



**Canadian Council of Professional Psychology Programs**  
**Conseil canadien des programmes de psychologie professionnelle**

The Honourable George Smitherman  
Minister of Health and Long-Term Care for Ontario  
Suite M1-57, Macdonald Block  
900 Bay Street  
Toronto ON M7A 1N3

October 18, 2004

Honourable Smitherman,

It is with grave concern that I am writing this letter to you on behalf of the Canadian Council of Professional Psychology Programmes in response to the Psychology Predoctoral Internship Program closures in Ontario (most recently Grand River Hospital and Windsor Regional Hospital).

Given the need for psychological services, we would expect that Ontario would hold a serious interest in the training of these professionals. Psychologists fill increasingly complex roles across all areas of health care in Canada. This degree of expertise is achieved through a minimum twelve-year training process, including a supervised **one year, full-time internship**. This intense year of learning provides the psychologist-in-training with exposure to a full range of problems, illnesses, diagnoses and treatments.

It seems illogical that a province would allow students to enter a graduate program, train for a professional degree, and then deny access to one of the last, and arguably most important, years of training. Psychologists are an essential part of the health care system and should be supported by the Ministry of Health. Psychological interventions decrease morbidity and mortality and improve quality of life. They also help control the ever-increasing costs of health-care. The supply of psychologists in Ontario depends on funding sufficient internship positions. These closures represent a substantial percentage of the available internship positions in Ontario. As such, the closures pose a significant threat to the continued supply of psychologists in the health care system of Ontario.

The Canadian Council of Professional Psychology Programmes urges you to take all appropriate steps to see that these internship sites are not closed. We would appreciate a response from you at your earliest convenience.

Sincerely,

Dr. V. Holms, President

## Related Data

- Seven of the 10 leading health indicators relate to behaviour and/or areas for which psychological interventions provide valuable assistance, including increasing physical activity and responsible sexual behaviour, decreasing injury and violence, improving mental health, and decreasing obesity, tobacco use, and substance abuse.
- The public desires effective alternatives to prescription medicines for their health-care needs. Research demonstrates that safe, cost-effective behavioural interventions exist for a wide range of mental and physical illnesses. Psychologists develop, scientifically evaluate, and provide those cost-effective alternatives
- In 2003, Statistics Canada reported that 4% of Canadians 15 years of age and older suffer from depression in a given year and, as noted by Romanow and Marchildon, the total costs associated with depression and general psychological distress alone are estimated to be more than \$14 billion.
- The Canadian public has been very vocal in demanding more attention to the prevention, early detection, and treatment of diseases. Psychological interventions can have a clinically significant effect on lowering risk factors for coronary heart disease, reducing the symptoms due to cancer treatment and cancer-related pain, and assisting patients in their recovery from cancer and coronary heart disease, along with numerous other medical and psychological conditions.
- There is research showing that up to 60% of conditions presenting to primary-care physicians are psychological in nature or are highly influenced by psychological factors.
- A study examining patients' utilization of hospital and clinic resources, both before and after psychologist-directed clinical services, showed that major health-care cost offsets occurred with the provision of psychological services and that these improvements were maintained over time (Jacobs, 1987).
- Dusseldorp (1999) showed that psycho-educational programs for coronary heart disease reduced mortality by 34 % and re-infarction rate by 29% over and above the impact of standard medical care. These programs also had beneficial effects on virtually all of the major risk factors for heart disease.