

# PSYCHOLOGIST

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## SPECIAL EDITION: APNS MEMBERS SURVEY ON GOVERNMENT ADVOCACY

**D**uring the Fall 2021 Nova Scotia election, the PC Party platform mentioned making mental health services more accessible to Nova Scotians, and that options to improve access would include psychologists. APNS sees this as a major advocacy opportunity for the profession, and the most significant advocacy opportunity since APNS advocated for registration of psychologists in 1980. This will lead to a shift in how mental health services are provided, funded and accessed for Nova Scotians.

We succeeded in getting a meeting with the Minister of Mental Health and Addictions to discuss what this might mean for psychologists in the public and private sector across the province. Our main objectives were to get more details on how these plans would be developed and implemented and to express our interest in being involved in this development. As a result of the meeting we considered it necessary to discover the range of opinion of psychologists in all sectors across Nova Scotia. We also wanted to inform psychologists about the risks and opportunities as government develops its plans. To that end we created a survey and accompanying background document. The following are some of the issues we presented in the background document. Following that are detailed results of the survey.

### 1. The impact on individual psychologists and the profession

- Private practice psychologists' services would be available to the large portion of the Nova Scotians who do not have private insurance, and cannot afford private psychological services.
- Better access to psychological services across

settings (e.g., hospitals, schools, correctional facilities and private practice).

- Public sector practitioners and clinics would find it easier to refer-out those clients seeking more appropriate services without the same financial limitations that are currently a barrier.
- Private practice psychologists could continue to offer services to clients whose insurance is inadequate to cover the appropriate number of sessions.
- MSI coverage would substantially decrease the number of sliding scale or pro bono clients.

### 2. The implications for the profession if we do not have a role in these new plans

- It is important that psychology gets "a place at the table" to ensure that decisions about mental health are not made without their input; not participating leaves psychology out.
- Other mental health professionals will take advantage of the opportunity, resulting in clients opting for other mental health care providers rather than psychologists.
- Gives the impression that psychologists may be more motivated by their own interests, rather than in providing better access and care to Nova Scotians, potentially damaging the image of the profession, and making it more difficult to advocate to government in future.

### 3. The factors to take into account as the profession considers its input to government

- a) Coverage of psychology services through MSI.
- The logistical impacts on practice – will MSI coverage be offered to everyone, only those without private insurance, will it be the first coverage, or after other coverage has expired

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### APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

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- How will MSI coverage impact public practice; e.g., will it give hospitals salary relief for psychology positions, or will it only apply to services delivered in the private sector?
- If MSI coverage results in more Nova Scotians accessing psychological services in private practice, what impacts will this have on private and public practice waitlists?
- b) Fees paid to private practice psychologists under MSI.
  - Current fee schedules for mental health services provided by physicians/psychiatrists include services that are also provided by psychologists, but the fee schedule rates are less than current private sector rates charged by psychologists. It is unlikely that psychologists would receive more per therapy hour than psychiatry.
  - Is there a threshold of reimbursement that is acceptable to the profession if including psychological services in MSI results in better care for Nova Scotians and gives psychology a better position at public health care tables?
  - Psychologists' level of training and breadth of experience is an important consideration when fees are discussed.
  - Rates for private practice psychologists vary depending on the type of services (e.g., neuropsychological assessment vs. group therapy rates), and not all psychologists are qualified within the same scopes of practice (e.g., candidates vs. fully registered, clinical vs. counselling vs. school, treatment vs. assessment/diagnosis, etc.).
  - If the MSI rate is not at current recommended fees, what other benefits might government offer?
- c) Consider how psychology would want the referral process to occur for Nova Scotians to access MSI coverage.
  - Self-referrals would allow private practice psychologists to continue as they currently do with private insurers. If a psychologist was unable to offer a particular service, they would refer to another psychologist.
  - Healthcare provider referrals would be required from a family physician, nurse practitioner, or health professional from NSH or IWK. This measure would create additional barriers for Nova Scotians (e.g., the approximately 100,000 without family doctors), defeating the stated goal of this government to improve access to mental health services.
- d) Consider which model may be used to introduce changes to the existing mental health services.
  - Legal aid model: potential clients must show that they do not have the means to pay.
  - WCB model: psychologists would sign a contract to take on those clients.
  - Private insurance: specific amount of coverage provided with clients paying the balance.
  - Overbilling: similar to insurance; government would pay a portion, clients paying the balance.
  - Open system: Clients choose a psychologist and receive services; psychologists would refer further if unable to serve clients.
  - Hybrid: Psychologists may opt-in if this model of care is a good fit and/or if they were incentivized by other benefits of taking MSI clients; or opt-out if the fees were not in line with their usual fee.
- e) How might we increase capacity to handle the above changes through recruitment and retention?
  - Incentivize psychologists to work in regions where there are no psychologists.
  - Retain psychology students in the province with more internships and infrastructure to support them.
  - Increase capacity by allocating funds for Nova Scotia university psychology programs (e.g., additional PsyD. Programs)
  - If Nova Scotia adopts MSI coverage for psychological services, this will likely garner much attention and may attract more psychologists to Nova Scotia.

## APNS MEMBERSHIP SURVEY ~ GENERAL COMMENTS

To ensure that APNS has an accurate sense of the opinions of all Nova Scotia psychologists, we requested that NSBEP and CPA encourage those psychologists who may not be APNS members, to participate. With approximately 70% of psychologists responding to the survey, we believe we have captured the opinions of the vast majority of psychologists in Nova Scotia. Thanks to all who participated.

### General Comments on the Results

- 79% of psychologists view the inclusion of psychologists in MSI as a positive step toward improving access to mental health care for Nova Scotians.
- 77% of psychologists anticipate a positive impact on public sector waitlists and 80% of psychologists anticipate better access to psychological services across all sectors by the inclusion of psychologists in MSI.
- Over 60% of private practice psychologists would take on MSI clients who could otherwise not afford these services.
- Responses indicated that psychologists work in all parts of the province, although as with most other professions there is some over-representation in HRM, with the majority of respondents (more than 60%) working in the urban Halifax area.
- Respondents also represented a range in terms of years of practice, degree status, and work setting (e.g., private practice, schools, hospitals, other institutions, and students).
- Nova Scotia psychologists provide services to all age groups. Many psychologists provide services to multiple ages/groups, and some respondents also serve specific populations (e.g., families, couples, LGBTQ2+, and military/first responders).

## APNS MEMBERSHIP SURVEY ~ DETAILED RESULTS

### Question 1.2 What is your highest degree?

Participants were equally Doctoral or Master's level with 49% for each category. The remaining 2% were Bachelor level students.

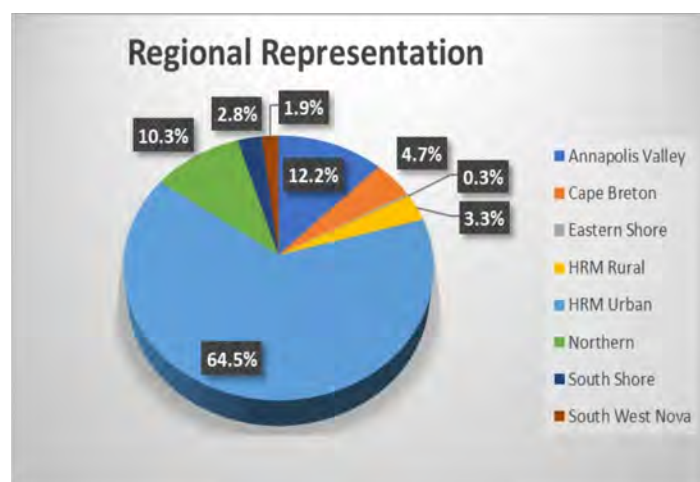
### Question 1.1 Where is your primary work location? *See chart on right.*

### Question 1.3 At what stage of career do you consider yourself?

Early career and mid-career made up the majority of participants (70.3%); 26.1% were in late career or at retirement age. 3.6% were students.

### Question 1.4 How many years have you been a practicing psychologist in Nova Scotia?

The largest number of participants (46.8%) had been practicing in Nova Scotia between 11 and 30 years. 41.1% had been practicing for 1 to 10 years, 7.8% practicing for more than 30 years. 4.3% for less than one year.



### Question 1.5 Do you have plans to retire or leave Nova Scotia soon?

The largest number of participants said they were not planning to retire or leave (85.9%). Those who were planning to do so were primarily retiring (9.1%); 5%, primarily early career, were unsure.

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### APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

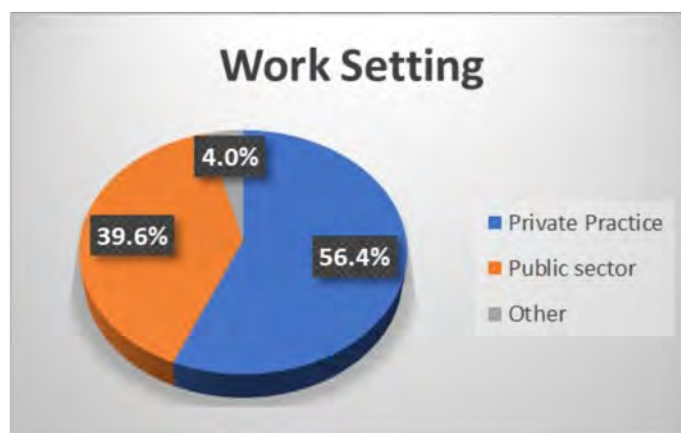
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#### Question 1.6 What is your current work setting?

This question allowed participants to select more than one answer for their work setting.

#### Question 1.7 Identify setting for answering the survey questions.

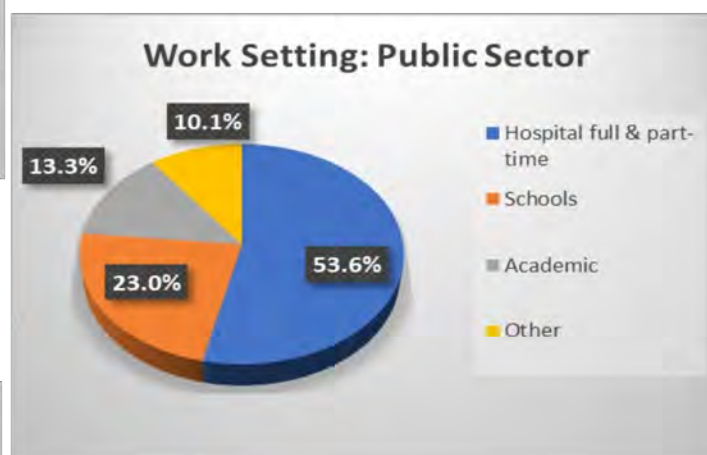
This question asked those who worked in two or more settings to choose in which setting they preferred to answer the questions. The results of questions 1.6 and 1.7 were collated, allowing us to get more detail on the public-private overlap. 495 choices were selected: 279 selected private practice; 196 selected public sector. The remaining 20 were students or other choices, including retired, consulting, governance, rehabilitation.



Of the 279 selected in private practice: 157 selected full-time (56.3%); 122 selected part-time (43.7%). Part-time included overlap with hospitals, schools, academics, students, full-time private practice, and other.



Of the 196 selected in public sector as a whole, 105 selected hospitals (53.6%); 45 selected schools (23.0%); 26 selected academic (13.3%); 20 selected Other (10.1%).



As a percentage of the 105 who selected hospitals, 63 were hospital only (60.0%); 42 were hospital and part-time private practice (40.0%)

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### Question 1.8 What is your primary practice area?

This multiple choice question resulted in 538 responses, so there was significant overlap. Clinical psychologists at 42.9% far outweigh other categories. There is significant overlap with clinical and some of the other categories, particularly in the areas of assessment, health, and neuropsychology.

Population Served	#	%
Children <5	53	4.9%
Children 5 to 12	139	12.7%
Adolescents 13 - 19	189	17.3%
Adults ≥19	270	24.8%
Adults ≥65	116	10.6%
Families	79	7.2%
Couples	59	5.4%
LGBTQ2+	72	6.6%
Military /1 <sup>st</sup> Responders	95	8.7%
Other -- 20 various ages	20	1.8%

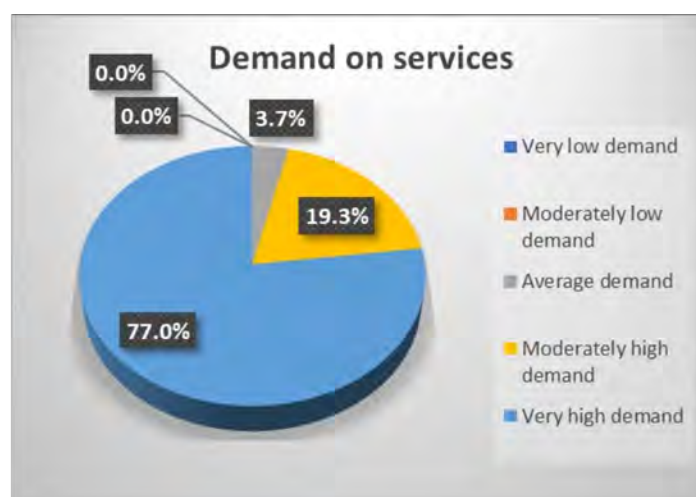
Practice Area	#	%
Clinical	231	42.9%
Assessment	83	15.4%
Counselling	78	14.5%
School	51	9.5%
Health	28	5.3%
Neuropsychology	18	3.4%
Addictions	12	2.2%
Rehabilitation	11	2.0%
Teaching/Research	10	1.9%
Correctional/Forensic	10	1.9%
Other	6	1.0%

### Question 1.9 What populations do you serve?

This multiple choice question resulted in 1091 responses, and there was significant overlap between those who serve a specific age range (the first five listed) and those who serve specialty groups (the last five listed).

### Question 1.10 In general, how would you rate the demand for psychological services in your geographic area?

96.3% of respondents rated the demand as moderately to very high. 3.7% rated it at average. 0% rated the demand as low to medium. It is clear that psychologists are working at capacity across Nova Scotia.



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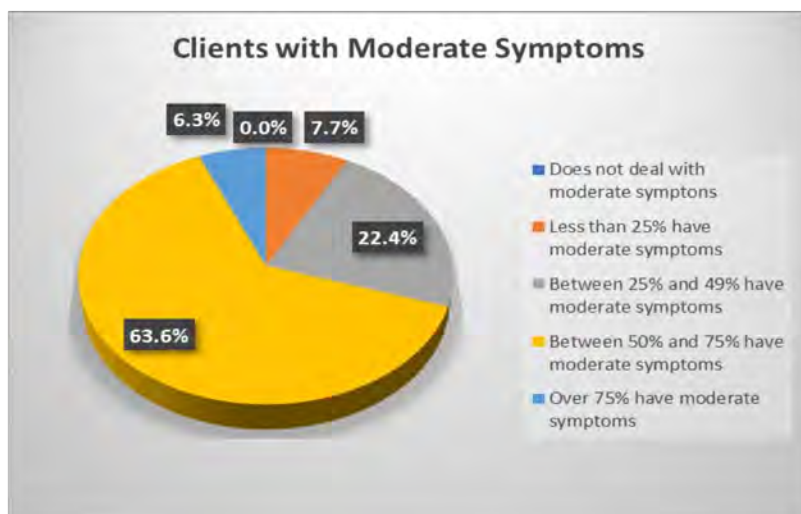
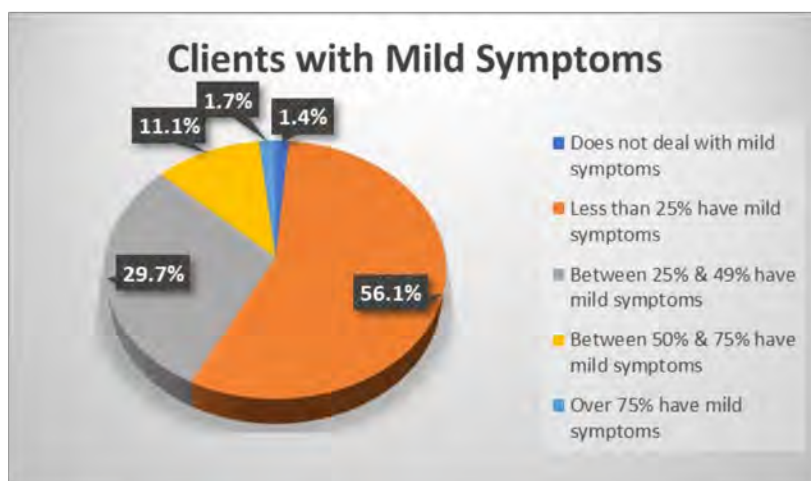
### APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

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**Question 1.11** In general, what proportion of your clients would fall within each category in terms of the severity of their mental health symptoms?

#### Mild symptoms

289 responded to this question. For those who indicated that they deal with clients with mild symptoms, 85.8% say that less than 50% of their clients have mild symptoms.

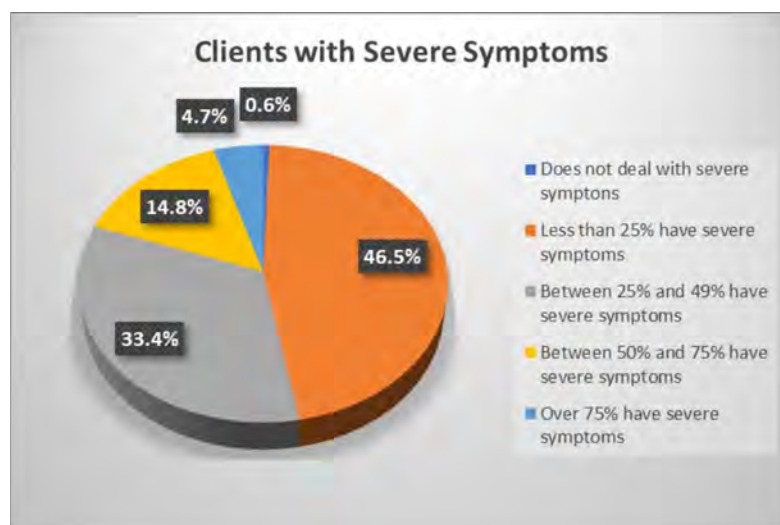


#### Moderate Symptoms

335 responded to this question. For those who indicated that they deal with clients with moderate symptoms, 69.9% say that more than 50% of their clients have moderate symptoms.

#### Severe Symptoms

318 responded to this question. Those who indicated that they deal with clients with severe symptoms, only 19.5% say that more than 50% of their clients have severe symptoms.



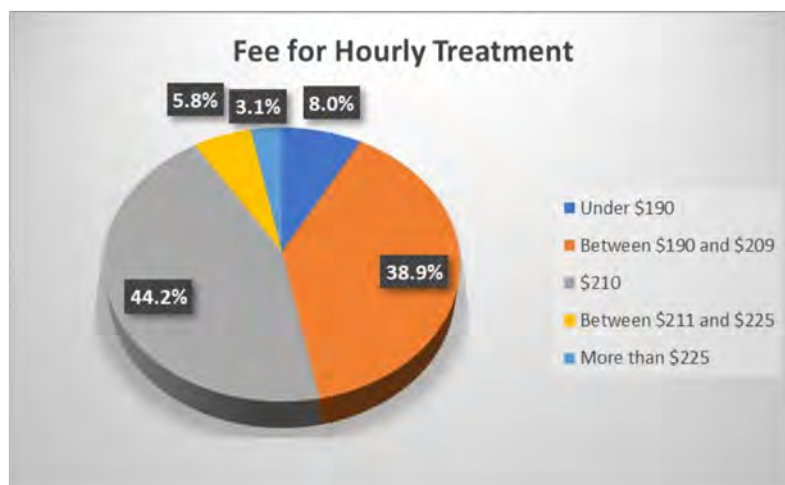
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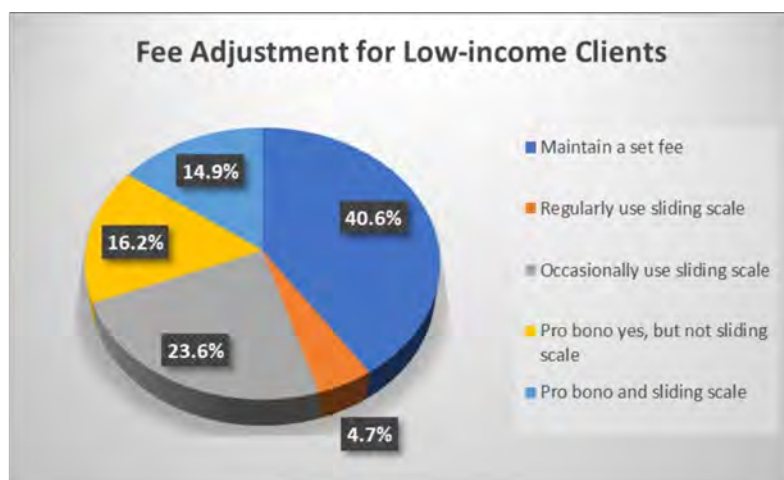
### Question 2.1 What do you/your practice generally charge for hourly treatment services?

There were a wide variety of amounts provided on this one, so they are grouped in a range. 44.2% of respondents aligned with the current APNS recommended rate of \$210.



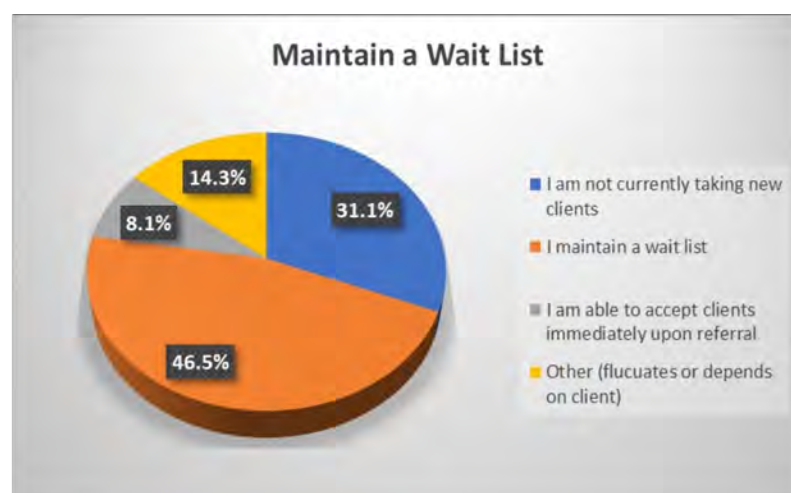
### Question 2.2 Do you/your practice adjust your fees on a case-by-case basis to accommodate low-income clients?

40.6% of respondents maintain a set fee, however 59.4% do offer some kind of fee adjustment for low-income clients, whether as a sliding scale or through providing pro bono services.



### Question 2.3 Do you/your practice maintain a wait list?

46.5% of respondents maintain a wait list. Another 31.1% are not taking new clients at all while 14.3% do so on a case by case basis. Only 8.1% are able to accept clients immediately. More information about wait times is available on page 8.



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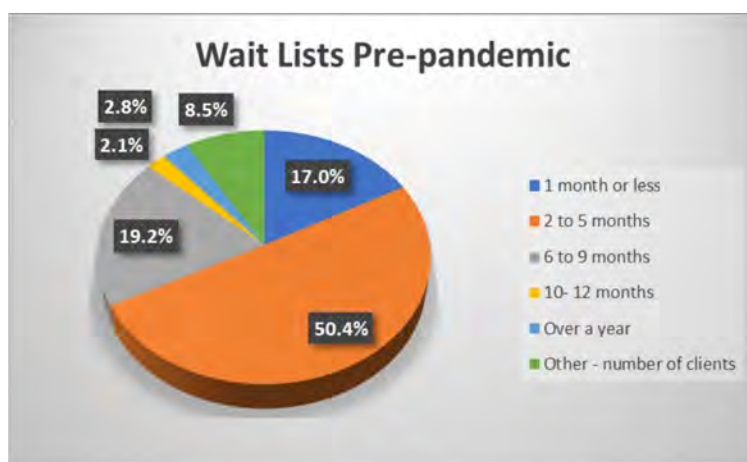
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### APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

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#### Question 2.4 If you do maintain a wait list, typically (i.e., pre-pandemic) how long is it?

Wait lists pre-pandemic were already long. 50.4% had wait times of two to five months. The next highest percentage were those with wait times of six months to 1 year (21.3%) and 2.8% reported wait times of over one year. 17.0% reported wait times of 1 month or less. 8.5% indicated that they base level of client intake on number of clients rather than length of time. These varied from 10 to 125 clients on their lists.



#### Question 2.5 How long is your current wait list?

Regarding current wait lists, a large proportion of respondents (42.7%) have wait times of two to five months, which is less than pre-pandemic. However the next highest percentage were those with wait times of 6 months to 1 year (35.4%) and 5.3% reported wait times of over one year, which is a significant jump from pre-pandemic levels. Only 7.3% reported wait times of one month or less.

9.3% indicated that they base level of client intake on number of clients rather than length of time. These varied from 10 to 125 clients on their lists.

#### Question 2.6 Do you typically accept referrals from other health professionals?

This multiple choice question resulted in 620 responses. The table at the right shows the most common responses.

A total of 81.2% of those who responded take referrals from family doctors and psychiatrists. In the comments, psychologists also mentioned obstetrician-gynecologist-pediatricians, lawyers, speech language pathologists, teachers, and various government social services.

REFERRAL SOURCE	#	%
Family doctors	215	34.7%
Psychiatrists	164	26.5%
Nurse practitioners	108	17.4%
Occupational therapists	68	11.0%
Physiotherapists	65	10.4%

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In the next few questions, the charts on the right show total responses. The tables show the break-down for hospital-only and hospital/part-time private practice, in order to better identify the differing attitudes between those two groups. The percentage totals in the text combine slightly and very positive, and slightly and very negative.

## Question 3.1 Generally, do you see this initiative as a positive step toward improving access to mental health care for Nova Scotians?

337 responded to this question. 79.2% indicated a positive response, 14.8% undecided and 6.0% a negative response. The table shows the breakdown by sector. Sectors not shown below, e.g., academic, military, etc. overlapped primarily with hospital.



WORK SETTING	Very negative	Slightly negative	Undecided	Slightly positive	Very positive
Hospital	5 (1.5%)	6 (1.8%)	13 (3.9%)	20 (5.9%)	47 (14.0%)
School	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	18 (5.3%)
PP ft	6 (1.8%)	0 (0.0%)	22 (6.5%)	22 (6.5%)	84 (24.9%)
PP pt	3 (.8%)	0 (0.0%)	15 (4.4%)	19 (5.6%)	57 (16.9%)
TOTAL of 337	14	6	50	61	206



## Impact on Your Practice

### 3.2.1 Better access to psychological services across all settings.

91 responded to this question. Comparing the chart to the table breakdown for overall positive responses, shows that those in hospital-only were fairly close (80.2% vs. 82.7%). Those in hospital/private practice were slightly less so. (80.2% vs. 84.6%). For the negative responses, those for hospital-only were close (8.1% vs. 7.7%), but those for hospital/private practice were more negative. (8.1% vs. 12.8%).

WORK SETTING	Very negative	Slightly negative	No impact	Slightly positive	Very positive
Hospital	1 (1.9%)	3 (5.8%)	5 (9.6%)	25 (48.1%)	18 (34.6%)
Hospital & PP pt	3 (7.7%)	2 (5.1%)	1 (2.6%)	19 (48.7%)	14 (35.9%)
TOTAL of 91	4	5	6	44	32

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### APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

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#### 3.2.2 Public sector practitioners and clinics regularly referring-out those clients seeking services without the same financial limitations.

89 responded to this question. Comparing overall positive responses, those in hospital-only were close (81.4% vs. 78.4%). Those in hospital/private practice were further apart. (81.4% vs. 89.4%). For the negative responses, those for hospital-only were further apart (6.1% vs. 2.0%), but those for hospital/private practice were closer. (6.1% vs. 5.3%).



WORK SETTING	Very negative	Slightly negative	No impact	Slightly positive	Very positive
Hospital	0 (0.0%)	1 (2.0%)	10 (19.6%)	13 (25.5%)	27 (52.9%)
Hospital & PP pt	2 (5.3%)	0 (0.0%)	2 (5.3%)	18 (47.4%)	16 (42.0%)
<b>TOTAL</b>	<b>2</b>	<b>1</b>	<b>12</b>	<b>31</b>	<b>43</b>



#### 3.2.3 Private practice psychologists being able to offer services to clients whose insurance is inadequate to cover all sessions.

91 responded to this question. Comparing overall positive responses, those in hospital-only were further apart (89.2% vs. 94.1%). Those in hospital/part-time private practice were closer (89.2% to 90.0%).

In comparing the negative responses, those for hospital-only were less (3.3% vs. 0.0%), but those for hospital/part-time private practice were close (3.3% vs. 3.0%).

WORK SETTING	Very negative	Slightly negative	No impact	Slightly positive	Very positive
Hospital	0 (0.0%)	0 (0.0%)	3 (5.9%)	14 (27.4%)	34 (66.7%)
Hospital & PP pt	2 (5.0%)	1 (2.5%)	1 (2.5%)	13 (32.5%)	23 (57.5%)
<b>TOTAL of</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>27</b>	<b>57</b>

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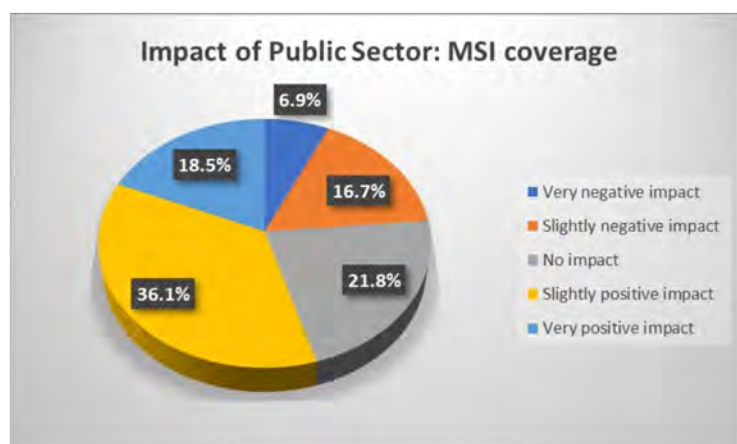
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### 3.2.4 Private practice coverage would substantially reduce the number of sliding scale or pro bono clients.

325 responded to this question. Those who responded “No impact” were much higher to this question. Comparing overall positive responses, those in hospital-only were fairly close (67.7% vs. 65.3%). Those in hospital/part-time private practice were further apart (67.7% to 62.5%). In comparing the negative responses, those for hospital-only were very close (4.6% vs. 4.0%), and those for hospital/part-time private practice were further apart (4.6% vs. 10.0%).



WORK SETTING	Very negative	Slightly negative	No impact	Slightly positive	Very positive
Hospital	1 (2.0%)	1 (2.0%)	15 (30.6%)	13 (26.5%)	19 (38.8%)
Hospital & PP pt	3 (7.5%)	1 (2.5%)	11 (27.5%)	14 (35.0%)	11 (27.5%)
<b>TOTAL of 89</b>	<b>4</b>	<b>2</b>	<b>26</b>	<b>27</b>	<b>30</b>



### Question 4.1 How do you foresee MSI coverage impacting your public practice?

216 responded to this question. Comparing overall positive responses, those in hospital-only were similar (54.6% vs. 52.1%). Those in hospital/part-time private practice were significantly different (54.6% to 69.1%). In comparing the negative responses, those for hospital only were further apart (23.6% vs. 29.2%), and those for hospital/part-time private practice were similar (23.6% vs. 21.1%).

WORK SETTING	Very negative	Slightly negative	No impact	Slightly positive	Very positive
Hospital	1 (2.1%)	13 (27.1%)	9 (18.7%)	18 (37.5%)	7 (14.6%)
Hospital & PP pt	5 (13.2%)	3 (7.9%)	6 (15.8%)	20 (52.6%)	4 (10.5%)
<b>TOTAL of 86</b>	<b>6</b>	<b>16</b>	<b>15</b>	<b>38</b>	<b>11</b>

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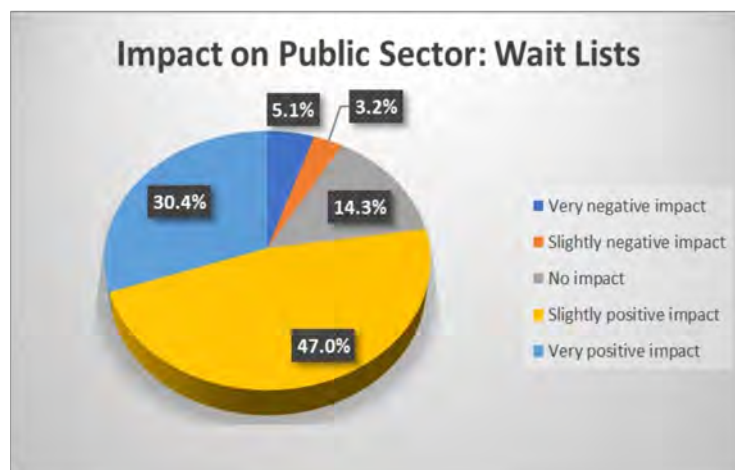
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**Question 4.2** If MSI coverage results in more Nova Scotians accessing psychological services in private practice, what impact do you expect this will have on public sector waitlists?

217 responded to this question. Comparing overall positive responses, those in hospital-only are similar 77.4% vs. 72.9%. Those in hospital/part-time private practice less so 77.4% to 84.2%. In comparing the negative responses, those for hospital-only are close 8.3% vs. 6.3%, and those for hospital/part-time private practice similar 8.3% vs. 5.3%.



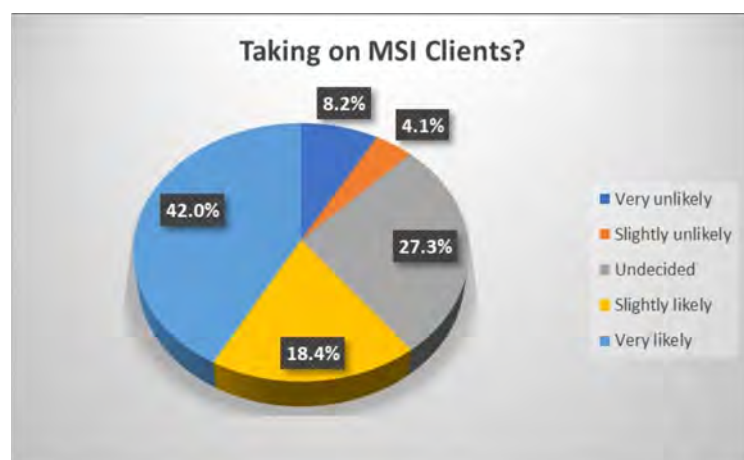
WORK SETTING	Very negative	Slightly negative	No impact	Slightly positive	Very positive
Hospital	1 (2.1%)	2 (4.2%)	10 (20.8%)	25 (52.1%)	10 (20.8%)
Hospital & PP part-time	2 (5.3%)	0 (0.0%)	4 (10.5%)	24 (63.2%)	8 (21.0%)
<b>TOTAL of 86</b>	<b>3</b>	<b>2</b>	<b>14</b>	<b>49</b>	<b>18</b>

**Question 4.3** If MSI coverage results in more Nova Scotians accessing psychological services in private practice, how will this affect your practice? 210 responded.

This was a comments-only question. The comments ranged, both positively and negatively, on a number of topics including: access to services for clients, administrative/bureaucratic processes, control over practice, remuneration rate, the current high demand for psychological services, and as yet unknown details.

**Question 4.4** If those who could not afford your services are covered by MSI, how likely are you to take on MSI clients in your private practice?

245 responded to this question. 60.4% indicated very or slightly likely to take on MSI clients, with 12.3% very or slightly unlikely. However a significant number (27.3%) were undecided on this question, due perhaps to the number of unknown factors.



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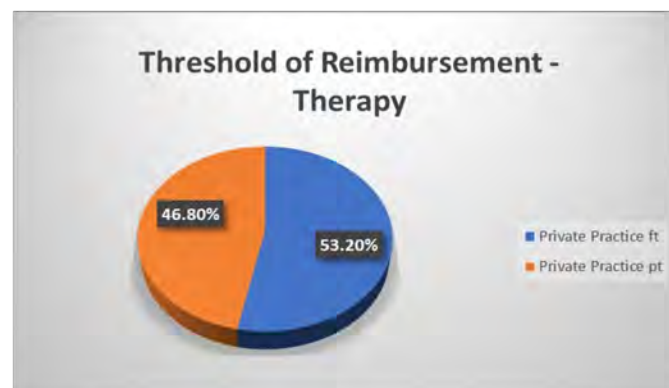


# APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

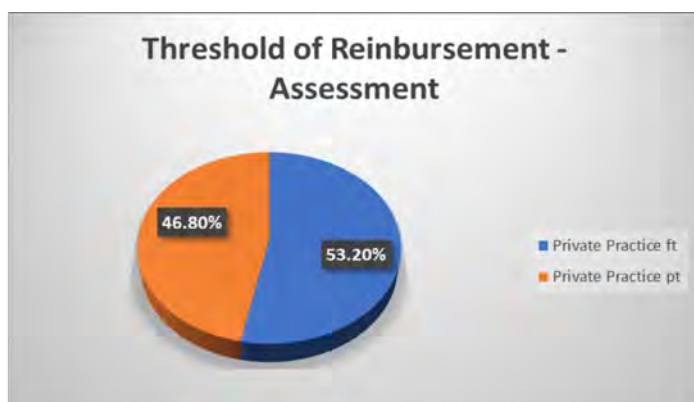
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**Question 4.5 Is there a threshold of reimbursement for therapy that would be acceptable to you if MSI coverage improves access to psychological services for Nova Scotians who could not afford those services?**

327 responded to this question. The most popular fee option for therapy is \$200 to \$224, followed by \$170 to \$199. Many opted for \$210, the current APNS recommended fee.



Breakdown by Reimbursement Amount: Therapy					
Private Practice full-time (174)			Private Practice part-time (153)		
Fee range	Number	Percentage	Fee range	Number	Percentage
\$150 to \$169	14	8.1%	\$150 to \$169	24	15.7%
\$170 to \$199	50	28.7%	\$170 to \$199	50	32.7%
\$200 to \$224	91	52.3%	\$200 to \$224	62	40.5%
\$225 to \$250	15	8.6%	\$225 to \$250	13	8.5%
At least \$250	4	2.2%	At least \$250	4	2.6%



**Question 4.6 Is there a threshold of reimbursement for assessment services that would be acceptable to you if MSI coverage improves access to psychological services for Nova Scotians who could not afford those services?**

241 responded to this question. The preferred fee for assessments is not clear cut. The largest group opted for less than \$250/hr. However the length of time to do the assessment and reports was an important factor, which also depended on the type of assessment. A significant percentage opted for a set fee but there was no clear agreement on what that fee would be.

Breakdown by Reimbursement Amount: Assessment					
Private Practice full-time (127)			Private Practice part-time (114)		
Fee range	Number	Percentage	Fee range	Number	Percentage
Less than \$250/hr	49	38.6%	Less than \$250/hr	34	29.8%
\$250 to \$274	19	15.0%	\$250 to \$274	22	19.3%
\$275 to \$299	9	7.1%	\$275 to \$299	8	7.0%
\$300 to \$324	11	8.7%	\$300 to \$324	9	7.8%
\$325 to \$349	4	3.1%	\$325 to \$349	3	2.6%
At least \$250/hr	2	1.6%	At least \$250/hr	3	2.6%
A set fee	33	26.0%	A set fee	35	31.0%

(Continued on page 14)

## Reports

### APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

(Continued from page 13)

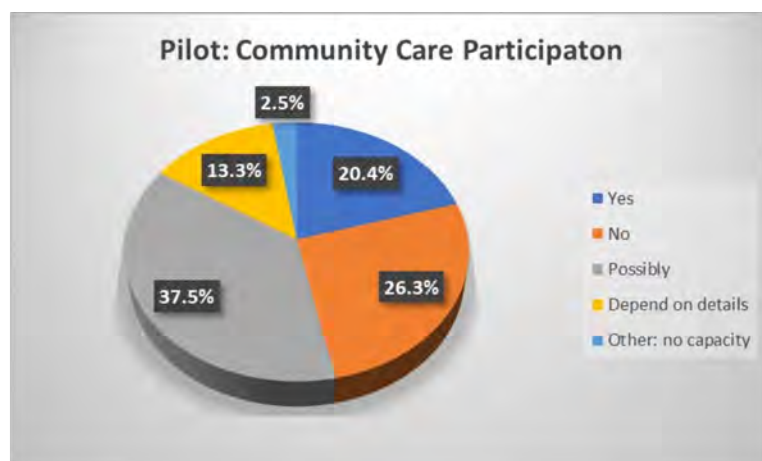
#### Question 4.7 - If the MSI rate is not in line with your expectations, but other government benefits were made available, might you consider accepting a lower rate?

This question is multiple choice and 670 responded. Most respondents agreed that a lower fee might be more acceptable if they were to receive government benefits as indicated in the table.

SUGGESTED GOVERNMENT BENEFITS		
Provincial tax credits	148	22.1%
Participation in government pensions	135	20.2%
Liability insurance coverage	118	17.6%
Government-sponsored professional development training	86	12.8%
Reimbursement for office expenses	86	12.8%
None of these are of interest to me	57	8.5%
Other possibilities (Health insurance, salary-based, admin reimbursement, other incentives)	40	6.0%

#### Question 4.8 - Would you be interested in participating in a pilot project for private psychologists to provide publicly funded care in the community?

240 responded to this question. This was one of the questions that the government requested that we include. 20.4% of respondents were interested, but the largest proportion of respondents (50.8%) were uncertain. Comments suggested that more detail on the pilot project would help to inform psychologists and increase interested numbers.



#### Question 5.1 Government could dictate how clients are referred. Which of the models do you prefer?

1. Referrals would be required from a health professional. 308 responded.
2. Self-referrals, allowing private practice psychologists to continue as they currently do with private insurers. 316 responded to this question.

88.5% preferred a self-referral model. Psychologists strongly identified that a requirement for a referral for MSI coverage would create more barriers, not less. The most often cited reason being the large number of Nova Scotians who do not have a family doctor.

PREFERRED REFERRAL MODELS					
From a healthcare professional (308)			Self-referral (316)		
Not at all in favour	106	34.4%	Not at all in favour	6	2.0%
Slightly not in favour	62	20.1%	Slightly not in favour	9	2.9%
Undecided	42	13.6%	Undecided	21	6.6%
Slightly in favour	63	20.5%	Slightly in favour	74	23.4%
Very much in favour	35	11.4%	Very much in favour	206	65.1%

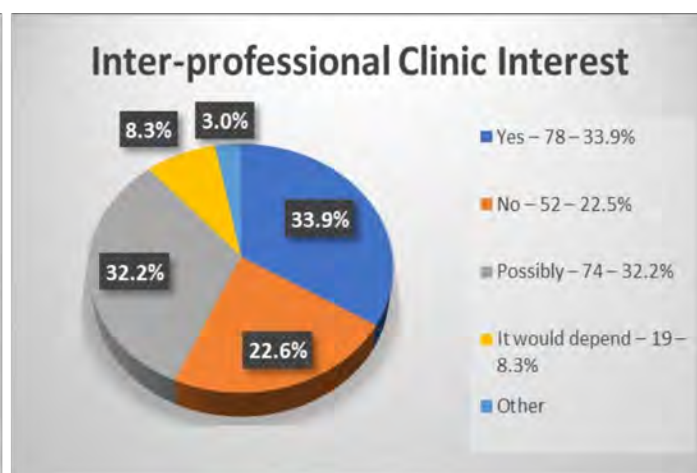
## APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

**Question 5.2 Do you work in an inter-professional clinic in the community (e.g., with social workers, family physicians or psychiatrists)?**

305 responded to this question. The comments for 5.2 Other most often relates to multi-disciplinary private practices or within tertiary mental health, or in schools.

**Question 5.3 If not, would you consider working in an interprofessional setting if you were compensated through the new government plan to remunerate private practitioners?**

230 responded to this question. The comments for 5.3 Depends/Other most often relates to concerns around compensation and diagnosis/reporting requirements and concerns on the impact this might have on existing public services.



**Question 5.4 What core services that you provide would you like to see funded by the government?**

This is a multiple choice question and 570 responded. The Other\* comments covered a wide range of areas. The most common included:

1. Counseling/Behavioural supports/trauma informed practice/threat assessments, suicide risk assessments
2. Residential addictions treatment; health psychology, forensic services
3. Behavioural intervention, anxiety and emotional regulation groups, groups and individual sessions to teach self-advocacy skills, ADHD, and all mental health and ASD assessments.
4. Eating Disorder Treatment; groups (i.e., parenting, anxiety, mood, etc).
5. Couple therapy, family therapy, group therapy, individual therapy

CORE SERVICES – GOVERNMENT FUNDED (570)		
Comprehensive assessments	168	29.50%
Psychoeducational testing	167	29.30%
*Other (various)	135	23.70%
Neuropsychiatric testing	100	17.50%

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## Reports

### APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

(Continued from page 15)

**Question 5.5** The following list are examples of how government could structure the intersection of private practice and existing public mental health services. Which of the models are you more likely to favour?

298 responded to this question. Most were slightly to very much in favour of an open model (75%), hybrid model (73%), or private insurance model (55%). In terms of alternate models, 56% were opposed to a Legal Aid model and 53% were opposed to a WCB model. As with the referral question, many of the respondents cited the desire to minimize the creation of additional barriers for Nova Scotians seeking mental health care through MSI.

**Question 5.6** Do you have other suggestions regarding these or other models that might be helpful in this regard.

Comments suggested concerns need to be addressed around administrative and other burdens on psychologists as well as various barriers to clients.

MODELS	Not in favour	Slightly not in favour	Undecided	Slightly in favour	Very much in favour
<b>LEGAL AID (298)</b>	<b>Potential clients must show that they do not have the means to pay.</b>				
Hospital & School	32.8%	21.6%	24.1%	17.2%	4.3%
PP ft & pt	39.8%	15.8%	23.5%	13.6%	7.3%
<b>WCB (299)</b>	<b>Psychologists would sign a contract to agree to take on clients based on guidelines.</b>				
Hospital & School	21.7%	23.5%	33.0%	19.1%	2.6%
PP ft & pt	36.3%	21.1%	23.3%	15.7%	3.6%
<b>PRIVATE INSURANCE (304)</b>	<b>Specific amount of coverage provided with clients paying the balance.</b>				
Hospital & School	17.4%	11.3%	27.8%	34.8%	8.7%
PP ft & pt	12.2%	11.4%	17.9%	41.0%	17.9%
<b>OPEN (305)</b>	<b>Clients choose a psychologist; psychologists would refer if unable to serve clients.</b>				
Hospital & School	3.4%	4.2%	18.6%	34.8%	39.0%
PP ft & pt	7.6%	1.9%	16.0%	32.0%	42.5%
<b>HYBRID (310)</b>	<b>Psychologists may opt-in if this model is a good fit and/or were incentivized to take MSI clients, or would opt-out if the fees were not in line with their usual fee.</b>				
Hospital & School	4.3%	7.7%	25.6%	29.1%	33.3%
PP ft & pt	4.3%	1.7%	15.8%	27.8%	50.4%

(Continued on page 17)



# APNS MEMBERSHIP SURVEY ON GOVERNMENT ADVOCACY

(Continued from page 16)

## Question 5.7 Aside from incentives and billing approaches, what else needs to be considered to enable the intersection between the public and private system and supports the building of a client-focused system?

149 responded to this question. The comments addressed the issues around lack of psychologists to fulfil the current need, let alone the increased need that MSI clients would demand. Also how the intersection of public and private system would be achieved without putting undue stress on either system. Some comments also suggested that evaluation of the current system need to be done, to ensure that the situation is improved, not replaced with other problems.

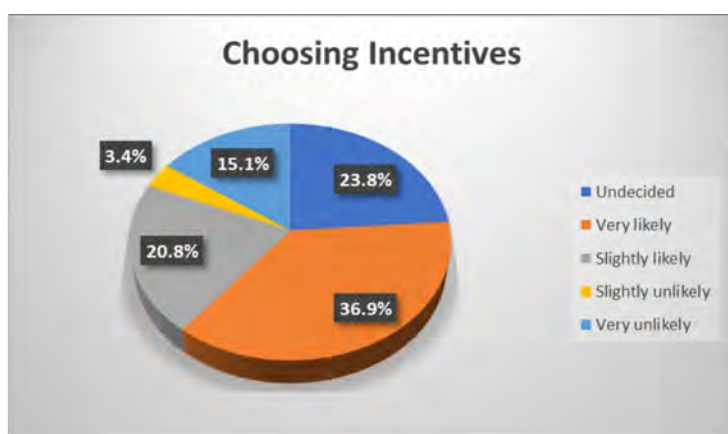
## Question 6.1 In an effort to increase the number of psychologists recruited and retained in NS, how would you prioritize the following list?

298 responded to this question. The collated responses are listed in order from most popular to least in the table on the right. Some participants chose the option of writing-in a suggestion. The top three rated suggestions were:

- Take care of psychologists to retain them, e.g., ensure a proper transition to NS; better treatment of psychologists in public system.
- Offer mid- to late- career psychologists an option to upgrade skills. Work closely with NSBEP to allow full expansion of competencies in areas of psychology like school and counselling.
- Retain and recruit psychologists from diverse cultural backgrounds (ethnicities, languages, LGBTQ2+) to ensure clients can find psychological support from within their own community.

### RECRUITMENT & RETENTION OPTIONS RANKED

1	Increase capacity to produce more graduates by allocating funds for NS university psychology programs (e.g., PsyD).
2	More competitive salaries/rates for psychologists (internship stipend, hospital salaries, and support of recommended rates in private practice).
3	Incentivize psychologists to move to Nova Scotia.
4	Retain and recruit psychology graduates in the province with monetary (or other) incentives.
5	Retain and recruit psychology students with more internships and infrastructure to support them.
6	Incentivizing psychologists to work in regions where there are none or few psychologists.
7	Bridging for immigrants with non-NS credentials.
8	Increasing awareness of psychology in high school and with diverse groups. (Mentoring, bursaries, etc)
9	Asking psychologists to delay retirement.



## Question 6.2 Given your current employment status, if you were offered one of your top ranked incentives in Question 6.1, how likely are you to take advantage of it?

298 responded to this question. 57.7 were likely to take advantage of the incentive, 18.5% were opposed. 23.8% were undecided.

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**Child & Adolescent Psychology Interest Group (CAP-I)** is comprised of psychologists who work with children and adolescents and their families. Meetings are bi-monthly during the academic year to share information on topics of interest and to provide an opportunity to get to know our colleagues who work in a range of settings (schools, hospitals, universities, private practices, forensic settings, etc).  
**Penny Corkum, Chair**

### Early Career Psychologist Group

Ena Vukatana  
Julie Wershler

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