboarding training redesign that focuses on the employees’ sense of belonging and wellbeing. We also need to better understand how inclusion impacts overall performance and sustainability. Researchers can support organisation as they create an inclusive workplace: this needs to utilize an inclusive climate, have inclusive leaders, and implement inclusive practices.

FOR A COMPLETE LIST OF REFERENCES,
PLEASE GO TO CPA.CA/PSYNOPTIS



RADICALISATION, POLARISATION AND CENSORSHIP IN PSYCHOLOGY

MARTIN DRAPEAU
M.P.s, Ph.D., McGill University

GINA CORMIER
B.A., McGill University

ANNETT KORNER
Ph.D., McGill University

ROB WHITLEY
Ph.D., McGill University

Researchers have been interested in radicalisation and polarisation for many years, with many studies focusing on the psychological traits associated with endorsing extreme political and ideological beliefs. For example, Zmigrod and colleagues (2021) found that ideological dogmatism was associated with greater impulsivity and difficulty in cognitively processing new information. Other studies have suggested that radicalisation may be associated with certain personality traits or disorders; for instance, people with both radical right and radical left views have been found to display psychopathic traits. Such individuals demonstrate low levels of empathy, as well as a grandiose sense of self and a sense of entitlement (Moss & O'Connor, 2020; also Conway et al., 2018; Furnham et al., 2020). Radicalisation would also be associated with a perception of injustice towards oneself or towards one's in-group (e.g., Moghaddam, 2005).

Such a feeling of injustice can lead to developing an identity as a victim. According to Gabay and colleagues (2020), this victim identity includes four dimensions. The first dimension, the need to be recognized, refers to the individual's need to seek recognition of their status as a victim. While this is not normally problematic, it becomes so when there is a disconnect between the desire for a compassionate and remorseful response, and the gravity of the alleged injustice. Such individuals hence tend to react overly strongly to minor offenses. The second dimension, moral elitism, refers to the belief that one has "immaculate" morality and that opponents have no morality. This perception of oneself and of others is not unrelated to processes such as dichotomous thinking (perceiving situations in extremes, without middle ground) or splitting (seeing others as either all good or all bad). The third dimension, poor empathy, refers to an emphasis on one's own suffering and indifference towards that of others. The last dimension, rumination, involves paying great attention to one's own distress and misfortunes, including past injustices, which in turn is associated with greater psychological distress and aggressive behaviours.

In a series of studies, Gabay and colleagues (2020) demonstrated that these

four dimensions are key factors in understanding victimhood identification. People with high levels of victimhood identification tended to feel more easily and strongly offended, displayed greater anxiety in interpersonal situations, and were overly sensitive to rejection and injustices that involved them personally. They also displayed an increased desire for revenge, an inflated sense of entitlement, and an increased tendency to explain negative or unpleasant events by the presence of faults in others. Evidence from sociology has suggested that these traits are also present among a substantial number of individuals on university campuses, leading to what some have referred to as a *victimhood culture* (e.g., Campbell & Manning, 2014, 2018). This can make it difficult for professors to address certain otherwise legitimate topics without being accused of causing "harm", or worse, of being labelled as sexist, racist or transphobic.

One consequence of this is more ideological polarisation as well as censorship by self or others. We recently launched a national survey of students and professors to investigate this topic (see also CSTIRLU, 2021). Although the survey is ongoing, we have already collected data from over 500 students in psychology. When asked if they had censored themselves during discussions with professors or other students, 55% responded *yes*, and over one in five reported that others had tried to censor them. Forty-two percent were somewhat or very reluctant to express their views on controversial issues related to gender or gender identity. Similar percentages were found for discussing controversial political issues or controversial issues related to religion or race. In such discussions, 33% were somewhat, very or extremely afraid the professor would criticize their views as wrong and/or offensive or give them a lower grade. Over 50% were concerned other students would criticize their views as wrong and offensive, and one in three were concerned someone would post critical comments about their views on social media. One in five reported that they did not feel at all confident that representatives of their university would defend their right to express themselves. The point here is not to support or encourage the sharing of prejudiced

beliefs in the classroom but that the critical and at times difficult examination of topics should be facilitated, perhaps especially in a profession that values rigour and science. This state of affairs undoubtedly affects the quality of education and training (e.g., see Drapeau, 2022). More troubling, censorship may have now made its way into the psychologist's office. As stated by Mulqueen (2022), "that is worrisome for clinicians and patients alike. Both parties need to feel free of social litmus tests and politically motivated legislation that constrict the conversation and reduce complex psychological questions into right and wrong ideological stances."

Following from the above survey data, we are now researching interventions to preserve and improve dialogue and ideological openness. Rather than allow those who stand to benefit from support and treatment to withdraw deeper into ideological 'echo chambers' where both the desire and the ability to interact across differences atrophies, we need open conversations on the causes and remedies of radicalism, and training for therapists to be better equipped to recognize and address such functioning. As some jurisdictions (e.g., <http://m.assnat.qc.ca/fr/travaux-parlementaires/projets-loi/projet-loi-32-42-2.html>) have passed legislation to ensure that open dialogue is preserved, perhaps it is time for psychology as a profession to tackle this issue as well.



THE REPRESENTATION OF EQUITY-DESERVING GROUPS AT THE FACULTY LEVEL MATTERS FOR UNIVERSITY STUDENT SUCCESS

MICHELE MORNINGSTAR

Ph.D. Queen's University

SARI VAN ANDERS

Ph.D. Queen's University

According to the most recent data from Statistics Canada, the proportion of students at Canadian universities who are women and/or people from racialized groups is comparable to that of the general population (although, notably, this was not the case for people with disabilities or Indigenous peoples; Universities Canada, 2018). Although this is a positive step forward in ensuring representation of these equity-deserving groups in higher education, these same groups remain underrepresented at the faculty level. Indeed, much has been made of the “leaky pipeline” problem in academia, whereby individuals from groups that are historically underrepresented in academia (e.g., women, racialized people) make up a far larger percentage of undergraduate students than they do of senior faculty—where they continue to be underrepresented relative to population levels (e.g., in psychology and STEM more broadly; Gruber et al., 2021; Weekes, 2012; van Anders, 2004). Because these “leaks” represent oppressions that actively “filter” some out, underrepresentation of these groups at the faculty level has serious costs to members of these groups, the groups themselves, to academic fields, to research excellence, and to students (e.g., Government of Canada, 2012; Milem, Chang, & Antonio, 2005; Stewart & Valian, 2018). There is a moral impetus to reduce ongoing barriers to the promotion of equity-deserving groups in academia; in addition, increased representation of such groups at the faculty level is important to promoting students’ learning and success.

Reviews of existing evidence (which is, to date, primarily based on data from the United States; Singh et al., 2022) have typically focused on the benefits of compositional diversity in the student body (i.e., greater proportion of students identifying as a racial/ethnic minority) on students’ educational experience (e.g., Milem et al., 2005). However, there is increasing recognition that diversity at the faculty level also impacts students’ experiences on campus. A recent scoping review of student perspectives on faculty diversity identified students’ desire for increased representation of minoritized groups at the faculty level (Singh et al., 2022). Students report that diversity at

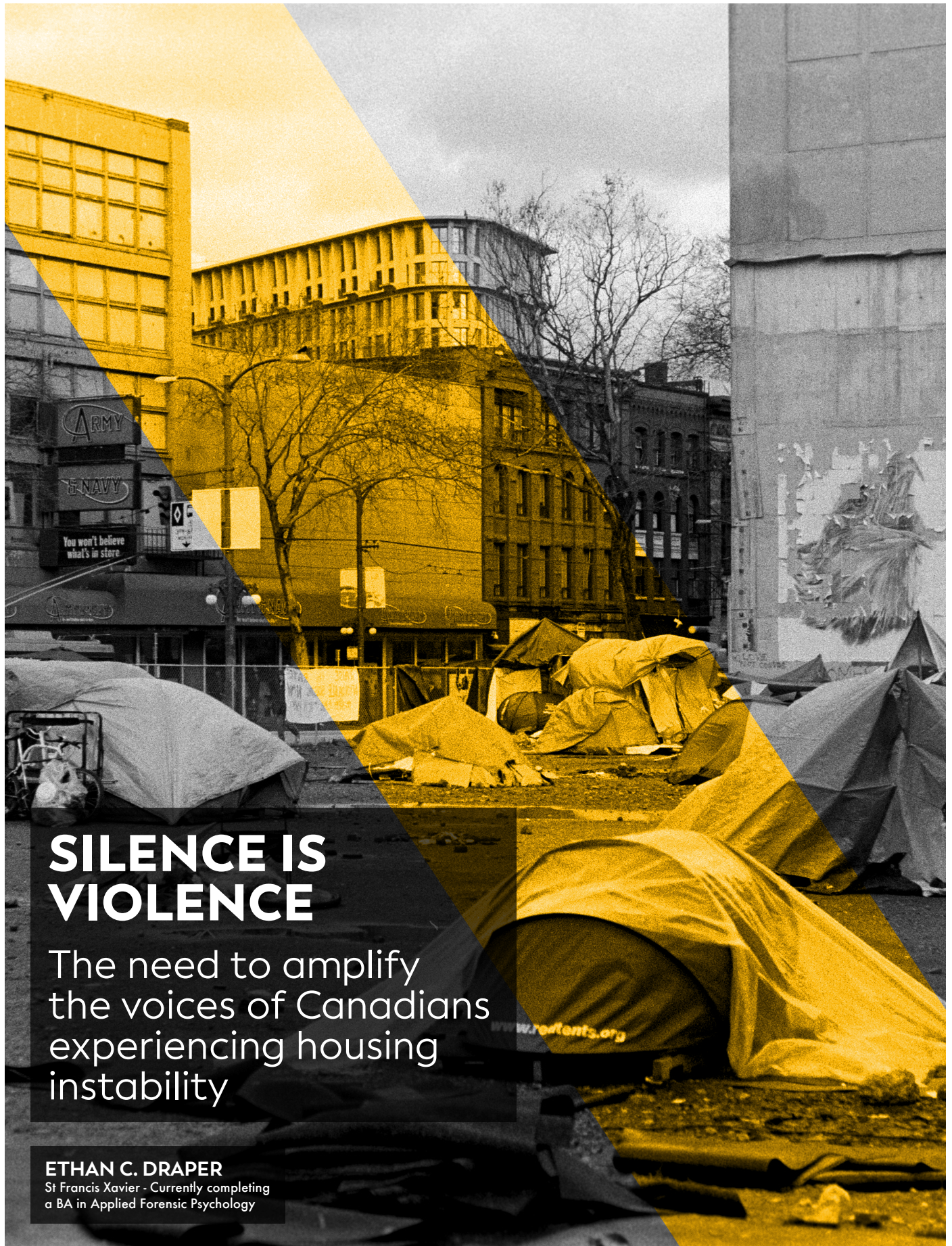
the faculty level is beneficial to their learning experiences (Singh et al., 2022), in that it provides opportunities for professional development (e.g., the cultivation of socio-cultural skills, the availability of meaningful mentorship and role models, etc.). Indeed, faculty-level compositional diversity has been found to be associated with greater student success (e.g., grade-point average [GPA]) and higher graduation rates (Llamas, Nguyen, & Tran, 2019; Stout, Archie, Cross, & Carman, 2018). In one longitudinal study of campus climate and student outcomes, greater racial/ethnic diversity on campus (quantified as the percentage of non-white undergraduate students) *and* having at least one professor who matched students’ self-reported race/ethnicity was linked to higher GPAs (Llamas et al., 2019). Although the mechanisms through which faculty diversity rates are linked to student outcomes are still to be delineated, it is possible that processes related to person-environment fit and/or campus climate may help enhance students’ success (see Llamas et al., 2019; Stout et al., 2018).

Although all students can benefit from increased representation of equity-deserving groups among their professors and mentors, diversity at the faculty level may be particularly important to improving the educational experience and success of students from minoritized groups. For instance, Stout and colleagues (2018) found that increased diversity among faculty was related to higher graduation rates for students from racialized groups. College students who reported a higher proportion of same-race/ethnicity professors also had higher grades, with this effect being particularly pronounced for Black students (Fischer, 2010). Students who were visible minorities and/or women also reported feeling more comfortable in classrooms when the professor shared their background (Singh et al., 2022). In sum, seeing oneself represented in positions of authority in higher education may be particularly conducive to success for students from equity-deserving groups.

Compositional diversity is, of course, not sufficient for creating an equitable, diverse, and inclusive university environment (which would include not just representation and presence, but also climate). However, there is evidence to suggest that increased representation of

equity-deserving groups at the faculty level can have wide-reaching positive impacts across campus. This type of structural change can be accomplished through the implementation of EDI-sensitive hiring practices. For example, the Tri-agency Institutional Programs Secretariat (Government of Canada, 2012) recommends that hiring committees evaluate candidate records related to EDI. This could be achieved by asking candidates to submit EDI statements alongside other materials at the application stage, and by arranging an EDI-focused interview during a candidate’s visit to the institution. Moreover, candidates should be evaluated consistently and systematically using a pre-determined rubric, which can help decrease bias and prejudice (Uhlmann & Cohen, 2005; Stephens et al., 2020). As applied to candidates’ EDI track records, the rubric could assess understanding of EDI issues, involvement with EDI change efforts, connection to equity-deserving groups, evidence of and plans for EDI considerations in research and teaching, etc. Lastly, offering to connect shortlisted candidates with local equity-deserving groups on-campus and/or in the community can demonstrate the institution’s commitment to fostering an inclusive and diverse climate beyond the interview process. Applying such hiring policies¹ can help promote and recruit job candidates who will contribute to EDI change efforts and increase representation of equity-deserving groups on campus. Although more research (including in Canadian contexts) will help uncover how to best foster positive student outcomes through diversifying the faculty body, the evidence to date suggests that—in addition to all the other beneficial outcomes—better representation of equity-deserving groups at the faculty level supports students’ positive educational experiences and success.

FOR A COMPLETE LIST OF REFERENCES,
PLEASE GO TO CPA.CA/PSYNOPSIS



SILENCE IS VIOLENCE

The need to amplify the voices of Canadians experiencing housing instability

ETHAN C. DRAPER

St Francis Xavier - Currently completing a BA in Applied Forensic Psychology

In Canada, it has been reported that approximately 235,000 people experience housing instability in each year¹. While the pandemic has highlighted the role of environmental factors (like job cuts, evictions, and the rising cost of living) in housing instability, the narrative still exists that individual failures cause people to end up unhoused². Shifting blame from structural inequities to individual shortcomings has facilitated the social ostracization and criminalization of individuals experiencing housing instability. Additionally, it fails to acknowledge that housing instability is disproportionately seen in vulnerable members of society: those with mental illnesses³, those who are of gender and sexual⁴ or racial⁵ minorities, and those who have been incarcerated⁶.

Members of marginalized groups, and specifically those with intersecting minority identities, are too often excluded from conversations about themselves. As a result, this exclusion further allows individuals to be silenced, instead of being acknowledged as the experts on their own situations and needs. The field of psychology, as well as Canada more broadly, needs to acknowledge the incredibly rich knowledge that comes from listening to those with lived experiences when addressing systemic problems, including housing instability.

When research has prioritized the voices of Canadians experiencing housing instability, it is glaringly evident that housing instability is not just a social justice problem, but one for psychology. Psychologists can advocate for change by sharing what is known about the impact on the brain (e.g., the high prevalence of traumatic brain injuries⁷; TBIs) to highlight the need for evidence-based programs to holistically support individuals experiencing housing instability. This may involve considering consequences of TBI and other brain-associated conditions, like mood dysregulation and executive dysfunction, when designing services, leading to more inclusive services and thus more long-term success in supporting people exiting housing instability.

Long-term success in supporting people exiting housing instability, and championing them as the experts of their own needs, has been a pivotal part of developing housing first programs. Compared to treatment first programs which involve condi-

tional housing (e.g., only provides housing once a client meets criteria which may include sobriety or engaging in treatment), housing first programs prioritize placing individuals in safe and secure housing as soon as possible. Early studies of these methods have observed better housing outcomes and more client empowerment⁸. Learning from the successes of these housing first programs, the Mental Health Commission of Canada launched its own housing first initiative known as the At Home / Chez Soi project in five different cities. When individuals engaged in the At Home / Chez Soi project were followed up, they were found to be three times as likely to be stably housed compared to controls⁸. They also reported improvements in non-housing aspects such as the severity of their mental health symptoms and substance use⁸, which are oftentimes key areas of psychological intervention.

Not only is it evidence-based for psychologists to address housing insecurity, it is also in our ethical mandate. Psychologists have the ethical responsibility to speak out against violations of the dignity of persons—a responsibility that is built into our very own Canadian Code of Ethics for Psychologists. Our code specifies that our greatest responsibility is to respect the dignity of persons, specifically “... persons and peoples in the most vulnerable position.”⁹ As such, Canadian psychologists must fulfil our responsibility by actively working with individuals experiencing housing instability and championing their authority. To collaboratively address this increasingly prevalent social issue, we must use tools like qualitative research and science communication to amplify their voices and advocate for programming based on their self-identified needs. Being heard is both an empowering and dignifying experience which is a necessary part of creating sustained change. By sharing the voices of individuals experiencing housing instability, psychological research may serve as a tool wielded by those demanding social change to humanize a population who has been historically marginalized. Further, it allows the voices of service users to inform program development, where they may highlight potential barriers to accessing or benefiting from services, as well as provide insight into best practices to overcome those barriers.

Psychologists are not the only ones with the ethical obligation to address this issue;

all Canadians have their part to play as pivotal members of the United Nations. Housing instability violates Articles 22, 25, and 1 of the United Nations’ Universal Declaration of Human Rights; articles that support social security, an adequate standard of living, and states that all humans are equally deserving of dignity¹⁰. Unfortunately, there are few incentives to reducing poverty, inequity, and injustice for those in positions of privilege. That said, the field of psychology exists at the unique interface of science and humanity, making it an ideal instrument to enact meaningful social change. This extends far beyond exclusively supporting individuals experiencing housing instability, but anyone facing any form of systemic injustice.

Addressing structural violence and human rights violations is hard and daunting work. When faced with daily news stories highlighting our failures in supporting vulnerable populations, it can be demoralizing and overwhelming. As a field, however, we cannot let this discourage us. As students, researchers, clinicians, life-long learners, and as the future of Canadian psychology, we must “[n]ever doubt that a small group of thoughtful, committed citizens can change the world: indeed, it’s the only thing that ever has.”¹¹

FOR A COMPLETE LIST OF REFERENCES,
PLEASE GO TO CPA.CA/PSYNOPSIS



UNPACKING MENTAL HEALTH

Parity between mental and physical healthcare depends on an understanding of mental health problems and disorders and who can treat them

LESLEY D. LUTES

PhD, R.Psych, University of British Columbia |
Okanagan Campus, BC Psychological Association

TATIANA A. SANCHEZ

MA, University of British Columbia |
Okanagan Campus

ALEX R. FOUNTAINE

BSc (Hons), University of British Columbia |
Okanagan Campus

The Canadian government is making the largest investment in mental healthcare in recent history – committing \$4.5 billion dollars over the next 5 years through mental health exchanges to the provinces.¹ We have an unprecedented opportunity to work alongside our governments to develop a mental healthcare system that is based on science and achieves parity with physical healthcare. **Currently, the lack of a consistent definition of mental health and who is qualified to provide this care threatens the foundation upon which we are creating and funding this national mental health transformation.** As Dr. Kerri Ritchie – the president of CPA – wrote in the Health Provider Wellness issue of *Psynopsis*, “We tend to use the terms wellness, mental health, and mental illness interchangeably, but they are distinct and require different levels of care and support.”² She continued, “timely access to care by qualified service providers is as necessary for mental illnesses as it is for cardiac or obstetrical care.”² We could not agree more.

Just as with physical illness , in order to receive effective mental

health treatment, patients need proper assessments and diagnoses first. For example, in British Columbia pediatricians, psychiatrists and psychologists are qualified to assess and diagnose mental disorders (including autism), making them essential providers in the delivery of effective mental and behavioral healthcare. Psychologists receive between 3000-5000 hours in the, “acquisition of psychological and related mental health knowledge and experience,” (see Figure 1).

Patients undergoing cancer treatment have access to a multidisciplinary team where trained healthcare professionals practice within their scope. However, the existing structure and funding of mental healthcare does not afford patients the same level of access to experts that could provide lifesaving mental health treatment. The current approach to mental healthcare is analogous to a cancer patient receiving treatment from individuals who have neither the training nor competencies to deliver and evaluate the effectiveness of their treatment. While patients can be triaged by a multitude of providers, including counsellors, any patient flagging positive for symptoms of

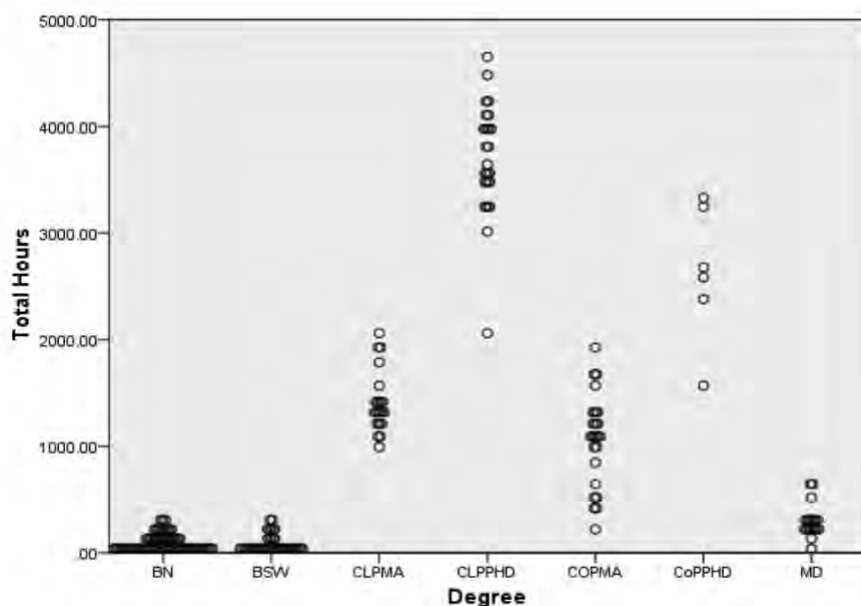
mental illness or distress should be followed up by a qualified mental health care provider who can properly assess and diagnose their illness in order to initiate the appropriate treatment and follow the patients’ progress across time.

Programs offering mental health and substance use services, by their nature, must be comprehensive and integrate evidence-based mental and physical healthcare. Descriptions of services need to be informative – what services are provided by whom and when (e.g. How is mental illness diagnosed? How are clients matched to services? Who provides the service and what is their training and accountability?)

Programs intending to improve mental health are incomplete if they rely solely on funding counselling services. Patients need proper assessment and diagnosis which in turn are critical to ensuring the right evidence-based treatment is offered, implemented and its outcomes evaluated. While programs can and do offer a range of services and supports, assessment, diagnosis and treatment of mental and substance use disorders can only be performed by or under the supervision of regulated providers. Without a clear determination of the services offered, who provides these services, and evaluation and public reporting of meaningful service outcomes, mental healthcare will continue to be a blunt intervention lacking the patient-centered precision we have come to expect for physical illness.

Oftentimes we hear terms such as “stepped care” or “team-based care” used to describe models of healthcare. The Stepped Care model is “an evidence-informed system that structures care according to the least intensive and most effective options, giving service users the greatest likelihood of improvement. The intensity of treatment can be “stepped up” or “stepped down” based on a person’s preference or need.”⁴ However, patients receive initial screening and proper triaging by the primary care mental health provider prior to entry into the appropriate the appropriate step of care. As British Columbia is considering the expansion of

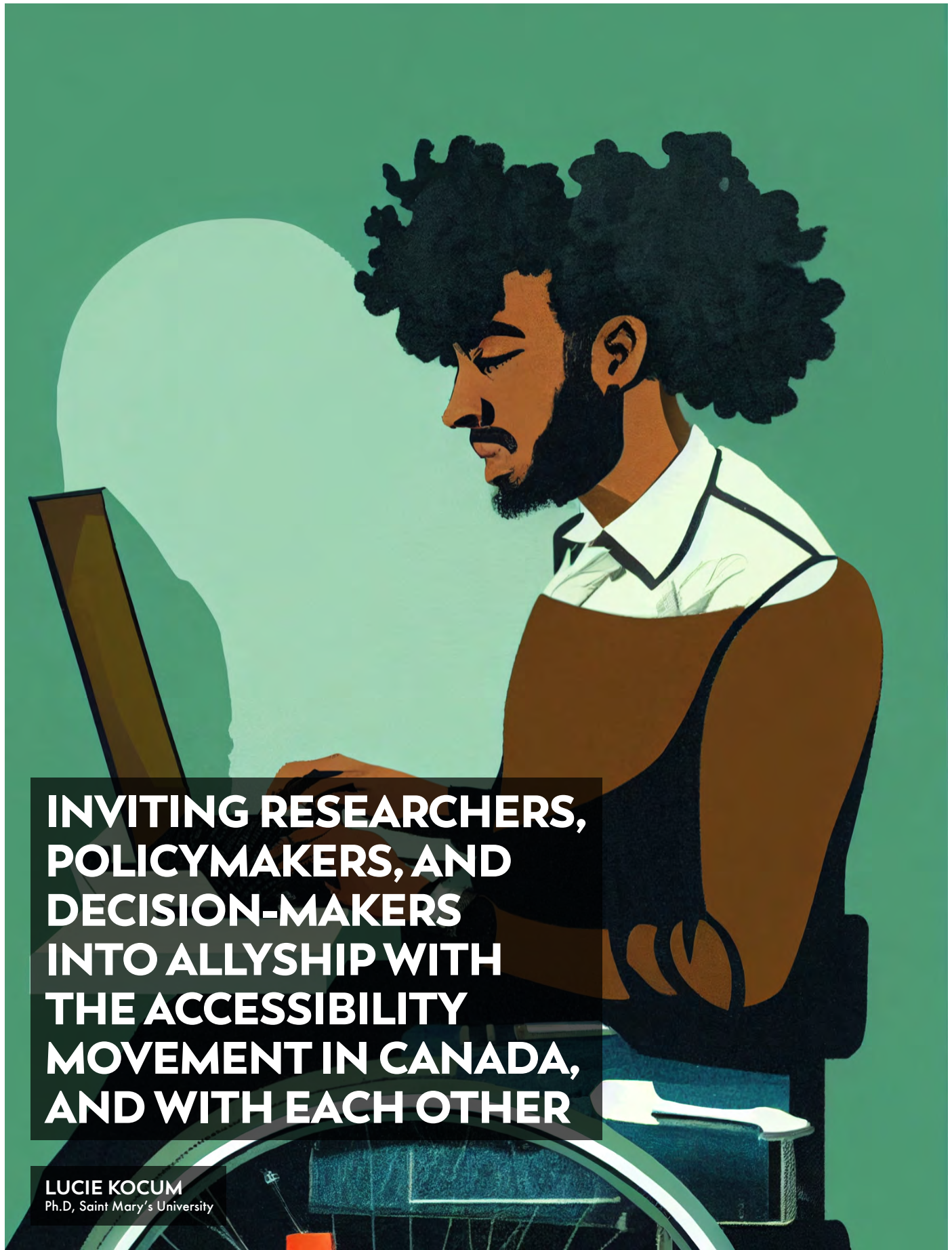
Figure 1.



Conservative estimate of the total hours spent in the acquisition of psychological and related mental health knowledge and experience. BN = undergraduate nursing; BSW = undergraduate social work programs; CLPMA = clinical psychological master’s level program; CLP-PHD = clinical psychology doctoral level programs; COPMA = counselling psychology master’s level programs; CoPPHD = counselling psychology doctoral level programs; MD = undergraduate medicine.*

(*Note: Clinical Counsellors are not included in this figure, as they are not currently a regulated health profession. Reprinted with permission)

Continued on page 22



**INVITING RESEARCHERS,
POLICYMAKERS, AND
DECISION-MAKERS
INTO ALLYSHIP WITH
THE ACCESSIBILITY
MOVEMENT IN CANADA,
AND WITH EACH OTHER**

LUCIE KOCUM
Ph.D, Saint Mary's University

Lucie Kocum is an Associate Professor at Saint Mary's University who lives with a disability.

For many, the onset of the COVID-19 pandemic made accessibility a top-of-mind concern, as access to our work, classrooms, essential services, and each other was suddenly limited in ways we had never experienced. For those of us who are disabled, Deaf, and neurodivergent, as well as those who champion disability rights and accessibility, the rapid ignition of remote access to work, school, and services proved that accessibility solutions are indeed possible, and in very short measure, when accessibility is viewed as vital to all our sustained individual and societal functioning. Regardless of the state of the Covid-19 pandemic, the urgency for accessibility remains for the 6.2 million people in Canada who are disabled, Deaf, or neurodivergent (Statistics Canada, 2017). This brief article is a knowledge mobilization effort to bring together psychology scholars and practitioners, policymakers, and decision-makers with and without lived experience of disability who are currently at a variety of cadences in approaching accessibility work. There are seats at the table available to collaborate across disciplines and professions to establish knowledge-based standards for accessibility in all sectors. I invite you into conversation by first contextualizing accessibility legislation and the influence of psychology in shaping legislative language and processes. I then illustrate how psychology can inform employment and healthcare accessibility.

Contemporary accessibility legislation in Canada is a culmination of Deaf and disability rights advocates' and activists' collective actions and political victories spanning nearly 200 years. Most recently, the accessibility movement in Canada has achieved remarkable progress. The federal and four provincial governments have enacted legislation whose purpose is to prevent and eliminate systemic barriers to the full societal participation of all disabled, Deaf, and neurodivergent people residing in Canada (Accessibility Act [Nova Scotia], 2017; Accessible British Columbia Act, 2021; Accessible Canada Act, 2019; Accessibility for Manitobans Act, 2013; Accessibility for Ontarians with Disabilities Act, 2005). Target areas differ somewhat by jurisdiction and include developing knowledge-based standards for accessible accommodations; employment; education; health; transportation and transportation infrastruc-

ture; information and communication (technological and non-technological); the built environment (including facilities, buildings, structures, and premises); design of public spaces; customer service; procurement, delivery, and receipt of goods, services, and facilities; and design and delivery of programs and services. A most recent call for federal funding (Accessibility Standards Canada, 2022) prioritizes research focused on accessible employment; accessible communications through sign language; and accessibility in Canada's election process, including voting and running for office.

Although several sub-disciplines of psychology (e.g., social psychology, community psychology) include lines of research and theories focused on social justice and equity, rehabilitation psychology has been most closely aligned—and allied—with the disability and accessibility rights movements. Established over 60 years ago with the aim of improving all aspects of the quality of life of people with disabilities and chronic illnesses, rehabilitation psychology can be credited with helping lay the foundation for contemporary accessibility mandates. Beatrice A. Wright (1960; 1972; 1983), a social psychologist by training and one of the first rehabilitation psychology scholars, articulated several fundamental principles of rehabilitation psychology paraphrased as follows: Respect and encouragement of people with disabilities are fundamental rights; a strengths-based approach must be adopted, centring the person with disabilities and encouraging their active participation in their own self-determination; the experience of disability is largely determined by the social and physical environments, and can be improved by eliminating architectural, procedural, and social barriers; rehabilitation psychology work is political work, and requires inter-disciplinary and inter-agency collaboration and coordination of services, with people with disabilities participating in every step of their design, planning, and implementation; and effective dissemination of information is required concerning legislation and community offerings of potential benefit to persons with disabilities (for the full 18 principles, see Wright, 1972). Wright's principles permeate accessibility legislation in its comprehensiveness and consultative approach, enshrining the participation of disabled, Deaf, and neurodivergent people in drafting the legislation, developing the standards that will operationalize accessibil-

ity in each area, and monitoring and evaluating standards implementation.

There are several critical areas where psychology can continue in or join the conversation to inform evidence-based standards for accessibility. One important area in need of work is industrial psychology, specifically the recruitment and retention of people with disabilities through an accessibility lens. For example, remote work may be viewed as a panacea to close the employment gap between people with and without disabilities. However, a closer examination has revealed that wage gaps between workers with and without disabilities persist whether work takes place at home or on site (Schur, Ameri, & Cruz, 2020). Moreover, off-site work has the potential to increase disparities because of proximity bias, or favouritism toward on-site over off-site workers (Elsbach, Cable, & Sherman, 2010; Johanson, 2021). Another common assumption in personnel selection and often a touchstone in industrial psychology is the finding that the best predictor of future behaviour is past behaviour (Ouellette & Wood, 1998). This finding has long been criticized as being at odds with rehabilitation psychology literature and practice, however, as it does not account for the context for the behaviour, which may be disabling and require accessibility adjustments. Further, this view excludes opportunities for an individual's rehabilitation and growth (Dunn & Elliott, 2005; Wright 1983). Importantly, we can do better for individuals and organizations. For example, a systems approach to developing job analysis and return to work tools for individuals who have experienced cancer—a critical illness that can cause both episodic and acquired disability—can consider multiple perspectives including those of the worker, employer, and healthcare service provider (Maheu et al, 2021). Using a workplace accessibility lens to bridge knowledge in industrial psychology, rehabilitation psychology, psycho-oncology, and law, tools can be produced that support the worker to return to an accessible work context designed to promote their healthy recovery and successful completion of tasks required by their employer.

The importance of psychology for accessibility cannot be understated; it is a matter of life and death. Medical assistance in dying (MAID), a health service in Canada which now includes disability (and, imminently,

Continued on page 22



IS THERE ROOM IN PSYCHOLOGY FOR THE CONCEPT OF 'RACE'?

WOLFGANG LINDEN
Ph.D.

This essay invites the reader to accompany me on a journey that sought clarity about the concept of ‘race’ but ended with a rather existential question. To understand the rationale for questioning the utility of ‘race’, a look at changing knowledge in biology, anthropology, and history is needed to understand subsequent misappropriation of the concept by politicians and special interest groups (APA Task Force on race and ethnicity guidelines in *Psychology*, 2019; Royal & Dunston, 2004).

Biology

It is obvious that people differ in height and weight, skin tone and bone structure. Trying to structure this observation, biologists and anthropologists proposed in the 1800s that characteristics like skin color and bone structure would allow the categorization of people into three groups (‘races’), crudely called Asian, Black and White. Over time, research, especially that on the human genome (Royal & Dunston, 2004), led biological anthropologists to conclude that ‘race’ in a biological sense was not useful. Along these lines, the Merriam Webster dictionary reports that 99.99% of the human genome is shared by all races, leaving essentially no room for race as an explanation for individual differences.

Lastly, anthropologists now posit that beliefs about race led to seriously harmful labeling (American Association of Physical Anthropologist, 2019).

The trouble with labels

Integral to a concept of race was the fact that racial characteristics cannot be changed in a person’s lifetime. However, changes in generational demographics now challenge the stability and the usefulness of race category labels. In the US, for example, in 1967, 3% of weddings were among multi-racial couples whereas this number grew to 19% by 2019 ([https://www](https://www.pewresearch.org/about/ref)

[pewresearch.org/about/ref](https://www.pewresearch.org/about/ref)). The consequence is a steadily growing need for even more racial labels in the future.

I previously struggled with labelling when, as Clinical Program Director, I had to complete Annual reports for CPA and APA for program accreditation. Even these accreditation bodies could not agree about race. CPA did not require describing the faculty or student body in terms of race, whereas APA required completion of a detailed table about the race/ethnicity composition of our student and faculty group. We did have students who qualified as ‘bi-racial’ but there was no box for them I could tick. I had to make a knowingly false categorical choice between Asian versus Caucasian (or African vs Caucasian).

Similarly, when reviewing scientific articles, I encountered repeatedly that authors described Hispanic research participants as a distinct racial group whereas I see it as an ethnicity.

History, geopolitics, and harmful use of the ‘race’ concept

Unfortunately, the recognition that race is not a useful biological concept did not simultaneously lead to the logical consequence of removing the term from public discourse. Instead, ‘race’ shifted from a topic of scientific inquiry into a topic for social, political and ideological debates where people don’t define what the word race means to them.

The battle of how to define and (ab-) use ‘race’ has, and is, played out differently depending on where you live and when you lived.

Hitler weaponized the term to divide Aryans from Jews for the purpose of supporting his genocidal ideology and political goals. As the British historian Alan Bullock (1962) described, Hitler purposefully scapegoated Jews to raise the morale of Germans who had just lost World War I, had largely failed at their first attempt at democracy, and suffered an economic depression.

Apartheid in South Africa also used racial labels divisively to segregate people into black, white and ‘colored’ (where the third category simply embraced all those that did not fit the black/white distinction).

In Canada, the use of ‘race’, is woven into our efforts at reconciliation with indigenous people and is reflected in discrimination, economic disadvantage and unsettled land claims.

South of the border, in the US, discussions of ‘race’ are mostly attached to the struggle around slavery and its grave consequences which still exist 150 years beyond slavery’s official abolition. Currently, an ambiguous use of ‘race’ is taking hold in U.S. political activities around Critical Race Theory, which is often willfully misinterpreted to placate white voters.

One may wonder why the above illustrative, but greatly incomplete, list of abuses of the race concept survived this long. A consensual argument among progressives is that the race label is used in a desire to hold on to current power positions and beliefs in one’s superiority, and the lack of willingness to share wealth (APA Task Force on Race and Ethnicity Guidelines in *Psychology*, 2019).

Drawing conclusions and asking the existential question

Given this long history of shifting context and interpretation, ‘race’ has so many confused meanings today (typically not defined by the user) that it invites abuse for political purposes, leads to offence, and stands in the way of an inclusive society. Therefore, I raise the question whether Psychology – as a science and practice – should discourage the term ‘race’ altogether. Maybe it is better housed in the exclusive world of historians. Instead, we might focus on scientifically measurable concepts like discrimination, acculturation and socioeconomic inequality.

Without racial categorizing, prejudices and stereotyping previously attached to population subgroups might gradually fade. Mind you, this hope should not invite complacency. We still need to actively tackle this is the very real issue of subtle, but also often malicious, discrimination based on racial characteristics.

So, how about leaving ‘race’ behind us?

FOR A COMPLETE LIST OF REFERENCES,
PLEASE GO TO CPA.CA/PSYNOPSIS

Unpacking Mental Health

Continued from page 15

publicly funded access to mental health services across the healthcare system, it is critical that they learn from others who have implemented this model to avoid repeated failures and costly mistakes. One example comes from our colleagues in Newfoundland. A recent article outlined a “mass exodus” of psychologists within the province’s healthcare system due to the faulty implementation of the stepped care model.⁴ While the psychologists support the model in principle, they are concerned that its current implementation comes at the expense of long-term mental health treatment.⁴ As Dr. Lisa Moores, a registered psychologist, associate professor at Memorial University’s residency program, and co-author of a recent report outlining concerns psychologists in the province have with the implementation of the stepped-care model notes, “Programs don’t treat mental health, professionals treat mental health.”⁵

Until we reach a consensus that mental health and physical health are equally important, and that people need effective and accountable assessment, diagnosis, and treatment provided by team of regulated and qualified mental healthcare providers no matter the nature of their illness, no amount of money will fix the healthcare system. Cost is a commonly voiced concern and particularly when it comes to mental health care where services, supports and treatments are often offered interchangeably. Just as is the case for physical illness, people need providers at all levels and scopes of practice to effectively treat their mental health.

We hope this piece serves as a first step in establishing proper funding guidelines, with minimum hiring standards and requirements for provinces and territories receipt of targeted mental health transfers from the federal government. Then, and only then, can we lay a clear path towards equity between physical and mental health.

FOR A COMPLETE LIST OF REFERENCES,
PLEASE GO TO CPA.CA/PSYNOPTIS

The Accessibility Movement

Continued from page 19

mental illness) as a legitimate justification for requests, requires substantive conversations that hold space for a multiplicity of perspectives beyond the binary “for vs against.” There are fundamental nuances to examine and understand, and research can debunk many myths and provide insight and direction. For example, although pain is the most common disability among seniors in Canada, MAID recipients cited the loss of ability to engage in meaningful activities (84.9%) as their primary source of intolerable suffering (Statistics Canada, 2021). Dugdale, Lerner, and Callahan (2019) make a similar demonstration with US data (Oregon Death with Dignity Act, 2018), with patients opting for assistance in dying because of a fear of loss of autonomy (90.6%), diminished engagement in enjoyable activities (89.1%), loss of dignity (74.4%), fear of being a burden on family, friends, and caregivers (44.8%), and “losing control of bodily functions” (44.3%); pain was cited in 25.7% of cases. As accessibility legislation targets many of these attitudinal and quality of life barriers, keeping on track with mandated accessibility timelines (2023 in Manitoba; 2024 in British Columbia; 2025 in Ontario; 2030 in Nova Scotia, and; 2040 in Canada) is imperative; where we fall short we must demand accountability and course-correction. Doing so will help prevent “double-jeopardy” situations (Bagenstos, 2020) in which inaccessibility leads people with disabilities to experience less full lives causing suffering and, in turn, this suffering being suggested and/or presented as just cause to request MAID.

Substantive discussions about accessibility require intra-disciplinary, inter-disciplinary, and cross-sectoral engagement. To enter the discussion, psychologists must acknowledge the persistent ableism that permeates our discipline. Born from eugenics, psychology established its relevance by offering psychometric tools used to classify people based on “desirable psychological characteristics” (Schwesinger, 1941). As with all forms of systemic discrimination, ableism continues to persist in psychology. Most university curricula in psychology cover disability, but continue to treat it as a pathology, and focus mainly on psychiatric and cognitive disabilities through a medical lens as opposed to a social one (Rosa, Bogart, Bonnett, Estill, & Colton, 2022). In spite of Wright’s 60+-year legacy, social psychology is only now catching

up to the notion of disability as an affirming identity not exclusively defined by victimhood and disadvantage (Bogart & Dunn, 2019). Other sub-disciplines, such as industrial psychology, have yet to address accessibility beyond disability as a category of legalistic concern (Catano, Hackett, Wiesner, & Roulin, 2022). That Wright’s view of the disabling environment was not taken up by social psychologists as a fundamental, paradigmatic development centring the lived experiences of oppressed groups is especially concerning, given that Wright, herself, was a trained social psychologist mentored by Kurt Lewin, and her contribution of the context as disabling was heavily influenced by field theory (Lewin, 1942). With better inclusion, innovative ideas and theoretical developments can be mobilized within and outside psychology and costly knowledge and practice gaps can be prevented.

As we build our capacity for accessibility work, we must recognize that all sub-disciplines of psychology are relevant to operationalizing knowledge-based accessibility in Canada. We must also open our sub-disciplines and, indeed, our disciplines and sectors to the accessible flow and uptake of new ideas. Finally, with the humility that we have a lot to learn and without delay, we must join the accessibility standards development tables and get to work.

Footnote: I use identity-first and person-first language interchangeably in this article.

FOR A COMPLETE LIST OF REFERENCES,
PLEASE GO TO CPA.CA/PSYNOPTIS



Your CPA Membership connects you to a global community more than 7,000 clinicians, researchers, academics and students.

Your CPA Membership affords you access to a wide range of personal and professional benefits, including access to –

- **Discounts** through our member benefit partners, like Lenovo, Staples, Johnson Insurance, Broadway Across Canada, and our industry leading BMS liability insurance
- Our 160+ **CPD courses**
- **Podcasts** on timely topics like Remote Practice, Racial Injustice, Vaccine Disinformation, Supporting Female Mental Health Professionals with Self-Care and The Naomi Osaka Effect
- Our 20+ **grants and awards** including – student conference, research and knowledge mobilization grants, and service member and humanitarian awards
- **Discounts, learning and networking opportunities** that are available to you through our Career Fairs and Annual Convention – the premier psychology conference in Canada
- **Resources and Publications** including a monthly newsletter, quarterly magazine, fact sheets, journals and a discount on PsychNet Gold
- The ability to develop your **leadership skills, get published** or **build your resume**
- Our ongoing **advocacy** work on relevant issues like conversion therapy, tele-health therapy and mental health parity



Your CPA Membership provides us with the ability to support, promote and advocate for you, our members, affiliates and associates.

**2023 RENEWAL OPENS
THE 2ND WEEK OF DECEMBER.**



CPA.CA

SAVE THE DATE

CPA's 84th Annual Convention
in Conjunction with the
5th North American
Correctional and Criminal
Justice Psychology Conference

June 23rd to June 25th, 2023

Call for Abstract
Submissions
Now Open!

events.decorporate.ca/CPA2023/abstract/login.php

Deadline for Submissions:
December 14th, 2022



**Pre-Convention
Professional
Development
Workshops**
– June 22nd.

Submit to
deliver
a workshop
or save
the date
to attend.

convention.cpa.ca

Visit the convention
websites often for updates

cpa.ca/naccjpc