



ONTARIO PSYCHOLOGICAL ASSOCIATION

SINCE 1947

**PRESIDENT'S ANNUAL
REPORT**

2012

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2012 PRESIDENT'S REPORT

The 2012 Annual Report was prepared with contributions from committee and task force chairs, liaison representatives, and staff members: Dr. John Service, Executive Director and Ms. Carla Mardonet, Administrative Officer. The report reviews the activities, projects, and accomplishments of the Ontario Psychological Association (OPA) since the previous Annual General Meeting and, in accordance with the by-laws, contains the views of the President on the present state of affairs of OPA.

The Report is tabled for acceptance at the 2013 Annual General Meeting held on February 8, 2013 at the Hyatt Regency Hotel in Toronto.

BOARD OF DIRECTORS

Members of the Board of Directors

Dr. Connie Kushnir, President and OPA delegate to the Council of the Practice Directorate of the Canadian Psychological Association

Dr. Margaret Weiser, Past President

Dr. Doug Saunders, Financial Officer

Dr. Patricia McGarry-Roberts, Thunder Bay-Sudbury Regional Director

Dr. Jonathan Douglas, Independent Practice Area Director

Dr. Carolyn Lennox, Education Practice Director

Dr. Frances Rauenbusch, Director-at-Large

Dr. Marlene Taube-Schiff, Director-at-Large, resigned in April

Dr. Paulo Pires, Community, Family and Children's Services Practice Area Director

Dr. Ian Nicholson, Health Practice Area Director, resigned in May

Dr. Niki Fitzgerald, Early Career Psychologist

Dr. Neil Gottheil, Ottawa-Kingston Regional Director, resigned in August

Dr. Laurel Johnson, Justice Practice Director

Mr. David Podnar, Student Director, resigned in July

Ms. Karen Zhang, Student Director, appointed in August

Ex-Officio Members of the Board of Directors

Dr. Doug Saunders, OPA representative to the Council of Representatives of the American Psychological Association

Ms. Carla Mardonet, Administrative Officer

Dr. John Service, Executive Director

INTRODUCTION

It gives me great pleasure to present the 2012 President's Report on the activities and accomplishments of the Ontario Psychological Association. This work was carried out by our highly valued members who volunteered their skills, time and effort and by the indispensable support of a small number of paid staff.

The Board of Directors met four times in 2012: on February 2, May 25, September 21, and November 30. The Executive or Management Committee, consisting of myself and Drs. Margaret Weiser, Doug Saunders and John Service, met on an as needed basis by teleconference. Members were regularly informed of the activities of the Board and the committees and task forces of the Association through the electronic newsletter published after each of the Board meetings.

This year the OPA continued to implement the transformation and transition plan within the organization, and it has been exciting to see OPA committees move forward on two major initiatives. This year has also seen the historic vote taken by the Practice Directorate which will affect the future of psychology in Canada.

INTERNAL CHANGES AND ACTIVITIES:

Within the organization, the year has seen staff and OPA members adjusting to our new location on St. Clair Avenue East. While the new space does not have its own board room, the rentable room in the building has been very comfortable for use for Board meetings, and for several meetings of the Early Career Psychologists.

The Board, under the guidance of the Governance Committee, chaired by Drs. Margaret Weiser and Cheryl Hartridge, has continued to work on a new Board structure model. Key informants such as past presidents, chairs of committees and task forces, and the previous executive director were all asked for their input in May, 2012. Subsequently the membership was surveyed in September, 2012. The majority of the membership expressed approval of the new model. The Governance Committee has worked diligently in re-writing the OPA by-laws to correspond with the changes in Board structure, and these will be presented to the membership for approval at the AGM on February 8, 2013. The new structure, if approved, will functionally align the roles and responsibilities of the Directors with the strategic goals of the organization.

The renovation of the OPA website was completed this year and the new site was launched in October, 2012. Some tweaking of the site remains to be completed. In addition, the name of the electronic newsletter was changed from PsychBytes to ONPsych.

Finally, the OPA Board extended the ECP membership category from 5 to 7 years to make it compatible with other ECP programs. The dues changes will take place in 2013.

COMMITTEE AND TASK FORCE ACCOMPLISHMENTS:

OPA committees and task forces have all been very busy in advocating for the profession in a variety of ways, and their efforts are provided in detail in this report. Two activities in particular stand out.

- The Prescriptive Authority Committee wrote OPA's application to the Ministry of Health to expand psychologists' scope of practice in Ontario to include prescription privileges. Ministry officials are currently reviewing the document.

Consultation with numerous other professional organizations was quite positive, and many are supportive of this initiative.

- The Mental Health Accessibility Task Force launched its first e-advocacy campaign. A letter was sent to each MPP and MP in Ontario. CPA's advocacy software was an invaluable resource for the campaign effort. OPA members were encouraged to use the e-advocacy portal to automatically send a letter to the MPP in their riding supporting parity. A standard letter was provided which members could send as is, or edit. Many members did send the letter, and some members followed up with a visit to their member's constituency office. An issues paper was also made available to assist the members during these meetings as a leave behind document. It was heartening to receive feedback from many OPA members who reported that their letters and visits were received positively. I hope this will encourage them to continue to stay involved, and others to become involved in our advocacy efforts on behalf of the profession.

OTHER ACTIVITIES:

In addition to the activities of the committees and task forces, OPA was also involved in the following activities and advocacy initiatives:

- OPA participates as a member organization in the Coalition for Children and Youth Mental Health. SECPE members provided an information table at the Coalition Summit meeting in October, 2012.
- OPA responded to the Ontario Government's public consultation on the e-health record.
- A letter was sent to Premier McGuinty and Minister Broten indicating support of the Gay-Straight Alliances clubs in schools, with copies to the two leaders of the opposition parties.
- We were involved in the Coalition of Regulated Health Professionals Associations (CORPHA).
- There has been on-going contact and collaboration with the College of Psychologists of Ontario (CPO). An OPA representative attends College Council meetings; OPA sits on the College's Task Force on the Future of Psychology in Ontario examining the closing of the Psychological Associate registration category; OPA is keeping in touch with CPO regarding complaints regarding custody and access; a position paper was submitted to the College regarding support of a national standard for the doctoral level for entry to the practice of psychology.
- OPA has a representative on the Practice Research Network spearheaded by York University.
- OPA is working with the Ontario Bar Association to examine remedies for frivolous and vexatious complaints against psychologists completing Court ordered custody and access assessments.

- OPA met with the College of Family Physicians of Canada on issues such as primary care, improving access to psychological services, and the further development of family health teams.
- The Association participated in the Ad Hoc Coalition of 8 other professional associations re: Bill 59. This private member's bill requested that the government amend the RHPA to allow Optometry to have family members as non-voting shareholders in their professional corporations. The Ad Hoc Coalition urged the government to extend this right to all RHPA-regulated professions. As the legislature was prorogued, this Bill died on the order paper.
- OPA is represented on the Ontario Neurotrauma Foundation (ONF) Concussion/mTBI Strategy group.
- The Association prepared a detailed response to the Mental Health Commission of Canada's *The Mental Health Strategy for Canada*.

HISTORIC VOTE: THE FUTURE OF PSYCHOLOGY IN CANADA

OPA was one of the movers of the motion passed at the Practice Directorate meeting in June, 2012: **"The CPA Practice Directorate supports the doctoral degree as the national educational standard for the licensing of psychologists in Canada."** The feeling in the room during the Practice Directorate meeting was that this was an important, historic event which will be a positive influence on the future development of our profession. While support for the doctoral degree has long been the policy of OPA, this was a new direction for a number of the provincial/territorial associations, and a number of the associations have spent a great deal of time over the past 6 months consulting and discussing this issue with their members. The leadership of the associations that did not support the motion also acknowledged that the passing of the motion will put pressure on their associations and regulators to more seriously consider the adoption of the doctoral standard. It was a recorded vote with three associations voting against: Northwest Territories, Saskatchewan and Newfoundland and Labrador.

INTERNAL AFFAIRS

FINANCE AND AUDIT COMMITTEE

Committee Members: **Drs. Doug Saunders (Chair), John Service, Ms. Carla Mardonet**

The OPA Finance & Audit (F&A) Committee is responsible for the management of the association's fiscal affairs. This includes preparation of an annual budget, arrangements for and receipt of an annual audit, as well as investment management, fiscal policies, fund development, and budget management.

In 2012 the F&A committee met regularly over the year by teleconference and the OPA Management Committee to review the budget and financial statements prior to the Board meetings as well as to develop the 2013 budget plan. The Committee also provided input into the organizational review and strategic planning underway to establish processes that ensure sound fiscal and budgetary foundations for the association in the future.

Submitted by: **Dr. Doug Saunders, Chair, Finance and Audit Committee**

ETHICS AND POLICY COMMITTEE

Committee Members: **Drs. Harvey Brooker, Joyce Isbitsky, Rebecca Pillai Ridell, Douglas Reberg, Carole Sinclair, Lynn Wells, Judith Schapira, Leah Shapira, Ms. Erin Ross**

The chair of this committee, **Dr. Ian Nicolson** resigned in May, 2013 from the committee and the Board for personal reasons. No issues emerged over the remainder of 2012 that required the Committee's input. Once the governance restructuring of the OPA Board is either adopted or rejected by the Annual General Meeting of 2013, a new Chair will be found for the Committee. The Committee and the Association thanks Dr. Nicholson for his many years of invaluable service in his many roles, not the least of which was his excellent stewardship of the Ethics and Policy Committee.

GOVERNANCE COMMITTEE

Committee Members: **Drs. M. Weiser (Co-Chair), C. Hartridge (Co-Chair), C. Kushnir, C. Nelson, D. Saunders, M. Broga, C. Pohlman**
Ex Officio: Dr. J. Service, Ms. C. Mardonet

At the request of the Board, the Governance Committee developed a proposal for Board structural renewal. The committee met on February 2, April 11 & 25, May 25, June 6, July 18, August 20, September 21, November 30, 2012. The process developed in 2011 was introduced to the membership at the 2012 annual convention. This process was followed and reviewed at regular meetings of the Board.

The proposed governance structure was developed by the Governance Committee and endorsed by the board. Regular information updates were presented to our full membership by means of our online newsletter, ONPsych (formerly PsychBytes). The new structure was presented to membership electronically for comment via online survey in August 2012. Results of the survey indicated that a large majority of the membership approved of the new model. The draft governance structure was submitted for review by legal counsel.

In the fall, the Governance committee drafted the required Bylaw amendments, which were also submitted to legal review. The Bylaw amendments will be presented to membership for ratification at the 2013 Annual General Meeting.

Submitted by: **Dr. Margaret Weiser, Co-Chair, Governance Committee**

MEMBERSHIP COMMITTEE

Committee Members: **Drs. Mary Broga (Chair), Charles Nelson, Leslie Eddy, Darlene Walker, Fran Rauenbusch, Ms. Karen Zhang, Ms. Janani Sankar.**

Members of the Association were invited to join the Membership Committee which is focused on recommending strategies to recruit and retain members. The committee met by teleconference on November 23, 2012. It was recommended by the committee to hold a one day brainstorming session in the New Year. This was done several years ago and it was a very productive session that led a work plan and recommendations which were accepted by the board. This session will include the Membership Committee and interested Board members.

Submitted by: **Dr. Mary Broga, Chair, Membership Committee**

EARLY CAREER PSYCHOLOGISTS COMMITTEE

Committee Members: **Drs. Niki Fitzgerald (Chair), Kim Daniel, Anne-Marie Mikhail, Harpreet Chattha, Parmjit Sanghera**

Committee Meetings: The Committee met via teleconference on May 15, July 27, and September 7, with other communication occurring via email over the course of the year.

ECP events held during year:

- 1) February 21 **Dr. Rick Morris** presented his "Tricky Ethical Issues" talk in preparation for the JEE. This was the first evening hosted in the new building. Over 20 attended in person, with an equivalent number on the phone.
- 2) March 27 "ECPs helping ECPs" was co-facilitated by **Drs. Richard Amaral and Niki Fitzgerald**. Attendees were able to share strategies around private practice issues. This was the first time such an event (i.e., no primary speaker). Feedback from the event was positive, with attendees expressing interest in future nights with a similar format. About 20 people were present, with a few on the phone.
- 3) April 17 **Dr. Jeremy Frank** presented on *Navigating the College Complaints Process*. In person numbers were low (3), although teleconference numbers were higher (9). Ultimately the evening was postponed to June 14, 2012 due to **Dr. Frank** being ill.
- 4) May 24 **Dr. Donna Ferguson**, who is an oral examiner with the College presented on the *Oral Exam Process*. Twenty-three people attended in person, with approximately 22 people on the phone.
- 5) June 14 **Dr. Jeremy Frank** gave a presentation on *Navigating the College Complaints Process*. Approximately 8-10 people attended in person, with another 7-8 on the phone.

- 6) July 10 *ECPs Helping ECPs* night was held facilitated by **Dr. Niki Fitzgerald**. Six attended in person, with 1-2 on the phone. Those who attended indicated they found it helpful.
- 7) September 13 **Dr. Rick Morris** presented his *Tricky Ethical Issues* talk. Some who have responded indicated that they had been awaiting this presentation in preparation for writing the JEE.
- 8) October 16 Private practice talk. Three psychologists with private practices, **Drs. Springer, Mamek, and Carroll**, presented in a panel format. Each covered a different type of practice, child, neuro, and adult. The event was well attended both in person and on the phone (approximately 20 in person with another 20 on the phone). Nine people attended the social afterwards at a nearby restaurant.

Confirmed Upcoming events Dr. Rick Morris: *Tricky Ethical Issues* talk on March 13, 2013.

Other areas of note: In February, 2013, the Chair ends her tenure on the Board and as Chair of this committee.

Submitted by: **Dr. Niki Fitzgerald, Chair ECP Committee**

CONVENTION COMMITTEE

Committee Members: **Drs. John Service (Chair), Cheryl Pohlman, Greg Hamovitch, Niki Fitzgerald, Ester Cole, Doug Saunders, Ms. Karen Zhang, and Ms. Carla Mardonet**. The convention was managed by Ms. Natasha Teoli. OPA office staff provided support.

The 2012 OPA Convention was held at the Toronto Downtown Marriott Hotel. The speakers were very popular resulting in a larger than usual registration and a surplus of about \$20,000.00.

The evaluations of the convention by attendees were generally positive in terms of the presenters and less positive in terms of the venue. The convention was moved from its longstanding venue at the Eaton Centre Marriott because it was not available in 2012 or 2013 at the times needed by the Association. As a result of the less than positive facility evaluations, the convention was moved to the Hyatt Regency Hotel. Planning for the 2013 convention began in early March, 2012.

The Convention would like to thank the exhibitors for their support and particularly MHS and Pearson Canada for their sponsorship of workshop presenters. Pearson also hosted a reception for attendees.

Planning the convention takes a great deal of time. The committee members, staff and event manager deserve a great deal of thanks for all their work. They spent hours working on the program, hotel arrangements, advertising, trade show, etc.

Submitted by **Dr John Service, Chair, Convention Committee**.

EXTERNAL AFFAIRS

PRESCRIPTIVE AUTHORITY COMMITTEE

Committee Members: **Drs. Diana Velikonja (Co-Chair), Jane Storrie (Co-Chair), Amber Smith, Brian Bigelow, John Davis, David Direnfeld, Jonathan Douglas, Amber Filiatrault, Reno Gandhi, Marie Greenspan, Jeremy Harrison, Elizabeth Hubbard, Steven Jett, Gayle Kumchy, Annette Lorenz, Sandra Mendlowitz, David Nussbaum, Fatma Ozge Akcali, Peter Prior, Michelle Sala, Brenda Saxe, John Service**

The Prescription Privileges Committee completed the submission process to the Minister of Health requesting that the scope of practice of psychologists be expanded to include prescription privileges. The model of practice proposed is closely aligned with that recommended by the American Psychological Association (APA) with respect to education, training, and regulation. Pursuing prescriptive authority will be voluntary.

The Health Professional Regulatory Advisory Council (HPRAC), which is an independent advisory council to the Minister, has set out guidelines for submissions from health professions seeking to obtain extensions in scope of practice. As a committee we reviewed these guidelines and, with the help of some of our members, the Co-Chairs completed the submission paper (over 100 pages!!). Not only did the submission require considerable research regarding health policy and the status of access of Ontarians to mental health resources, consultations with other health professionals who might be impacted by an expansion of the scope of practice of psychologists were considered an integral part of the process. The Co-Chairs of the OPA PAC met with representatives of associations such as the Nurse Practitioners Association of Ontario, the College of Family Physicians of Ontario, the Pharmacy Association of Ontario, the Registered Nurses Association of Ontario, and the Ontario Medical Association including the Section Head for Psychiatry, and the Canadian Mental Health Association. Attempts were made to contact the Ontario Psychiatric Association, but they did not respond to requests for a meeting.

The Nurse Practitioner's Association of Ontario (NPAO) indicated that increasing the scope of practice for psychologists "made sense" in the context of increasing access to limited mental health resources, the capacity for increased collaboration between health care providers, and providing more effective service to those suffering from mental illness.

Opportunities for collaboration were discussed during a meeting with the President and CEO of the College of Family Physicians of Ontario (CFPO). They are attempting to address gaps in the care of patients with mental illness through their Collaborative Mental Health Network. This is a mentoring program for family physicians to help them deal more effectively with some of the most common mental health concerns they encounter with their patients. The network uses a number of mental health providers to facilitate this strategy. They felt that prescribing psychologists would allow for the greater and more meaningful integration of a holistic approach to psychopharmacological management,

assessment, and psychotherapy in the context of this strategy. There were no concerns regarding the integrity of the psychopharmacology training program that would be required for psychologists to seek prescriptive authority. They also noted the relatively small number of psychiatrists compared to the demand, meaning patients often had to wait long periods of time before accessing a psychiatric consult.

Consultation with the Ontario Pharmacists' Association (OPA) resulted in further support for prescribing psychologists. They offered a consultation process to familiarize psychologists with the Drug Information Research Centre (DIRC). The DIRC is known as the leading provider of timely, accurate, and evidence-based drug information in Canada. Subscription to this service by psychologists would ensure timely access to drug information further ensuring patient safety in the practice of prescribing psychopharmacological agents. With psychology's strong foundations in basic research in the area of psychopharmacology, access to this service would strengthen psychologists' foundational knowledge in psychopharmacology and ongoing competence.

In our consultation with the Canadian Mental Health Association (CMHA), they welcomed the opportunity to work with prescribing psychologists to facilitate integration with family health teams as well as community mental health agencies. Lorne Zon, CEO, indicated that this increased scope of practice for psychologists would provide additional opportunity for collaborative work in the mental health community system. Continued dialogue was offered as this initiative is being moved forward.

In our consultation with the Ontario Medical Association (OMA) which included the Section Head for Psychiatry, they stated their concern that additional health care practitioners being able to prescribe would lead to polypharmacy. They were assured that part of the standards for psychologists prescribing psychotropic medications would require communication with the family physician. They also noted that they did not believe that having psychologists prescribe psychotropic medications would increase access to mental health services to low income Ontarians as psychologists are not covered by OHIP. It was agreed that increased access to mental health resources for Ontarians was an important issue, but that this expansion in practice for psychology was an important first step. It will also reduce the pressure on primary care and the wait times for psychiatric consultations. Additionally, they were concerned about whether the proposed training for psychologists would be sufficient. They were assured that the recommended post-doctoral program in psychopharmacology provided substantially more hours of training than what is provided in medical school.

The College of Psychologists of Ontario (CPO) were made aware of our initiative, and both the Executive Committee and the College Council confirmed that, if directed by the Minister of Health and HPRAC to expand the scope of practice for psychology to include prescriptive authority, they would develop legislative and regulatory mechanisms to regulate the controlled act of prescribing.

The American Psychological Association's Division 55 (American Society for Advancement of Psychopharmacology) extended an invitation to the OPA Prescriptive Authority Committee to participate in a panel presentation at their annual convention in August. Our contribution was very well received, and strong alliances were formed with our American counterparts in a number of states.

The Canadian Psychological Association (CPA) met for their annual conference in June and the OPA President presented our initiative to the Practice Directorate, whose members represent all the provinces and territories. At this conference, the representative from the British Columbia Psychological Association indicated that they too are pursuing prescriptive authority. The Chief Executive Officer of CPA noted that they are developing an educational course in psychopharmacology indicating the importance of this knowledge base in psychology practice with or without prescriptive authority. Furthermore, the CPA Section on Psychopharmacology passed a motion supporting the efforts of OPA in seeking an expansion of practice to include prescribing psychotropic medications.

The final submission was presented to the OPA Board in September 2012, and a motion was passed to allow the submission to be sent to the Minister of Health. After some final edits, the submission was sent to the Minister of Health in November 2012. Currently OPA is waiting to hear a response from the Minister of Health regarding the submission.

In January 2013 the Co-Chairs of the PAC presented at the Centre for Addiction and Mental Health (CAMH) in Toronto with a psychiatry resident regarding the history and policy issues related to psychologists prescribing medications. This presentation was about one hour in duration and was well attended by psychiatry and psychology staff. We have also been invited to participate in two panel presentations at the APA Convention in August.

The PAC will have a display at the OPA Convention to provide information regarding this initiative and answer any questions from members.

Submitted by **Drs Diana Velikonja and Jane Storrie, Co-Chairs, Prescriptive Authority Committee**

PUBLIC EDUCATION COMMITTEE

Committee Members: **Drs. Richard Amaral, Oren Amitay, Maria Kokai, Pat McGarry Roberts, Doug Saunders, Mirisse Foroughe, Vivien Lee, Connie Kushnir, Ms. Kyleigh Schraeder.**

Summary of Meetings in 2012

There were a total of four Public Education Committee (CPE) meetings held in 2012 by teleconference. These meetings addressed issues such as:

- Preparing for Psychology Month 2013
- Building partnerships with Psychology Foundation of Canada
- Reviewing Psychology Month 2012 and planning for the upcoming year

- Discussing strategies for delivering psychology-related information and promoting awareness through social networking mediums such as Facebook, Twitter, and other innovative approaches
- Preparing for Psychology Month 2012

The PEC identified Psychology Month and building partnerships with other organizations as the major initiatives over the 2012 year. Here is a list of some of the activities:

- **Ms. Schraeder** initiated the campaign at the University of Western Ontario (UWO), *Advocacy Through Action*
- January: *Stress in America Survey*: link to webcast sent to OPA listserv
- February: *Will Power and Self-Control* – link to APA study sent to all on the listserv
- February: At the OPA Annual Convention, committee members staffed a table to provide information about public education materials and Psychology Month. The annual OPA Media Award was awarded to Ms. Beatrice Politi, global TV
- Psychology Month Main Event: The *Living and Coping with Anxiety* event took place on February 23rd at Ryerson University. Thirty people were in attendance. An evaluation form was handed out, and 14 participants completed the questionnaire.
- February: **Dr. Maria Kokai** arranged a *Living and Coping with Anxiety* event at the Toronto Catholic District School Board.
<http://www.torontoobserver.ca/2012/02/16/tcdsb-brings-awareness-to-anxiety-and-depression/#.Tz2Z06aKYGs.twitter>
- Emailed Service Ontario's Ministry of Health. They forwarded our suggestions on OPA and CPA links to the relevant departments.
- March: Met with Ms. Judith Hills, Executive Director of the Psychology Foundation of Canada to discuss possible partnerships between the PEC and Foundation. Ms. Hills has been actively involved in PEC since then. She has attended our June, September, and November meetings, and we have discussed collaborating on other projects.
- June: Press Release for Father's Day
- August: Press Release for Back to School
- September: Press Release for Psychotherapy
- October: **Dr. Maria Kokai** created newsletter for *Mental Health Awareness Week*
- September and October: Editing the content for OPA's new website
- December: Press Release re: Holiday Stress
- Over the past year, **Dr. Richard Amaral (Chair)** attended approximately 5 teleconference meetings with the APA's head PEC working group.
- Created a "Media and Public Relations List." Approximately 7 OPA members have signed up thus far.

Psychologists in the Media and Events Hosted by Psychologists in 2012

Dr. Richard Amaral

- February 27, Global TV, Jennifer Palisoc, Topic: *Youth and YouTube*
- March 22, Global TV, Beatrice Politi, Topic: *Risk-Seeking Behaviour in Teens*
- December 19, Global TV, Lama Nicolas, Topic: *Re-experiencing Past Trauma from a Current Event*

Dr. Hapidou Eleni

Website interview, The Spec.com

- November 9, Website interview, The Spec.com, Topic: *Learning to Live with Pain*

Dr. Maria Kokai

- October 25, Every year, the Toronto District School Board hosts a conference on a variety of teacher-student related themes. In 2012, it was entitled *Summit for Child and Youth Mental Health*. The Ontario Psychological Association had a table and several psychologists were in attendance. The event took place in Toronto and there were 700 attendees at the conference.

Dr. Irwin Altrows

- September 14, **Dr. Altrows** gave a talk at City Hall in Kingston on *Cognitive Behaviour Therapy* to about 15 lawyers and legal assistants from eastern and central Ontario, primarily from Community Legal Clinics. They see a lot of people with depression and/or pain and some work closely with psychologists.

Ms. Valdo Lopo

- January 7, - 88.9 CIRV - International Radio, Publication/AirDa. Topic: *Mental Health Issues*; depression, anxiety, self-esteem, parenting, posttraumatic, stress, chronic pain
- Comments: **Ms. Valda Lopo** went on the air once per month from January through to July, inclusive. Her audience was primarily Portuguese-speaking people who lived in or around the Greater Toronto Area.

Dr. Oren Amitay,

- December, Global TV, The Morning Show: *Coping with Holiday Stress*
- November, CTV News, *Psychological Theories on Cheating and Self-Sabotaging*,
- October, TVO, Parents discussing *Scary Books for Children*
- October, Zoomer Radio, *Discussion on Gratitude*
- September, Global TV, The Morning Show, Discussed research on *Emotion and Celebrity Worship*
- September, Global TV, The Morning Show, *Back to School Anxieties* for parents and children
- May to June, Six appearances, Rogers TV, *Bringing Sexy Back: Talking About Sexual Taboos*
- May, Sun News TV, *Toronto Star's Ford Obsession, Media and the Mayor*

Dr. Natasha Browne

- March, TVO's "The Agenda with Steve Paikin" Topic: *You Tube, Actions and Consequences*

- June, The Commonwealth of Dominica, West Indies community event. Topic: *Mental Health Stigma in the Caribbean Community*. There were approximately 20 people in the audience.
- November Black Female Lawyer's Network, Retreat-"Sistahs-in-law", Topic: *Black Feminism as a Journey to Healing*-There were approximately 50 people in the audience
- December 12, Adler Graduate Professional School-Open House-Workshop-Topic: *CBT-What is it? How it Works?* Approximately 20 people in the audience.

Dr. Lynne Beal

- February 28, Beatrice Politi, Global TV News: *Impulse Control and Peer Pressure*. A follow up to the adolescent girl who died inhaling nitrous oxide at a party
- March 5, Beatrice Politi, Global TV News: *Are Children Who are Born in December Over-Diagnosed with Attention-Deficit / Hyperactivity Disorder?*
- April 27, Beatrice Politi, Global TV News: *Bullying and Homophobia*. Comments on a video by University of Western Ontario students disclosing how they bullied and advising younger kids not to bully: psychological impact of bullying on the victim and on the bully.
- July 3 Jennifer Polisol, Global TV News, *Intermittent Explosive Disorder in Children: Characteristics, Incidence and How to Manage a Child During an Episode*.
- September 19, Beatrice Politi, Global TV News, Santa's pipe: *What Impact Does Santa Smoking Have on Children Who See Him Smoke?*
- December 14, Global TV News: *Mary Anne ____: How Parents Can Talk to their Kids About the School Shooting in Connecticut*.

Dr. Pushpa Kanagaratnam

- **Dr. Kanagaratnam's** efforts are largely focused on the Tamil community in the form of occasional TV talk shows, and other community events. She writes a monthly article to one of the Tamil papers which has a good reputation in Toronto, Ottawa and Montreal and the same article is sent to another Tamil Paper in Germany circulated in Europe, on issues related to mental health.
- Thai Veedu ("home": monthly Tamil Toronto paper distributed also in Ottawa and Montreal) - 12 articles on mental health for year 2012
- Vettimani (Tamil paper published in Germany once a month: distributed also to other countries in Europe) - 12 articles on mental health for year 2012
- TVI - Tamil TV channel, also broadcast in Ottawa and Montreal; Two talks were provided this year on mental health, one on Stigma (program "Cross Roads" in English) and another one on *Family Violence in a Tamil program, Kelungal Tharappadum*. Both were for TVI.

Dr. Jacqueline Brunshaw

List of psycho-educational articles authored by **Dr. Jacqueline M. Brunshaw**, published in National Post in 2012, (either on-line and/or print)

- October 25, *Losing a Best Friend: Facing The Emotional Challenge When a*

Pet Dies

<http://life.nationalpost.com/2012/10/25/losing-a-best-friend-facing-the-emotional-challenge-when-a-pet-dies/>

- July 31, *Paying the Sandman: Bad Night Patterns, Chronic Sleep Debt and Risks to Your Health*
<http://life.nationalpost.com/2012/07/31/paying-the-sandman-bad-night-patterns-chronic-sleep-debt-and-risks-to-your-health/>
- June 5, *Giving Too Much: 'Compassion Fatigue' is a Real Health Risk for Long-Term Caregivers*
<http://life.nationalpost.com/2012/06/05/giving-too-much-compassion-fatigue-a-real-risk-for-caregivers/>
- April 24, *Brain Miscues May be at Root of Eating Disorders*
<http://life.nationalpost.com/2012/04/24/brain-miscues-may-be-at-root-of-eating-disorders/>
- February 28, *Stigma is Still Biggest Hurdle to Treating Depression, But Bell'sLet's Talk Initiative Holds Hope*
<http://life.nationalpost.com/2012/02/28/stigma-is-still-biggest-hurdle-to-treating-depression-but-bells-lets-talk-initiative-holds-hope/>
- January 31, *Got Winter Blues? Seven Tips for How to Rage Against the Dying Of The Light*
<http://life.nationalpost.com/2012/01/31/got-winter-blues-seven-tips-for-how-to-rage-against-the-dying-of-the-light/>

A 7th article was to be published on December 18 about "give yourself a gift for the holidays: permission to take mental health days in 2013". The editor will make the title snappier.

In terms of feedback, the National Post editor says the on-line version of the articles average between 5,000-8,000 hits each. Reader comments and blogs have been positive and well-received.

Psychology Foundation of Canada

In November, **Drs. Richard Amaral, Connie Kushnir, Niki Fitzgerald, and Maria Kokai** attended the *Breakfast of Champions* hosted by the Psychology Foundation of Canada. This breakfast provided an excellent opportunity for networking with other professionals.

Initiatives for 2013

- Exploring the possibility of partnering with some federal government agencies in order to deliver some *Lunch and Learn* presentations.
- Increasing student involvement with the Public Education Committee
- Increasing participation by the membership-at-large in order to deliver more presentations to the media and other events.

Submitted by: **Dr. Richard Amaral, Chair, Public Education Committee**

DISASTER RESPONSE NETWORK (DRN)

Committee members: **Drs. Ester Cole (Chair), John Service (ED), Anna Baranowsky , Linda McLean, Gerald Goldberg, Douglas Saunders, Margaret Weiser, Lori Gray, Rajko Seat, Maggie Gibson, Pushpa Kanagaratnam**(on leave); **Mr. Alan Dick**, Supervisor, Psychosocial Health, EMAT; **Mr. Brian Cole**, St. John's Ambulance , Director, Standards & Support. The Canadian Red Cross is represented by **Ms. Sarah Flis** and **Ms. Melissa Fougere**; and **Mr. Tom Windebank**, Canadian Red Cross, Manager, Disasters Management.

In 2012, the Committee held 3 meetings (March 29, May 31, and September 6). The meetings and consultations took place by teleconference. The role of the committee, based on a Memorandum of Understanding, is to partner with the Canadian Red Cross; continue to plan professional development; review and disseminate current resources based on emerging needs and interests; consultation and collaboration with related committees; and networking with CPA and APA.

The core DRN goals centre on:

- a) The coordination and provision of pro bono services to communities impacted by disaster and/or crisis situation(s);
- b) the distribution of updated information and access to DRN mental health training for OPA members;
- c) Support of/consultation with members in their provision of disaster response services;
- d) Uphold professional standards regarding disaster mental health care; and
- e) Collaborate with other organizations providing disaster relief services and short-term volunteer interventions.

2011 Activities/Knowledge Sharing and Transfer:

- Consultations with CPA and the National Emergency Preparedness Advisory Consortium (NEPAC) concerning research and co-ordination of standards and services;
- Consultations with APA: preparations of community handouts and website information; Canadian representative on the DRN Advisory Committee (**Dr. E. Cole**), including annual meetings and links to Public Education;
- Members' review of community services;
- The OPA/DRN website information was updated with national and international resources. It includes three Sections: Section I – informs members and site visitors about OPA's DRN activities, and the process of becoming a volunteer. This can be of help to groups considering the establishment of a local committee or multi-disciplinary partnerships. Section II - APA Resources-posted the 2012 DRN Resources organized by 17 Categories for user friendly 'hand-on' information. The section includes, for example, categories on preparedness; response; culture; training; self-care; communication/technology, and flood specific resources. This section will be updated as a whole, once a year. Section III - General Updates - from time to time, additional information will be posted in this section concerning national and international DRN information.

- Continued discussions about the need to develop an OPA comprehensive communication strategy within the Association, and one concerning external organizations, stakeholders and government;
- A number of Committee members consulted with the media about applicable background information, and/ or gave interviews;
- Learned about Psychosocial and Collaborative initiatives, such as CBRNE research & technology initiative (**Mr. A. Dick**);
- The American Red Cross in partnership with APA/DRN has presented webinars on Foundations of mental health;
- **Dr. M. Gibson** contributed to 2 books: Behavioural Health Response to Disaster; and Rebuilding Sustainable Communities with Vulnerable Populations After the Cameras Have Gone: A Worldwide Study.
- **Dr. L. Gray** shared information about the Toronto Emergency Medical Services, and her supervision of the Peer Support Team.
- **Drs. M. Gibson & E. Cole** published an article in Psynopsis (summer, 2012): *Disaster Risk Reduction: The Need For Knowledge Translation*;
- Rapport, CRHSP's Newsletter (Fall, 2012), focused on DRN in Ontario. It included information about **Dr. A. Baranowsky's** Traumatology Institute; Trauma Care Directory & E-Learning courses. She also co-wrote the book: *What is PTSD? 3 Steps to Healing Trauma* (www.whatisptsd.com).
- Facilitated a full day workshop at the upcoming 2013 OPA Convention by **Dr. Richard Tedeschi**, *Posttraumatic Growth: Beyond Recovery for Trauma Survivors*.

Goals for 2013:

- Strengthen consultation ties with the Canadian Red Cross;
- Recruit new members;
- Update the OPA/DRN website;
- Explore options for professional development.
- Update OPA's member information by completing the volunteer information questionnaire. Members are asked annually to contact their local branch of the Ontario Red Cross for training sessions, and attend a First Aid Course. As well, they are asked to notify the Association office staff about their local training. Copies of the Memorandum of Understanding between OPA and the Canadian Red Cross are available to the membership.
- Encourage members to share information on the OPA listserv, and review the updated website resources.

Submitted by: **Dr. Ester Cole, Chair, Disaster Response Network**

PSYCHOLOGICALLY HEALTHY WORKPLACE COMMITTEE

This initiative now has the name of **PSYCHOLOGY IN THE WORKPLACE NETWORK**

Dr. Mary Broga is the OPA representative on APA's Psychology in the Workplace Network. The Network held its yearly meeting on June 29, 2012. During this meeting, updates to the Psychologically Healthy Workplace program were presented

and discussed. Network representatives also shared highlights from their respective areas. This meeting was preceded by the Work & Well-Being 2012 Conference which many network representatives attended. During the year, the Network held the following teleconferences: May 2 – Getting the Word Out: Best Approaches to Media Outreach; June 13 – How You Can Get the Most Out of the Psychology in the Workplace Network; July 26 – Beyond the Awards: How to Maintain Relationships with Organizations; Sept 13 – Strategies for Recruiting and Leading a PHWA Committee; and October 25 – How to Run a PHWA on a Low Budget. Information on the Psychological Healthy Workplace Award has been sent to several companies. These companies will be contacted for follow-up in the new year and Dr. Broga is currently working on re-constituting a committee to work on this project.

Submitted by: **Dr. Mary Broga, Chair, Psychologically Healthy Workplace Committee**

DIVERSITY TASK FORCE

Committee Members: **Dr. Natasha Browne (Chair); Drs. Arun Pillai, Pushpa Kanagaratnam, Lott Mamabolo, Alena Strauss, Vasanthi Valoo; Ms. Valda Lopo**

Mission Statement

The focus of the OPA's Diversity Task Force is to raise awareness of the importance of diversity, and to promote ongoing efforts to influence related social change in the field of psychology practice in Ontario.

The Committee had 9 meetings in 2012: January 10, February 13, March 12, May 17, June 21, September 13, October 11, November 8, December 13.

The Task Force engaged in several initiatives in 2012. We had our successful first round table discussion on February 23, entitled "Is Psychology for Everyone?" where we introduced the members of the Diversity Task Force, presented our mission statement, revealed statistics regarding diversity in Psychology and discussed barriers to psychological service. We then held a second round table discussion on November 8, entitled "Experiencing Everyday Prejudice" presented by fellow diversity task force member Dr. Alena Strauss. We were very excited to offer this round table discussion in person and streamed on You Tube so members throughout the province could participate. The Diversity Task Force has also connected with the OPA Public Education Committee to discuss how individual diversity task force members raise awareness of diversity and psychology in their respected communities through television, radio and print media. We have also supported the Mental Health Parity Task Force in their initiatives and we also want to engage in continued partnerships and support fellow OPA Task Forces in 2013. As we continue to look forward to 2013 we are excited to participate at the 2013 OPA Convention in February as members of the Task Force will be on hand to provide printed material and interact with fellow OPA members. We are also

planning to continue with round table discussions in 2013 and anticipate coordinating our first diversity symposium. I am very proud of the work that has been accomplished in 2012 and I believe that 2013 will be a great year of continued advocacy, awareness and promotion of diversity in psychology.

Submitted by: **Dr. Natasha Browne, Chair, Diversity Task Force**

MINISTRY OF EDUCATION LIAISON COMMITTEE

Committee Members: **Drs. Carolyn Lennox (Chair), Drs. Lynne Beal, Pat Carney, Ester Cole, Maria Kokai, Cheryl Pohlman, John Service, Ms. Caroline Koekkoek (Past President of OAPA)**

The role of the Committee is to share information and discuss issues with the Ministry of Education concerning the provision of psychological services in Boards of Education.

In 2012 the committee requested and collected input regarding issues to be addressed with the Ministry from SECPE Council and from the Association of Chief Psychologists of Ontario School Boards.

Liaison with the Ministry *Special Education Policy and Program Branch*: The Chair of the Committee and the Education Officer designated by the *Special Education Policy and Program Branch* of the Ministry set up the meetings for the Committee. In 2012 two meetings were held: May 24 and November 28.

May 24

The Ministry shared information regarding the status of current initiatives, including Learning for All K-12 (Draft, 2012); The Learning Disabilities Working Group; Special Equipment Amount guidelines; and the Mental Health and Addictions Strategy.

As well, there was discussion around a memo concerning exceptionalities from the Ministry, and some suggestions concerning language was made by the OPA committee members.

There was concern expressed by the psychology members on the committee that the requirements of Bill 157 to report immediately to the principal any behaviours or reports of behaviours by the student for which suspension or expulsion must be considered, may affect the therapeutic relationship between psychologists/psychological associates and the students and families. Discussion around wording included in Bill 13 and related PPMs, which may provide some flexibility, followed.

The OPA committee commented on the recommendations from the Mental Health Commission of Canada and there was discussion around the importance of the Ministry consulting with the OPA on action plans and alignment with initiatives to

implement these recommendations. Concerns were expressed regarding the inconsistent availability of professional service across all school boards, and it was suggested that the OPA partner with the Ministry around the mental health and addictions strategy. The Ministry was also alerted about DSM-V and possible implications for identification and exceptionalities.

November 28

Dr. Maria Kokai presented the Professional Practice Guidelines for School Psychologists in Ontario, and these were then circulated to the Special Education Branch of the Ministry. There was some discussion about how consultation with each of the boards could be useful in terms of implementation. It was suggested that consultation around these guidelines with educators would be helpful in engaging our clients and stakeholders (i.e., SOs, Consultants, Coordinators) around the conversations of referral process, in-school team/multidisciplinary team. The intent would be to deepen their understanding of roles, relationships in the processes, and have their buy-in and support.

The Special Education Policy and Program Branch updates provided an update on activities planned within the Mental Health and Addictions Strategy, and presented the "Moving Forward in School" document. By next year all boards will have a mental health lead funded by the Ministry. As well, a new resource from the Ministry of Child and Youth entitled "Stepping Stones", a research-based document around youth development, was presented. There are efforts from the Ministry to share piloted ASSIST resource materials with the psychology community. As well, there was discussion about how best to introduce agency psychologists and other mental health professionals into the Boards of Education.

There was discussion about the requirements of Colleges and Universities, as well as Developmental Services Ontario, for assessments by psychology staff in the school boards. Concern was expressed by the OPA committee that the Ministry of Colleges and Universities requires information to determine eligibility for disability services, and that the boards of education are being inundated with requests for exit assessments. This disadvantages students at the Board who require an assessment for the provision of best service while the students are at school. The discussion resulted in a suggestion that we meet with representatives from the Ministry of Training, Colleges and Universities to discuss the issue of current criteria, and whether, in fact, updated psychological information is always required.

Update concerning required reporting by psychology staff and social workers in schools

As discussed above, members of the Liaison Committee, SECPE. and Association of Chief Psychologists with Ontario School Boards have been in consultation with the Ministry of Education, Special Education Branch, and the Safe and Caring Branch to bring to their attention concerns around the impact on the therapeutic relationship of the requirement to report immediately to the principal of schools any incidences of behaviour, as was noted in Bill 157. This consultation has resulted in the Ministry adding our concerns into Bill 13 (the Accepting Schools Act), which is an

act to amend the Education Act with respect to bullying and other matters and more specifically addressing these concerns in the related Policy memo (PPM).

While psychologists and social workers are still required to report to principals, the legislation now allows us to do so in a manner and time period that does not adversely affect our clinical relationship with a student, and in accordance with our professional standards. This is outlined in further detail in PPMs 144 and 145. We are also pleased that the Ministry has agreed to make this communication to us directly, and hopefully other such communications once the formal protocol for communication has been made to Board officials.

The specific wording in PPMs 144 and 145 from the Ministry is as follows:

"In certain situations, members of the College of Psychologists of Ontario or the Ontario College of Social Workers and Social Service Workers who are engaged in a clinical relationship with a student, shall report incidents of behaviour for which suspension or expulsion must be considered to the principal as soon as it is, in their professional opinion, reasonably possible to do so without negatively impacting the nature of the clinical relationship, in accordance with section 300.2 of Part XIII of the Education Act. They shall also report, in a manner consistent with the code of ethics and the standards of practice of their respective professions, matters that could result in the student is doing physical, emotional, or psychological harm to him- or herself or to others."

Here is the revision from the Ministry of Bill 13:

(1) Section 300.2 of the Act is amended by striking out "as soon as reasonably possible".

*(2) Section 300.2 of the Act is amended by adding the following subsections:
"An employee shall report to the principal as soon as reasonably possible or, if a different time period is specified by the policies or guidelines, within that time period."*

Submitted by: **Dr. Carolyn Lennox, Chair, Education Practice Area Director**

AUTO INSURANCE TASK FORCE

In 2012 the OPA Auto Task Force focused on the very significant changes to the auto insurance regulations that became law September 1, 2010. In addition there has been continuing development in such areas as: the Minor Injury Guideline; Health Claims for Auto Insurance (HCAI); Anti Fraud Task Force; and Catastrophic Impairment Definition Proposals. We have also reviewed the published data on changes in accident benefits expenditures.

The OPA Auto Task Force together with CAPDA made presentations to the Anti Fraud Task Force and two parliamentary standing committees reviewing the auto insurance regulations. These standing committees were dissolved with the prorogation of the Legislature in fall 2012 and produced no reports. The Anti Fraud Task Force recommended regulation changes, some of which were enacted January 2013 and come into effect June 2013.

The standard level of Auto insurance accident benefits have been reduced from \$100,000 med/rehab for ten years and unlimited assessment expenditures to \$50,000 all in. However, it appears a majority of crash victims are limited to the Minor Injury Cap of \$3,500. As a result of these and other changes, the estimated full cost of med/rehab benefits from accidents which occurred in 2011 will be reduced by 50% over the cost of benefits for those injured in 2010. We expect that the costs for accidents in 2012 will be further reduced. We expected drastic impacts on both clinical assessment/treatment practice and on insurer examination practice due to the reduced benefits and the cap on assessment costs, but we do not yet have any statistics for psychology practice, which is a tiny component of overall auto insurance costs.

We expect that 2013 will continue to be very busy regarding auto insurance. Some of the anticipated areas of activity include:

- The upcoming required Five Year Review. The OPA Auto Task Force will be seeking feedback on your experience to provide input into the review;
- Ongoing review of available cost data. When the first HCAI data reports on the costs of all services such as MIG treatment, non MIG treatment, and costs of insurer examinations, become available, this will provide a further source of information.
- Development and implementation of new regulations to reduce fraud. The OPA Auto Task Force, together with the other health professional associations, is attempting to be involved in developing the content and implementation processes for these regulations. It will be important to monitor the impact on patient access and professional practice of any of these regulations intended to reduce fraud and abuse.
- Administrative Monetary Penalties have also been introduced. We will work to determine how these can be used to address unfair insurer practices. We will be seeking your input re specific areas of concern.
- There may be arbitral or judicial rulings on the Minor Injury Definition, including cases involving psychological impairments and chronic pain. Work to develop Guidelines for determining inclusion/exclusion from the minor injury definition due to psychological conditions is continuing and is critical to inform this process.
- Whatever government is in power may continue to be committed to revision of the catastrophic impairment definition. The OPA Auto Task Force will continue to work with others to advocate for criteria that fairly considers the burden of psychological disorders and brain injuries as well as the expertise of psychologists.
- The need for IE Guidelines was indentified in the Anti-Fraud Task Force Report. The OPA Auto Task Force will continue efforts, working with others, to develop guidelines for Insurer Examinations.

We believe that the reforms already in place, as well as the additional anti-fraud regulations most recently introduced, have led to very significant cost reductions and further cost savings can be expected. There has been some reduction in auto insurance premiums over the past year. In spite of these savings we anticipate

that cost pressures will remain on auto insurance benefits, and there will also be expectations to see the benefit reductions of 2010 translate into further premium reductions for most citizens.

Thus there will be ongoing challenges to maintain an accident benefits system that provides sufficient access to psychological services for accident victims with psychological disorders and brain injuries and appropriately recognizes the expertise and appropriate role for psychologists. The OPA Auto Task Force will continue to seek your input to advocate in these areas.

Submitted by **Dr Ron Kaplan, Chair, Auto Insurance Task Force**

MENTAL HEALTH ACCESSIBILITY TASK FORCE

Committee Members: **Drs. Albert Silver (Co-)Chair, Rafaela DaVila (Co-Chair), Alicia Araujo de Sorkin, Tali Boritz**

Strong support for the Mental Health Accessibility Task Force (MHATF) by very important stake-holders was obtained. At the February OPA Convention, one hundred signatures of support from colleagues were collected. MHATF received letters of support from the Canadian Psychiatric Association, the Canadian Psychological Association, and the Canadian Mental health association.

The information package with a letter addressed to the Members of Parliament and the background information was completed; it was e-mailed directly to all Members of the Provincial Parliament (MPPs) in the last week of November. On December 4, the letter was then made available to the OPA list serve membership together with an advocacy link so the letter could be sent to the MPPs in their riding. The response was excellent: over two hundred members e-mailed the letter, each one to the two representatives in their riding, so that more than 400 letters were sent. Active participation from the membership was accomplished. There has been a lively and productive discussion through the list serve. Members have posted the responses they had from their MPPs.

Members of the MHATF met with two MPPs, Hon. Donna Cansfield, MPP for Etobicoke Centre and Parliamentary Assistant to the Minister of Finance, and with Hon. Christine Elliott MPP for Whitby, critic for the Ministry of Health and Long-Term Care, Citizenship and Immigration, and Mental Health Reform, and Deputy Leader of the Official Opposition. She presented us with a copy of the report from the Select Committee on Mental Health and Addictions, August 2010.

A group of key people involved in the development of mental health policies have been identified. They will be presented with the clear and straight forward focus of the MHATF of balancing the health care system by addressing mental health issues which account for many medical and criminal problems. Providing for mental health professionals in primary care settings, and working alongside the medical profession will address mental health issues promptly and effectively in treatment, prevention, and research roles.

Submitted by: **Dr. Albert Silver, Co-Chair, Mental Health Accessibility Task Force**

CPA PRACTICE DIRECTORATE

MANDATE

The mandate of the Practice Directorate is to support and advance professional psychology through collective advocacy. It is based upon the shared commitment to meet the advocacy needs of the practice of psychology across Canada's fourteen jurisdictions. Trust, good faith and a collective commitment to the common good of psychology are keys to success.

The Practice Directorate has a directing council drawn from representatives of the provincial, territorial and national associations. The Practice Directorate meets twice per year, once during the CPA annual convention and once in January.

The following is a summary of the highlights of the activities of the Practice Directorate over the past year.

DOCTORAL STANDARD IN CANADA: A CLEAR MAJORITY

There were a number of exciting initiatives coming from the PD meeting in June. The most exciting event was the passing of the motion **"The CPA Practice Directorate supports the doctoral degree as the national educational standard for the licensing of psychologists in Canada."** While support for the doctoral degree has long been the policy of OPA and other organizations such as CPA, this was a new direction for a number of the provincial/territorial associations, and several spent a great deal of time over the past 6 months consulting and discussing these issues with their members.

You may recall from information shared through the OPA Announcement List Serve that The Psychologists Association of Alberta (PAA) held a referendum on the matter involving its approximately 1,500 members. The PAA membership is about 70% masters and 30% doctoral. The referendum saw 50% of the PAA membership vote with a clear 54% voting to adopt the doctoral standard. Although the Practice Directorate motion did not pass unanimously, (Saskatchewan, Newfoundland and Northwest Territories voted against), the passing of this motion clearly provides meaningful support for those remaining associations to move towards the doctoral standard. It also provides a context for the regulatory bodies and governments in Canada on the issue. The feeling in the room during the Practice Directorate meeting was that this was an important, even historic, event which will provide a positive influence on the future development of our profession.

NATIONAL ADVOCACY CAMPAIGN

The national advocacy campaign developed in consultation with Delta Media was launched in September. The national survey, whose results are very interesting and available at <http://www.cpa.ca/polls/> was the first step. (These results were previously made available to OPA members in the fall of 2011.) The campaign is

designed to have common advocacy points and language used in each jurisdiction at the same time to increase advocacy impact. A strategy and materials have been developed. OPA will be adapting and using these materials over the next few months. Members of the Provincial associations and the public are encouraged to go to the Solutions web site to give us their feedback through a survey (www.cpa.ca/solutions).

PSYCHOLOGICAL SERVICES: THE BUSINESS CASE

CPA awarded a contract to develop the business case for better access to psychological services for Canadians. Dr. David Peachey, one of the principals working on the access project, collected information from each province about: the numbers of licensed psychologists; funding resources that utilize psychologists; which funding sources are utilized by our membership in provision of services; percentage of practicing psychologists primarily employed in each section such as health, education, etc.; information about third party billing; information about unmet need; and information about integrated health care teams that employ psychologists.

A draft of the report was submitted to senior staff in December 2012 and it is expected that its final form will be released in February 2013. The report includes a series of recommendations for next steps to enhanced access including the positioning of models and mechanisms. These recommendations follow from a series of surveys and stakeholder conversations about needs and opportunities for psychological services as well as a review of models and mechanisms used internationally.

Once the report is in its final form, CPA senior staff will develop a tool kit of briefs and advocacy materials which will be made available for all of the Provincial associations to use in our advocacy work with our provincial government. In addition, John Hunsley's cost offset paper is also being revised and updated with a focus on costs offsets of psychological services for depression, anxiety and heart disease. We expect the revision to be completed in spring 2013. (From the Winter issue of the Psynopsis Head Office Report)

Record of Practice Directorate Public Policy Statements

No	Motion/Statement/Position	Date
1.	The PD supports simultaneous interpretation for all key note addresses at the CPA convention	June 2010
2.	The CPA Practice Directorate supports the development of Doctor of Psychology (PsyD) education and training programs in Canada	June 2010
3.	The PD supports the development of practice standards in co-operation with CPA and CPA sections	June 2010

No	Motion/Statement/Position	Date
4.	The PD supports the development of internship and practicum placements for psychology students interns and residents in Canada	June 2010
5.	All Canadians regardless of income have a right to access psychological services	June 2010
6.	The Practice Directorate supports efforts to increase the understanding of and decrease the incidence of concussions in sport and recreation	June 2010
7.	All Canadians have the right to work in a psychologically healthy workplace	Jan 2011
8.	The Practice Directorate supports recovery as a critical aspect in the lives of Canadians with mental and behavioural health problems and disorders in the broad range of supports and services in Canada	Jan 2012
9.	Mental and behavioural health publicly funded services must reach parity with funding for physical health publicly funded services based on the burden of disease	Jan 2012
10.	The Practice Directorate strongly supports efforts to increase the understanding of and decrease the incidence of concussions in sport and recreation	Jan 2012
11.	The Practice Directorate supports the concept of patient centered services that maximize patient access to the right service by the right provider in a timely fashion	Jan 2012
12.	The Practice Directorate strongly supports efforts to increase the understanding of and decrease the incidence of concussions in sport and recreation	Jan 2012
13.	The Practice Directorate supports recovery as a critical aspect in the lives of Canadians with mental and behavioural health problems and disorders and in the broad range of supports and services in Canada	Jan 2012
14.	The Practice Directorate supports the doctoral degree as the national educational standard for the licensing of psychologists in Canada	June 2012

For more information on the Practice Directorate, please go to the CPA web site at <http://www.cpa.ca/practitioners/practicedirectorate/>.

Submitted by: **Dr. Connie Kushnir, OPA Representative, CPA Practice Directorate Council**

APA COUNCIL OF REPRESENTATIVES

During 2012, the APA Council of Representatives (COR) met in Washington DC for its mid-winter meeting and in Orlando, Florida during the APA Convention in August. A major organizational theme for this year has been the Good Governance Project (GGP). At the August Council meeting, GGP was asked to develop details about ways of implementing possible new governance models. The GGP were asked to propose governance prototypes that should include details on:

- Checks and balances;
- Composition and selection of competency-based governors, e.g., communities of interest, broadly representative, adhococracy;
- Decision management processes, e.g., triage systems, delineation of internal and external policy accountability, including financial;
- Use of technology, e.g. to increase direct member input, streamline governance functions, increase involvement from key stakeholder groups.

The GGP team has developed some initial concepts and held virtual town halls in December 2012 to enable Council input prior to the next design meeting in January, 2013 where it will further flesh out the governance prototypes for the February Council meeting.

The APA leadership continues to proceed with the Strategic Plan. They have allocated \$2 million for the following seven initiatives:

- Assessing and restructuring APA business models to enhance member engagement and value (build out from APA on-line communities and member services);
- Conduct ongoing analysis of current and future demand for psychology workforce to meet national needs;
- Continue to develop and promulgate treatment guidelines (depression, obesity);
- Evolve and expand public education campaigns (PEC) to include the entire discipline of psychology; a PEC initiative on 'willpower': and a new campaign to show off psychology research labs;
- Promote opportunities for graduate and continued PD to advance psychology in health, especially in interdisciplinary settings;
- Reduce health disparities among underserved/marginalized populations (obesity, addictions, and substance abuse);
- Forge strategic alliances with health care organizations to include psychology in integrated health services

With regard to fiscal matters, APA council report steady increases in assets but anticipated decreases in membership revenue in 2012, due primarily to lower

membership numbers. The operating revenue for 2011 was higher than budget; operating expenses lower; and the overall operating margin was \$3.1M. The APA revenues are anchored by three primary sources of funds:

1. Real estate: buildings remain fully leased. Their asset value at present is \$60M & \$62M respectively; both buildings were refinanced and the mortgages paid off in 20 years. These investments contribute \$6M annually of which \$3.5M goes into the operating budget, and \$2.5M is invest in APA strategic plan initiatives.
 2. Long term investments: have come back strongly from 2011 to Overall the annualized return of 10.18% since 1988.
 3. Invest in APA plan ---13.5M over 5 years --\$8.5M operating margin in 2010 (due to sales of APA Resource Manual plus 2010 R&D Transfer 1.2M and 3.1M operating margin from 2011).
 4. 2012 Membership Dues of \$11.7 M vs. 2008, 2009 15M
- Overall \$80M revenues to the overall contribution to the annual budget.

Staffing (largest expense item) 2009 –630; 2010 – 543; 2011 – 555; 2012 – 575
Specific increases in staff FTEs will now for the 'Invest in APA' project.

Plans continue apace to build a special 'Investment in APA' fund to preserve and grow the APA publications stream by creating new (typically electronic) products, expand the organization's marketing efforts and enhance APA's infrastructure (primarily IT) to support this expansion.

In 2012, the new communication tool exclusively for APA members, **APA Access**, is an e-newsletter that will be distributed to all APA members twice a month. The newsletter, part of the initiative to foster greater member engagement is intended to keep APA members update twice a month on APA activities, achievements, services and products in an attractive and easy-to-access format.

As the Ontario representative on Council, my role includes liaising between Council and OPA, as well as representing OPA and Ontario members at Council meetings regarding both services and governance. I make use of the OPA members list serve to keep members updated regarding APA activities, opportunities, and information. I also provide information, linkage, and support to OPA members seeking information about APA. Finally I try to inform APA of relevant OPA activities and initiatives.

Submitted by: **Dr. Doug Saunders, APA Council Representative**

SECTION ON PSYCHOLOGY IN EDUCATION

President's Report, Annual General Meeting, Sala Caboto, Columbus Centre
October 25, 2012

The Section on Psychology in Education continues to be the only active section of the Ontario Psychological Association. SecPE remains as a strong advocate for students in Ontario schools. This is especially important as school boards in Ontario have now spent one year working with the “Mental Health Workers in School” program, and planning the “Mental Health Nurses in Schools” program through the province’s three-year Mental Health and Addictions Strategy for Children and Youth. SecPE continues to make more education and mental health stakeholders aware that school psychology staff are the school’s mental health experts and have the most training, knowledge and skills for diagnosing mental health disorders in addition to learning and developmental disabilities. These practitioners work in Psychology Departments in the majority of school boards in Ontario, and include Psychologists, Psychological Associates and supervised non-registered psychology practitioners. SecPE continues its cordial and supportive relationship with Ontario Association of Psychological Associates. This connection benefits both groups and allows us to speak with a united voice on behalf of the students of Ontario, and our own profession of school psychology.

The Dorothy Hill Memorial Symposium was held in October, 2011 at the Columbus Centre in midtown Toronto. Dr. Rosemary Tannock spoke about ADHD, Ms. Heidi Bernhardt spoke about CADDRA and CADDAC (two national ADHD resources) and **Dr. Debra Lean** and Mr. Vincent Colucci spoke about their book, *Barriers to Learning*. Feedback was very positive about the presentations and the new venue. The Ministry Liaison Committee continues to have ongoing meetings with the Ministry of Education with regard to Bill 157 and other initiatives. Jointly with OAPA, ACPOSB and school social workers, we anticipate that new PPMs to replace 144 and 145 will soon be released. These PPMs will modify the expectations for school psychology and social work staff regarding reporting student behaviour that may be subject to suspension or expulsion.

Drs. Maria Kokai, Debra Lean and Carolyn Lennox adapted CPA’s Professional Practice Guidelines for School Psychology to produce a set of guidelines specific to Ontario, which will be released shortly.

SecPE Council has taken the lead in organizing the addition of poster sessions for students and practitioners at the OPA Convention starting in February, 2013.

The 2012 SecPE Award of Merit was presented to **Dr. Rosemary Tannock** for her research that is so applicable to the field of school psychology.

SecPE, through the OPA, is a member of the Coalition for Children and Youth Mental Health through OPA. We had a table at the Summit on Children and Youth Mental Health in October in Toronto.

Submitted by: **Dr. Debra Lean, SecPE President**

CONCLUDING REMARKS

In putting this report together, I am once again struck by how many OPA members there are who are working very hard in various parts of the Association. I would like to express a thank you from the Board and Management Committee to the many volunteers across the province who are making a positive and effective contribution to the goals of the Association. Sometimes in reading comments on the Members listserve, the impression is left that the association “is not doing enough.” I think members reading this report will see that there are many members dedicated to the advancement of the profession in this province. I know from the many individual comments I receive that all this effort is highly valued and appreciated by our members as a whole.

And, of course, there is no doubt that OPA could/should do more and that some issues that merit attention and effort are not addressed. The association continues to make best efforts to respond effectively to issues that are important to our members within the means and resources that are available to us. Ours is a complex profession. We work in and have impact in many areas such health, schools, corrections, social welfare settings, and community clinics. We are involved in many aspects of mental and behavioural health and with a number of large organizations such as the auto insurance industry, hospitals and WSIB. A number of us are involved in research as well. This means that the issues that are important to our members are very broad and cut across many areas, topics, and interests. This makes ours a very interesting profession to be part of and to work within.

On behalf of our membership as a whole I would like to thank all our colleagues who have made a contribution to the work of the association. I would encourage fellow members to keep the Board and Management Committee of the association informed of issues. Of course, I would welcome more members getting involved, even on a very time limited level. I would also encourage members to make reference to this report and take the initiative in thanking their task force, committee, and board colleagues for their collaboration, dedication and work on behalf of all of us.

Finally, I would like to thank our staff **Dr. John Service, Ms. Carla Mardonet, and Ms. Anna DiDonato**, as well as our temporary staff member, **Ms. Sara Marini**, for their dedication and hard work. We rely on their help and support to accomplish our goals. In particular, I would personally like to thank **Dr. John Service** for his support, insight, guidance, and sharing of his wisdom from his many years of service to the profession.

Submitted by **Dr Connie Kushnir, President**