

The Multiple Accountabilities of Competencies: Preparing Psychologists to do What, When and for Whom

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Canada's Competencies

Mutual Recognition Agreement (MRA)
among Psychology Regulatory Bodies

Canada's Agreement on Internal Trade
(AIT)

Both intended to enhance mobility, but...

Mutual Recognition Agreement (MRA):
competencies in the service of mobility

Canada's Agreement on Internal Trade (AIT): competencies secondary to mobility

What are the Competencies defined by Canadian Psychology's Mutual Recognition Agreement among Regulatory Bodies?

Competencies Defined by Canadian Psychology's MRA among Regulatory Bodies

1. interpersonal relationships
2. assessment and evaluation
3. intervention and consultation
4. research
5. ethics and standards
6. supervision

Competencies, cont'd.

These competencies do target key psychological proficiencies necessary for practice, but...

Competencies, cont'd.

...these are broad, general and don't in and of themselves ensure that psychologists have the competencies necessary to effectively contribute to public welfare and respond to the mental health needs of Canadians.



So how do we train psychologists in Canada?

Training Psychologists

CPA accredits doctoral programmes in professional psychology (clinical, counseling, school, neuropsychology) with Standards that align with MRA competencies and with both prescriptive and outcome accountabilities

Training Psychologists, cont'd.

This means we articulate kinds of courses (e.g., biological foundations of behaviour, individual differences, evidence based therapies) and numbers of practical hours (e.g., 1600 pre-doctoral internship hours)

Training Psychologists, cont'd.

It also means, however, that programs get to define their models of training (e.g., train scientist-practitioners to work with children) and be held accountable to them (i.e., graduate students who go on to paediatric practice)

Regulation of Psychology in Canada

Psychology in Canada is regulated provincially/territorially and the requirements for licensure differ significantly across the jurisdictions (psychology programme versus psychology degree, masters versus doctoral degree, courses versus degree or programme)

This variability is what the MRA and AIT
were intended to address...

What doctoral and internship programmes, accreditation, licensure, the MRA or AIT don't do however, is ensure that the skills, knowledge and competencies to which they hold students and practitioners accountable respond to community and stakeholder need

What is on the minds of Canadian stakeholders in health and mental health?

What is top of mind for funders, government and Canadians?

Top of Mind for Canadians, Government and Funders

20% of Canadians will experience a mental disorder in a given year¹, whereas only 1/3 of those who need mental health care will actually receive it²

1. Canadian Community Health Survey, 2002
2. Statistics Canada, 2003

Top of Mind for Canadians, Government and Funders, cont'd.

Spending on mental health in Canada has been measured at less than 5% of total health spending despite the fact that by 2020 depression will become the 2nd leading cause (next to heart disease) of disability adjusted life years for all age groups and both sexes.

<http://www.phac-aspc.gc.ca/publicat/cdic-mcbc/pdf/cdic283-eng.pdf>

http://secure.cihi.ca/cihiweb/products/roi_mental_health_report_en.pdf

http://www.who.int/mental_health/management/depression/definition/en/

Top of Mind for Canadians, Government and Funders, cont'd.

**Health promotion, illness prevention,
children and youth**...approximately 70% of
mental health problems begin before early
adulthood

<http://strategy.mentalhealthcommission.ca/od>

Top of Mind for Canadians, Government and Funders, cont'd.

The strongest evidence for return on investment in mental health involve services and supports that are geared to children and youth that reduce conduct disorders and depression, deliver parenting skills, provide anti-bullying and anti-stigma education, promote health in schools, and provide screening in primary health care settings for depression and alcohol misuse

Roberts, G. and Grimes, K. (2011). ***Return on Investment. Mental Health Promotion and Mental Illness Prevention.*** Canadian Policy Network (CPNET) and Canadian Institute of Health Information (CIHI)

Top of Mind for Canadians, Government and Funders, cont'd.

Cost and clinical effectiveness of health services...practitioners working to their full scopes, collaborative practice, clinical practice guidelines

Top of Mind for Canadians, Government and Funders, cont'd.

Canada's Ministers of Health are concerned about:

- **Health Human Resource** – do we have enough of who and how much will they cost?
- **Scope of practice** – is every health care provider practicing to their full scope? We shouldn't create bottlenecks by funneling patients for assessment or intervention by a single designated and expensive provider when other providers can do the work.

Top of Mind for Canadians, Government and Funders, cont'd.

Canada's Ministers of Health are concerned about:

- **Clinical practice guidelines (CPGs)** – what are models of inter-professional practice that are cost and clinically effective and how can we implement them? Currently looking at CPGs for designated conditions (e.g. hypertension, diabetes)

Top of Mind for Canadians, Government and Funders, cont'd.

A recovering economy and thriving workplace...

The economic toll of mental disorders on the Canadian economy in 2003 was estimated at \$51 billion dollars

Lim, Jacobs, Ohinmaa, Schopflocher, & Dewa, 2008

Top of Mind for Canadians, Government and Funders, cont'd.

A recovering economy and thriving workplace...

40% of disability claims to federal
government are for mental disorders

[http://www.canada.com/health/Government+overhauling+handling+depression
+public+service/2682746/story.html](http://www.canada.com/health/Government+overhauling+handling+depression+public+service/2682746/story.html)

Top of Mind for Canadians, Government and Funders, cont'd.

Aging populations living longer with chronic disease – mental disorders or other health conditions (e.g. diabetes, heart disease, dementia) for which psychosocial factors are key to successful management

Service gaps for rural, remote and indigenous populations

<http://strategy.mentalhealthcommission.ca/the-facts/>



**So what does all this mean for the
competencies of psychologists in
Canada?**

Competencies of Psychologists in Canada

It means that no matter how competently we train psychologists to assess, diagnose, or use interventions, we are not going to maximize our impact on the health and welfare of our societies unless we learn to apply these skills to the real issues and problems facing individuals and communities

Competencies of Psychologists in Canada, cont'd.

**This means that we need to train
psychologists for research and practice
with...**

- Older adults
- Chronic disease
- Aboriginal and rural and remote populations
- Children and youth

Competencies of Psychologists in Canada, cont'd.

and to...

- develop and evaluate rather than just deliver care
- employ evidence based interventions
- practice collaboratively

**And all this because competent
practice cannot just be about doing
something right, it is about doing
the right thing right!**