

*Advocating for full scope of practice for Psychologists in hospitals - including admission and prescription privileges.*

## **Background and Concerns**

At one time, Ontario hospitals had large and robust psychology departments and Psychologists\* worked collaboratively with physicians and allied health professionals to provide patients with the best possible care for both physical and mental health concerns. The era of funding cuts to healthcare resulted in many psychology departments being down-sized or closed. Today, with increasing mental illness and the recognition of the impact of mood on physical illness and recovery, hospitals are actively recruiting Psychologists. This is a good thing, but there is room for further improvement.

## **Role of Psychology in Hospitals**

### **Hospital-based Psychologists:**

- Provide evidence-based assessment, accurate diagnoses, and psychotherapeutic and rehabilitation treatment services to patients suffering from stroke, acquired brain injury, multiple trauma, degenerative brain disorders, cardiac, diabetes and other chronic health conditions.
- Consult with, and refer to, integrated multidisciplinary treatment team members.
- Liaise with family physicians and community-based treatment providers to ensure continuity of care.
- Determine an individual's capacity to manage their own care, or competency to direct someone to do so on their behalf.
- Conduct research and evidence-based reviews of best practices.
- Teach/train students and residents in psychology, medicine, nursing, and other disciplines.

## **OPA Recommendations to Ontario's Government**

While Psychologists play a vitally important role in hospitals, they are not able to function to their full scope of practice. Allowing them to do so would provide much-needed solutions to the lack of access to mental health services.

### **Hospital Admission Privileges**

While Psychologists currently plan hospital admissions and discharges in the same manner as physicians and other disciplines, they do not have admission privileges. Extending admission privileges would allow timely access and service delivery, more efficient care co-ordination during an inpatient stay, and effective determination of readiness for discharge. Psychologists are well-positioned to liaise with CCACs and community-based supports, to will ensure continuity of care.

***Amending the Public Hospitals Act to give Psychologists hospital admission and discharge privileges would ensure patients receive the care they need, when and where they need it.***

### **Involuntary Psychiatry Admissions**

Community-based Psychologists see their patients frequently and regularly. They are usually the first to recognize when a patient's mental status presents a danger to themselves or others. Lacking the ability to execute a Form 1 for involuntary psychiatric admission, they notify the patient's family physician to request a Form 1. Frequently, the family physician has not seen a patient in the previous seven days and cannot execute the Form 1. Psychologists, like any other citizen, must then seek out a Justice of the Peace at a

local courthouse and convince them to execute a Form 2. This process can take hours, or even days, and has sadly come too late for some patients.

***Amending the Mental Health Act to give Psychologists the right to execute Form 1s (and other necessary Forms) would ensure timely access to necessary treatment intervention and enhance patient safety.***

### **Prescriptive Authority to Reduce System Costs**

In November 2012, OPA submitted a request for expansion of our scope of practice to include prescriptive authority to the MOHLTC. Prescribing Psychologists would address service gaps in mental health by increasing access, reducing wait times, and enhancing patient safety. Prescribing Psychologists will have the highest education and training in psychology and pharmacology, and will be able to provide services in either or both domains according to evidence-based practice. The government could realize savings in the billions of dollars from reduced emergency room visits, hospitalizations and re-hospitalizations, and prescription drugs (since Psychologists have been shown to prescribe less often than physicians). ***Amend the Psychology Act to allow Psychologists prescriptive authority.***

### **Primary Care Vs. Emergency and Inpatient Units**

A greater role for Psychologists in primary care would allow earlier access to assessment, accurate diagnoses, and the development of a treatment plan with triaging to the right level of care. This role would address mental health issues before they become larger issues and impact an individual's education, employability, relationships, or result in homelessness or incarceration and the frequent use of hospitalbased resources. To be truly effective in closing the gaps in the mental health system, funding for psychological services must be addressed to move away from the current two-tiered system – access to care in the private sector or access to a wait-list in the public sector that drives care to the local hospital.

***Fund a Psychologist to practice in every FHT, CHC and NP-clinic in the province with outreach to other family practices with private/public funding opportunities and the re-allocation of monies saved by diverting patients from the hospital system to ensure Ontarians have access at the right time, at the right place, and from the right provider.***

\*The term “Psychologist” in this document refers both to doctoral-level Psychologists and masters-level “Psychological Associates”. For information on the extensive training required to become a registered Psychologist or Psychological Associate, please see: [www.cpo.on.ca](http://www.cpo.on.ca)