Canadian Psychology / Psychologie canadienne

Lions at the Gate: How Weaponization of Policy Prevents People of Colour From Becoming Professional Psychologists in Canada

Sonya C. Faber, Monnica T. Williams, Isha W. Metzger, M. Myriah MacIntyre, Dana Strauss, Caroline Gikundiro Duniya, Kafui Sawyer, Jude Marie Cénat, and Vina M. Goghari

Online First Publication, March 2, 2023. https://dx.doi.org/10.1037/cap0000352

CANADIAN PSYCHOLOGICAL ASSOCIATION
SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Canadian Psychology / Psychologie canadienne

ISSN: 0708-5591

https://doi.org/10.1037/cap0000352

Lions at the Gate: How Weaponization of Policy Prevents People of Colour From Becoming Professional Psychologists in Canada

Sonya C. Faber[1], Monnica T. Williams[1, 2], Isha W. Metzger[3], M. Myriah MacIntyre[2], Dana Strauss[2], Caroline Gikundiro Duniya[4], Kafui Sawyer[5, 6], Jude Marie Cénat[1], and Vina M. Goghari[7]

[1] School of Psychology, University of Ottawa
[2] Department of Cellular and Molecular Medicine, University of Ottawa
[3] Department of Psychology, Georgia State University
[4] École de psychologie, Université Laval
[5] Health Canada, Ottawa, Ontario, Canada
[6] Joy Health and Research Centre, Ottawa, Ontario, Canada
[7] Department of Psychological Clinical Science, University of Toronto

The purpose of this article is to shed light on how weaponized policy supports a system designed to exclude racialized individuals from becoming professional psychologists, contributing to the undersupply of mental health care providers, which in turn contributes to a mental health crisis in Canada. We first describe the origins of the current shortage and lack of diverse representation in professional psychology and conclude with a list of recommendations to dismantle historic and unjust policies. As explicit racism became more stigmatized over the decades, policy tools evolved to become more abstract and give the veneer of fairness while maintaining the original exclusionary outcome. Weaponized policies are part of a much-used but little-examined structural toolkit that serves to disenfranchise disempowered groups. We illuminate the history and adoption of these policies with examples, show how they were explicitly created to prevent people of colour from gaining power through education, and how they protect existing racist systems. The absence of historical perspective in training gives aversive policies plausible deniability, making structural change difficult. These policies have metastasized and become entrenched, persisting covertly in a multitude of policies and procedures that continue to strangle educational opportunities for people of colour and deprive Canada of diverse registered professional mental health providers and leaders.

Public Significance Statement
Professional psychologists provide vital mental health services as well as leadership for mental health centres, training initiatives, and academia. Their contributions are greatly needed as mental health services are becoming increasingly scarce due to the aftermath of the COVID-19 pandemic. As such, the profession must ensure that the field becomes accessible to people of colour trained to meet the mental health needs of our diverse Canadian population.

Keywords: racism, policy, psychologists, weaponization of policy, mental health

Supplemental materials: https://doi.org/10.1037/cap0000352.supp

Editor's Note. Natacha Godbout served as the action editor for this article.—DS

Monnica T. Williams https://orcid.org/0000-0003-0095-3277

Our positionality statements follow: Sonya C. Faber, PhD, MBA, is an African American who lives in Germany and is an experienced neuroscientist and pharmaceutical professional, specializing in clinical development and social justice issues. She is also affiliated faculty at the University of Ottawa. Monnica T. Williams, PhD, ABPP, CPsych, is a Black clinical psychologist and Canada Research Chair for Mental Health Disparities at the University of Ottawa, where she studies psychopathology and racialization. She is also a member of the Canadian Psychological Association (CPA) Accreditation Panel and Chair of the Committee for Academic Training and Education Standards for the Association of Behavioural and Cognitive Therapies. Isha W. Metzger, PhD, is a licensed clinical psychologist and assistant professor at a public university in the Southeast United States who supervises, trains, and consults with students and professionals on campus and across the nation on the consideration of racism and culture in the development and dissemination of evidence-based treatments and services.

M. Myriah MacIntyre, BA, studies Black Indigenous and Other People of Color (BIPOC) mental health and racial/intergenerational trauma as a doctoral student in clinical psychology at a Canadian university located in Ontario. Being both Black and Indigenous, she believes that it is imperative to have further representation of BIPOC individuals in the field of psychology, and thus, these systematic barriers must be acknowledged and eradicated. Her forthcoming publication outlines anxiety disorders in relation to racism and microaggressions (MacIntyre et al., in press). Dana Strauss, BS, is a White Ashkenazi Jewish doctoral student in clinical psychology whose research interests revolve around social justice, racial equity, and the intersection of mental health, race, and culture. She recently coauthored an article on the systemic racism in Canadian psychology doctoral programs that bars qualified BIPOC from entering the field (Sarr et al., 2022).

continued

> The law, in its majestic equality, forbids the rich as well as the poor to sleep under bridges, to beg in the streets, and to steal bread.
>
> —Anatole France on weaponization of policy

Shortage of Professional Psychologists in Canada

In recent years, it has been widely observed that there are not enough mental health care providers in Canada (Beaulieu & Schmelefske, 2017). An in-depth report from 2013 describes the scope of the problem in detail and shows that a lack of access to mental health care has negatively impacted all major health determinants including incidence, prevalence, disability, economic burden, and quality of life (Peachey et al.). The report concluded with an urgent and clear call to system reform and reallocation of resources and funding to increase the availability of and access to mental health care. Anything less than this, the report stated, could only be viewed as a *national failure* (Peachy et al., 2013). At that time, the lack of mental health services for Canadians had been well documented, but movement towards policies to provide a remedy remained stagnant nearly a decade later.

As of 2018, the number of Canadians who reported that they needed help with a mental health problem reached 5.3 million. Of these, 1.2 million (22%) reported that their needs were only partially met, and approximately the same number, 1.1 million (21%), reported fully unmet needs (Moroz et al., 2020). Although the percentage of Canadians with a mental health need and partially met mental health needs has remained relatively stagnant from 2012 to 2018, the percentage of Canadians with fully unmet mental health needs has nearly doubled (Sunderland & Findlay, 2013). This means that the mental health needs of Canadians are not being met, and the problem is quickly getting worse.

In 2022, the lack of sufficient mental health services is exacerbated by the unprecedented demands for mental health services caused in the wake of the 2020 pandemic that has led to job displacement, anxiety, lingering physical symptoms, grief, and premature deaths among people of all ages (Cost et al., 2022; Miconi et al., 2021). Additionally, the rate of depression, anxiety, and mental disorders in Canadian senior citizens exceeds that of many other nations (Mikail & Nicholson, 2019). A national survey found that over half of respondents had sought out mental health care and experienced barriers to access. People of colour had more difficulty accessing care, as did younger adults and those with lower income. The most common difficulties were largely structural: long waitlists (62%), financial barriers (58%), lack of resources/professionals in the area (47%), and difficulty finding specialists (41%; Williams, 2022). The failure of the body politic to adequately address mental health is economically burdensome as well, as it has been demonstrated that, in Canada, 2$ would be saved for every dollar invested in psychotherapy (Moroz et al., 2020).

Supply and Demand of Professional Psychology in Canada

Psychologists who are trained both to treat patients and understand research are called professional psychologists and are in a separate class from psychologists who are only trained to conduct research. These professional psychologists are a vital backbone of mental health services in Canada. One of the main roles of such psychologists in primary health care settings is administering and interpreting clinical assessments. The use of psychological tests and assessments includes but is not limited to assessing functioning and aptitude, making diagnoses, and identifying treatment needs for complex psychopathologies (Wahass, 2005). Outside of medical settings, psychologists also spend a considerable amount of time teaching and training all types of mental health care providers. They are mentors in postsecondary institutions—contributing to success within academia and institutional culture (Rokach, 2020). They provide leadership in community mental health and hospitals. Additionally, through research, these professional psychologists find evidence-based solutions to an array of mental health disorders (Proctor & Vu, 2019). They play a crucial role in health care delivery and sometimes venture beyond clinical settings and contribute to policy and legal work (Browne et al., 2020). Psychologists possess skills and knowledge that can be adapted and are useful in a variety

Caroline Gikundiro Duniya, MA, is a Black French–Canadian mental health professional. She is a second-generation Rwandan immigrant and has worked extensively in the field of cross-cultural counselling with BIPOC individuals and newcomers to Canada. She opines that the systemic disparities and lack of BIPOC representation in psychology need to be recognized and addressed as they negatively impact the experience of racialized individuals who seek mental health services. Kafui Sawyer, MA, RP, is a Black registered psychotherapist in Canada. She has been active in the CPA as the founding chair of the Black Psychology Section of CPA and a member of the Human Rights and Social Justice Committee of the CPA. She is a clinical supervisor for graduate-level therapist trainees and practitioners in mental health. She is a member of the Inquiries, Complaints, and Reports Committee of the College of Registered Psychotherapists of Ontario (CRPO), which regulates psychotherapists. Kafui Sawyer was appointed by the CRPO to provide guidance to the council on diversity, equity, and inclusion matters. She is also a mental health and trauma consultant for Health Canada.

Jude Marie Cénat, PhD, is a francophone Black clinical psychologist who was formally trained in France as well as being a member of the College of Psychologists of Ontario and the Ordre des Psychologues du Québec. He is a member of the College of New Researchers and Artists of the Royal Society of Canada and has an abiding interest in issues of race and justice. He has started important initiatives focused on Black health, including the Interdisciplinary Centre for Black Health at the University of Ottawa.

Vina M. Goghari, PhD, CPsych, is an Indian Canadian clinical psychologist who has held many roles in education and training, including being the graduate chair and director of training of a clinical psychology program, member of the CPA Accreditation Panel, and currently the vice dean, Research and Program Innovation, at the School of Graduate Studies at the University of Toronto.

The authors thank Arghavan Nepton for assistance with proofreading and editing.

This research was undertaken, in part, thanks to funding from the Canada Research Chairs Program, Canadian Institutes of Health Research (CIHR) Grant 950-232127 (PI: Monnica T. Williams), the Ontario Graduate Scholarship (OGS) program (PI: Dana Strauss), and Canada Graduate Scholarship Master's (CGS M) SSHRC program (PI: M. Myriah MacIntyre).

Correspondence concerning this article should be addressed to Monnica T. Williams, School of Psychology, University of Ottawa, 136 Jean-Jacques Lussier, Vanier Hall, Ottawa, ON K1N 6N5, Canada. Email: monnica.williams@uottawa.ca

of fields. For the most part, psychologists in Canada receive the highest quality education and are well prepared for their professional roles (Mikail & Nicholson, 2019).

Although the interest in the study of psychology has vastly increased over the last 20 years, the actual per capita supply of psychologists adjusted for population growth has remained steady (Figure 1) between 3.8 and 5.2 per 10,000 persons from 2008 to 2019 (Dauphinee & Buske, 2006; Looker, 2016). A 2014 update showed an increase of 46% between 2000 and 2014 in the number of registered psychologists, but this only resulted in a modest increase in the actual number of psychologists per capita when figures are extended out to 2020 (Votta-Bleeker, 2014). According to Statistics Canada (2009), there are 18,010 psychologists working in Canada (92% of all Canadian professional psychologists). What is relevant is that these psychologists are not evenly distributed across Canada, nor between rural and urban areas (Moroz et al., 2020; Statistics Canada, 2009), and most problematically, there are not enough diverse mental health care providers to meet the needs of individuals in communities of colour, who often prefer an ethnic and linguistically similar clinician (Brisset et al., 2014; Thomson et al., 2015). As contemplated at the May 2019 summit on the Future of Professional Psychology training, health human resource data indicates that the current number of mental health providers in Canada is not sufficient to meet the mental health needs of the population (Mikail & Nicholson, 2019).

Increasing the Numbers of Professional Psychologists Is Possible

One of many ways discussed to increase the mental health care capacity of Canada noted by the Peachy et al. (2013) report is to enact policy changes to service reimbursement; however, critical policy articles comparing Canada with the United Kingdom and Australia note that true increases in access were "brought about with increased supply of psychotherapy providers" (Canning et al., 2018). Showing how this could be done, the United Kingdom rapidly ramped up needed mental health services over 5 years with the training of 5,000 therapists including psychological well-being practitioners for low-intensity mental health needs as well as highly trained professional psychologists and counsellors (Canning et al., 2018).

Based on the points, we will raise in this article, there are several workable possibilities on how to start increasing Canada's output of professional psychologists. In the late 1990s, there was a fundamental under supply in physicians in Canada that led to direct national action, resulting in a 67% increase in Canadian medical school class sizes between 2001 and 2011. As such, we are hopeful that changes can be made to ensure adequate levels of necessary mental health care (Peachy et al., 2013), in this case by increasing access to the profession for everyone, and in particular ethnically diverse practitioners in Canada.

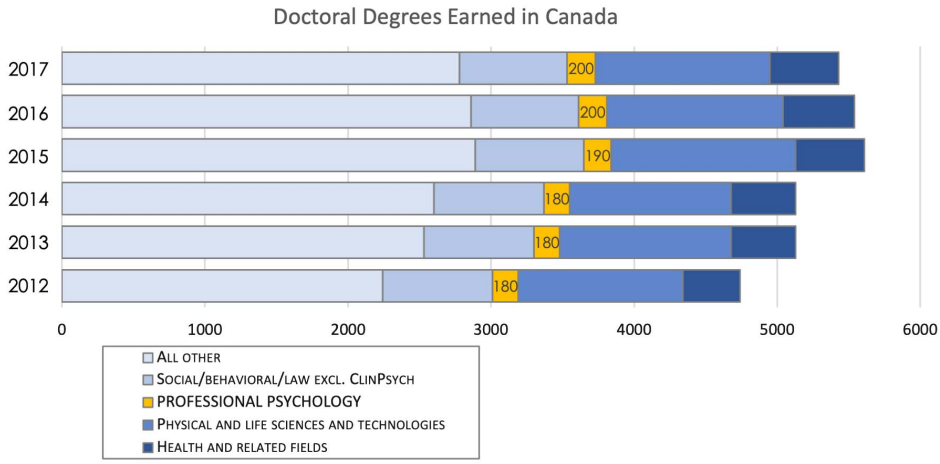
True Change Requires a Vision, a Map, and Policies With Teeth (Eyes and Hands)

As the Canadian health care system has failed so many people with serious mental health concerns, it is the responsibility of the profession to work towards meeting this need for all Canadians, with special attention paid to the most vulnerable and underserved communities. We are a diverse group of scientists who are alarmed by these issues (see bios), particularly as it relates to the representation and inclusion of psychologists of colour, and we posit that the field of psychology should play a leading role in solving these problems. We are concerned, however, that psychology itself is part of the problem.

We noted with interest the 2021 CPA proposed 6th revision for the accreditation standards for doctoral and residency programs in professional psychology, which were developed in part as a response to

Figure 1

Number of Doctoral Graduates by Year by Field of Study



Note. Each year the 41 accredited Canadian PhD programs graduate approximately 200 total students (3.6% of the total ~5,500 PhDs). In comparison, in Canada, 2,860 medical students graduated in 2018. The new Canadian psychologists are added to the current pool of 18,000 practicing psychologists in Canada. (Michas, 2020; Statistics Canada, 2021). See the online article for the color version of this figure.

Truth and Reconciliation Commission of Canada's (TRC) report (2015b; Canadian Psychological Association [CPA], 2018, 2021). Although the CPA describes the kinds of changes that would be necessary for the psychology profession to improve the representation of Indigenous and other racialized persons, it does not provide an implementable mechanism by which change could occur (CPA, 2021) (see Supplemental Table, for definitions of racial terminology), and in fact, some aspects are a direct impediment to these goals. Although the standards are mainly intended to inform and not be policy, without a clear road map for achieving goals and without measurable outcomes, a vision cannot come to fruition (Bjerke & Renger, 2017). Before suggesting new policies, however, it is critical to reflect on how the current policy is failing.

The purpose of this article is to illuminate the hidden ways in which policy impedes true change, to explain why changes in policy have been so difficult, and how, in the face of hopeful words and good intent, true changes do not occur due to delay and inaction. We illustrate how policy migrates from being explicitly to implicitly discriminatory and how this has been used historically, with contemporary examples, and continues to be wielded to achieve unjust outcomes in the discipline of psychology in Canada. We conclude with a call to action for change.

The Need for Diverse Professional Psychologists in Canada

Canada is an ethnoculturally diverse country that is home to over 250 ethnic origins (Statistics Canada, 2017c). In fact, 22.3% of Canadians identify as a visible minority, and 4.9% identify as Indigenous peoples (First Nations, Métis, Inuit), making up the 27% of Canadians who are considered racialized persons (Statistics Canada, 2017a), and 21.9% are immigrants (Statistics Canada, 2017f). Ongoing systemic racism deepens racial disparities in the health care system, highlighted by the COVID-19 pandemic (Cost et al., 2022; Miconi et al., 2021). According to the Population Health Survey by Aden et al. (2021), 71% of racialized people are more likely to be concerned about burnout compared to 46% of non-racialized populations. Overall, 53% of racialized people reported higher levels of stress compared to 27% of those who did not identify as a visible minority/racialized. In total, 42% of racialized people reported concerns about loss of support compared to 23% of those who did not identify as racialized. There is ample research showing that racism has deleterious effects on mental health and can even lead to serious conditions, such as posttraumatic stress disorder (e.g., MacIntyre et al., in press; Motz & Currie, 2019; Williams, Khanna Roy, et al., 2022).

There is a long-standing ongoing disparity in the need for mental health services for racialized groups in Canada, in particular, psychotherapy services (Islam et al., 2014; Li & Browne, 2000; Peachy et al., 2013; Williams, Faber, et al., 2022). Notably, in the national survey mentioned previously (Williams, 2022), race and ethnicity were related to difficulties when trying to access mental health care, as many could not find someone of the same group (25% of Black respondents), someone who spoke their preferred language (22% of South Asian respondents), or they had prior negative experiences (50% of Indigenous respondents). Given these many barriers, people of colour may not be able to access mental health care, and if they do, they may not receive adequate treatment. These individuals often require someone who speaks their language, understands their culture, and is part of their community (e.g., Brisset et al., 2014; King et al., 2022). However, the dearth of psychologists in Canada makes it difficult to find the best care for those most in need of services. In an interview with Canadian Broadcasting Company on the shortage of Black psychologists in Canada, registered psychotherapist and founder of the Canadian Psychological Association's (CPA) Black Psychology section, Kafui Sawyer stated, "We're in a mental health crisis in Canada. Most of the people suffering are racialized people, and these racialized people are not getting the help they need from people who understand them and have the lived experience" (Williams, 2021).

Not only does the field of psychology urgently need more psychologists of colour who can meet the needs of communities of colour but also needs professional psychologists who are able to advocate on a structural and policy level and have access to the rooms and corridors of power (Goghari, 2022a, 2022b). This is where decisions are being made about overarching issues including the numbers and locations and standards of graduate programs, accreditation rules, required training material, publishing and editorial decisions in key journals, and policy issues, because access to a therapist and access to decision-making power for the field are two separate issues.

It has been documented that counselling psychologists receive more training on social justice and diversity issues compared to their clinical psychologists counterparts (Bedi et al., 2011). In comparing clinical and counselling psychology, Bedi (2016) found that counselling psychology doctoral programs admit more ethnically diverse students into their programs than clinical psychology doctoral programs, even though they are quite similar in training content. In a further comparison of these two programs, Norcross et al. (2021) observed that graduate students in counselling psychology programs showed more maturity and confidence in providing appropriate intervention to clients, whereas graduate students in clinical psychology needed more supervision due to the lack of maturity prior to admission (i.e., clinical psychology programs usually admit students who have only completed undergraduate degrees in psychology, whereas counselling psychology programs usually require masters-level students; Bedi et al., 2012).

With the current lack of representation, it is paramount that institutions reconsider their admission criteria to reflect the needs of the diverse communities that must be served (e.g., Sarr et al., 2022). However, both counselling and clinical psychology programs demonstrate a lack of the core value of diversity in their student cohorts, research, and faculty.

Black Access to Mental Health Services

Among those who are racialized in Canada, Black individuals make up a substantial proportion of those enduring the highest levels of discrimination and bearing the greatest burdens of untreated mental health issues (Williams, Faber, et al., 2022). Black people represent the third largest population of racialized individuals in Canada making up 3.5% of Canada's total population and 15% of the population defined as visible minorities (Ottawa Public Health, 2020; Statistics Canada, 2017c). They are culturally and linguistically diverse and include both Canadian citizens who immigrated from 125 countries and Canadian-born citizens with roots going back 400 years. Despite being firmly rooted in Canada, there remains evidence that Black people in Canada face major challenges

when accessing mental health care (Fante-Coleman & Jackson-Best, 2020). To be precise, 58% of the African, Caribbean, and Black communities cited a "lack of shared" identity as a barrier to accessing mental health support from professionals. In addition, Black people in Canada as in the United States have been among the least likely to seek out psychological services due to microaggressions experienced in therapy and the lack of representation of Black mental health professionals (Chiu et al., 2018; Taylor & Kuo, 2019).

A recent study of Black refugees cited culturally appropriate and sensitive mental health services that are easily accessible as one of their top priorities and needs. The study participants felt that professionals did not understand their culture and put too much emphasis on refugees' premigration traumatic experiences but little attention to the postresettlement experiences of anti-Black racism as they sought out employment, housing, and schools (King et al., 2022).

The shortage of culturally informed therapists was confirmed by a 2020 survey by the city of Ottawa that interviewed 130 residents who identified as Black (Ottawa Public Health, 2020). More than a third of these had attempted to obtain mental health services for themselves or someone else. This high level of demand is both a result of the pandemic and the endemic stressors of living in a society that devalues them. Of those seeking support, a large proportion indicated feeling "prejudice or a negative attitude" from mental health care providers or doctors who are White or who did not understand their lived experience. These observations are supported by experimental studies in the USA that indicate psychologists discriminate against Black clients and often refuse to see them or even call them back (Kugelmass, 2016; Shin et al., 2016).

Indigenous Access to Mental Health Services

According to a 2013 report, the health status of the Indigenous peoples of Canada is demonstrably worse than the rest of the Canadian population. Inuit and First Nations people were found to have shorter lifespans by about 5–10 years than other Canadians. Documented infant mortality rates, rates of suicide, fetal alcohol syndrome, substance abuse, violence, and family breakdown were found to occur at higher rates, which were a contributing factor to poor mental and physical health of Inuit, Metis, and First Nations people (Peachy et al., 2013). Indigenous people experience such disproportionately high rates of mental health issues compared with the general population that status as an Indigenous person is itself a negative social determinant of mental health (Ansloos et al., 2019).

Upwards of 2 million Canadians have Indigenous ancestry, and their needs must be considered to uphold inclusivity in cultural competence training for psychologists (Statistics Canada, 2017c). Given the historic genocide whose legacy is ongoing today, the Canada TRC Report notes various calls to action to alleviate such oppression and ameliorate the quality of life for Indigenous peoples in Canada with respect to physical, mental, emotional, and spiritual well-being (TRC, 2015a). Notably, this calls for all health care professionals to be provided with cultural competency training, especially for future and current psychologists in Canada. At a recent national summit on the future of professional psychology training, it was noted "that Indigenous experts have been making recommendations to our profession for over 30 years that have gone unheeded, and that the inaction has been injurious to members of First Nations, Inuit, and Metis communities" (Mikail & Nicholson, 2019). As such, culturally informed approaches are essential for the direct implications on the quality of care in mental health settings and, consequently, healing for these communities.

These issues are exacerbated by a lack of Indigenous psychologists. The CPA drafted a response to the Truth and Reconciliation commission report in 2018, and this report stated, "there are likely fewer than twelve Indigenous practicing and or teaching psychologists in Canada" (Ansloos et al., 2019; CPA, 2018), which would mean that only 0.0006% of the 19,103 psychologists in Canada identify as Indigenous, a vanishingly small proportion (Ansloos et al., 2019). As Indigenous people represent nearly 5% of the population of Canada, professional psychology programs would have to take rapid and radical steps in creating viable pathways to secure the justified representation of Indigenous people in the pipeline towards creating a more healthy and just society to provide for the advocacy and mental health needs of Indigenous people (Ansloos et al., 2019).

East Asian Canadian Access to Mental Health Services

In a demographic shift that began in the 1970s, as of 2020, people of East Asian heritage made up almost 6.2% of Canada's population, with over 2 million living in Canada. East Asian includes people from China, Macau, Taiwan, Japan, Mongolia, and North and South Korea. In Canada, the majority are Chinese, with 1.2 million Canadians speaking a Chinese language at home, making language barriers a significant issue for many that can impede access to mental health care (Gao, 2021; Statistics Canada, 2017b). In a study by Li and Browne (2000), one participant shared the difficulty posed by language barriers as she urged her boyfriend to take his troubled son to see a psychologist. He said, "I don't believe in psychologists. I could never make an English-speaking psychologist understand my son's problem" (pp. 149–150). She did not think there was anything she could do to change his mind and ended up living in their basement to escape the constant family conflict.

Most Canadians of Asian descent regardless of subpopulation have a worldview that is not identical with that of White Canadians and require mental health services commensurate with their cultural perspective. East Asian groups in Canada face several issues that act as barriers to health care. These can include cultural stigma, limited mental health literacy, non-English language preferences, and lack of knowledge about the Canadian health care system, especially for recent immigrants (Gao, 2021; Li & Browne, 2000). However, they also experience some similar barriers to accessing mental health services as other racialized people groups with a lack of culturally competent providers (Gao, 2021; Li & Browne, 2000). In a recent Vancouver town hall meeting, the barriers to treatment for Canadian Asians were discussed. One of the speakers, Sally Lin, a Canadian of Chinese descent, described how a colourblind approach to therapy failed to address directly the issue of race and the role it might play in her mental health. She explained, "My dream is to walk into a room for a therapist to really see me and not to avoid the issue of race" (Guo & Guo, 2021). In short, Lin resented being perpetually being assumed to be a foreigner and wanted to discuss this with her White provider, who was ill-prepared to do so.

Although Canadians of East Asian descent may report fewer occurrences of mental problems than most other ethnic groups in Canada due to stigma and low information, the communities' need is not commensurate with the production of culturally informed professional psychology graduates that can advocate for their

specific needs on a structural and organizational level. There are few psychologists who have training relevant for working competently with these Asian clients and their families, who often live with more than one generation in a household (Gao, 2021).

It is important to note that discrimination against persons racialized as Asian is also colourist. For example, Southeast Asians experience greater levels of racism than East Asians, as there is more animosity against those with darker skin.

South Asian Canadian Access to Mental Health Services

Another large subpopulation is represented by Canadians of South Asian origin, who comprise 25.6% of visible minorities or 5.6% of the Canadian population. South Asia includes the countries of India, Pakistan, Bangladesh, Bhutan, Maldives, Nepal, and Sri Lanka. In Canada, approximately 1.4 million people report Indian ancestry (Statistics Canada, 2017d).

Recent research shows that South Asian Canadians are disproportionately impacted by the social determinants of health, and this can result in higher rates of psychiatric disorders (Naeem et al., 2021). Islam et al. (2014) found that South Asian Canadians suffer from higher levels of stress and anxiety than other Canadians. Further, South Asians suffered from lower levels of mental health than other visible minorities during the pandemic, most notably generalized anxiety disorder (Islam et al., 2014; Statistics Canada, 2020). In particular, depression was found to exhibit a higher unmet need among South Asians than other racialized Canadians, and needs in this area remain high (Islam et al., 2014).

Culturally informed mental health care is, as with other racialized groups, severely lacking for South Asian Canadians. According to Judy Darcy, the Minister of Mental Health and Addictions (MMHA) in British Columbia, "For far too long, many South Asian people with mental health and addiction challenges have felt isolated and suffered in silence because of a lack of culture- and language-specific supports" (MMHA, 2019). Most South Asian Canadians will seek out friends, family, and traditional healers for support before considering mental health professionals (Li & Browne, 2000). Those who do overcome social stigmas and seek out psychological support end up often feeling misunderstood by their White providers. This ultimately leads to discouragement from obtaining the necessary assistance. Nonetheless, the vast majority would seek out mental health care if they needed it, were care accessible and available (Li & Browne, 2000). They also report racial discrimination as a prominent barrier to care (Gao, 2021).

Importance of Services in Language of Choice

There is an important need for mental health services for immigrants and refugees, and there are clear benefits of being able to offer treatment in a person's preferred language (Brisset et al., 2014). As a diverse nation, with 7.7 million Canadians with an immigrant mother tongue, Canada has a high need for mental health providers with knowledge of multiple languages. Researchers found that Canadian mental health service providers identified language barriers as one of the most prominent impediments for immigrants and refugees; another related prevalent issue was the wait time for interpreters (Salami et al., 2019). Interpreters can be made available, but this typically results in a poorer quality of mental health care as the treatment takes longer and is harder to coordinate, prolonging the suffering of the client (Bosson et al., 2017; Brisset et al., 2014). Additionally, it is harder to build rapport with the therapist, and it comes at a higher cost as the cost of the interpreter is added to the cost of the clinician. To do this well, we also need multilingual supervisors for trainees. From an ethical standpoint, this will ensure confidentiality is upheld for clients as key elements are not misinterpreted via translation.

In Canada, 22.9% have a nonofficial language as their mother tongue (Statistics Canada, 2017b). The most common include Mandarin (1.8%), Cantonese (1.7%), Punjabi (1.6%), and Tagalog (1.5%; Statistics Canada, 2017b). Overall, there was an astounding 13.3% increase in immigrant languages from 2011 to 2016 (Statistics Canada, 2017e). This does not include Indigenous languages, which were subject to cultural genocide but are still managing to survive. Census data revealed that approximately 70 Indigenous languages were reported to be spoken at home (228,700 people) and as a first language (213,225 people); an additional 91,000 people reported an Indigenous language as their second language (Statistics Canada, 2017e). Given the increase of Indigenous and other immigrant languages, mental services must adapt to meet this critical need (Mikail & Nicholson, 2019). Most allophones are non-White; therefore, any policy that privileges official languages penalizes Indigenous peoples and people of colour. Prioritizing language of choice through facilitating and supporting individuals who speak nonofficial languages in becoming mental health professionals is an effort towards ameliorating the quality of care and trust in the therapeutic alliance.

Policy Weaponization and Systemic Discriminatory Outcomes

Taking into account the disparities outlined in the mental health access and outcomes of racialized people in Canada, it would be inaccurate to assume these disparities are accidental (Dupree & Kraus, 2022; Williams, Faber, et al., 2022). Policies can be created that can be used to harm a specific person or specific group of people, which can be called *weaponization of policy*. These weaponized policy types can be divided into at least three categories, the first type results in discrimination by race due to ambiguity. If the rules are unclear or there are no written rules, those enforcing the rules have the power to apply different standards to arrive at discriminatory outcomes (Okun et al., 2019). For example, deciding who will be stopped at a traffic stop or whose ID will be checked in a store, or the idea that there has to be certain "fit" in accepting equally qualified graduate school applicants—these situations leave the decision to the whims of the person in the position of power (Dupree & Kraus, 2022; Okun et al., 2019).

The second situation is when there are real written rules, but they are on their face discriminatory. The rules can be applied fairly, but their outcomes will always result in an explicit discriminatory outcome. Most neutral observers can recognize that such a rule is unjust. An example of such a rule is a "grandparent clause" or literacy test to be able to vote, or the rule, as was the case in Canada, that until December 2020 one must have a father who was a member of a First Nation, but a mother was insufficient, to access the legal identity and benefits of membership of one's Nation (Canadian *Indian Act*).

The third type of rule is an aversive rule. This is a type of rule based on deception or misdirection. This type of rule is often the most difficult to recognize and change because unlike the second type of rule, it appears on its surface and is constructed to appear, as if it were a fair rule, such as a gas tax which can be justly applied, but its outcome in the end is also discriminatory. It is the difference between a tax on diamonds or a tax on bread; only one of these will take proportionally more from those who have fewer resources. These policies use already existing disparities between groups in society and take advantage of these disparities by creating rules whose even-handed application will discriminate between groups and in the end drive an even deeper wedge between peoples.

Example of Policy Weaponization in Civic Duties and Education

Weaponization of policy is about disempowering your opponent by decree. Two of the most self-actualizing individual expressions of power in modern society are the *acquisition of knowledge* represented by academic education and *agency* represented by voting or enfranchisement. These manifestations of personal power are therefore critical targets of policy weaponization.

Schools and institutes of higher education in Canada have for many decades used weaponized policy measures and aversive policy measures to alter the academic tracks and consequential career aspirations of Black and other racialized students (Henry, 2021; Howard, 2014; McCardle, 2020). Following desegregation (which, although started in the 50s was never officially completed in Canada, i.e., the last all-White school was integrated in 1983), there was an avalanche of interest by people of colour applicants to obtain higher levels of education, which had been only offered at all White institutes of higher learning (Corbett, 2010; Henry, 2021; Maynard, 2017). To keep these qualified applicants out, Canadian universities used a variety of tactics, including opening separate educational "tracks" racial harassment, and discriminatory admissions policies (Henry, 2021; Howard, 2014; Howard & Smith, 2011; Maynard, 2017; McCardle, 2020). For example, Queen's University in Ontario was coerced to expel Black students in 1918 by the American Medical Association and did not "welcome" Black physicians until the late 1960s; however, these racist policies were denied and not repealed until 2018 (Henry, 2021), serving as a coded signal to Black Canadians.

The Canadian response overall to desegregation of universities has been particularly reactive. Previously, all White universities had difficulty accommodating Black and other racialized students who were viewed by White parents as parasites taking up enrollment quotas from their White children (Chan, 2021). Admissions became highly regulated, explicitly for the purpose of combating the growing desire of Canadians of colour to obtain higher education (Henry, 2021; McCardle, 2020). One of the more successful tools was the requirement that applicants submit test scores for admissions, which had been used as a tactic in Canada to segregate children of Chinese descent as far back as 1922 (Baker, 2001; Robertson, 2016). The most effective tool used has been the standardized test because it appears on the surface as an equitable tool. If an individual is not "qualified," then the reasoning is that it is justifiable to exclude that person from educational opportunities—a perfect aversive racist policy tool.

It is not necessary to conjecture to discern the bad intent for the introduction of these tests. For example, by 1952, after the University of Georgia College of Law in the United States introduced a new rule requiring scores for incoming students from three separate exams, the speaker of the South Carolina General Assembly explained explicitly that the purpose of this exam was "to bar Negroes and some undesirable Whites" (McCardle, 2020). The bad faith attempts to suppress educational opportunities for racialized students in Canada however did not end in the 60s. Misuse of schooling policy in Canada is used to exclude Black grade school children from majority White classes up into the present day (Henry, 2021; Howard, 2014; Howard & Smith, 2011). One teacher in Montreal explained that White teachers at her school were "miscoding, and putting kids in classes that say they're slower than everyone else. So, once they're placed in the classes that say they're slow, their chances of college and university go down" (Howard, 2014, p. 502).

Tactics including "tracking" (placing White students in the same school but different classes with additional resources) and testing hurdles have not changed since desegregation and continued to be employed. Studies on schools in Montreal have documented teachers ignoring the raised hand of their Black students and deliberately placing gifted students in slower classes to sabotage their chances at higher education at every juncture (Howard, 2014; Howard & Smith, 2011; McCardle, 2020). In these weaponization of policy examples, even when certain racialized students (i.e., Black and Hispanic) tested or showed higher aptitude than White students, they were tracked to low achievement classes. A study in Ontario, corroborating these findings, found that when rating students with identical standardized scores on Education Quality and Accountability Office tests, White students were two times more likely to be rated by teachers as "excellent" than Black students (DasGupta et al., 2020; Howard, 2014; Oakes, 2005).

In summary, there is a long and well-documented history of purposeful segregation of racialized persons from grade school through to postuniversity education in Canada (Corbett, 2010; Henry, 2021; Howard & Smith, 2011; Smith, 2004). The mummified carcasses of racist laws linger on the books, creating legacy barriers, and although the form of these tools has changed over the decades, the outcomes of purposely excluding racialized individuals from educational opportunity remain.

Example of Policy Weaponization in Canada: Educational Barriers for Indigenous Peoples

Weaponized policy tools have been a staple in the generational crimes of the Canadian state against its Indigenous peoples. Since the introduction of the *Indian Act* (an apartheid law) in 1876, Indigenous peoples have been systematically prevented from attending higher education (Boksa et al., 2015). These abhorrent practices would become the genesis of intergenerational trauma and, consequently, have resulted in the underrepresentation of the Indigenous community accessing higher education. The Canadian government's introduction of the residential school system stipulated that education must be taught from a Western Eurocentric perspective (Ottmann, 2017) and deliberately and explicitly excluded Indigenous culture. Further, residential schools did not prepare students for higher education; rather, they taught skills needed by labourers and domestic workers (Hanson et al., 2020). Stripped from Indigenous epistemologies and ontologies, the curriculum required

that Indigenous students learn farming, carpentry, sewing, the English language, and the Christian religion.

This forced undereducation of the Indigenous population resulted in underrepresentation of Indigenous scholars and academics and a dearth of psychological research from the cultural perspective of Canada's First Peoples or "Two-Eyed Seeing" perspective (Bartlett et al., 2012). The Indian Act stipulated that "Any Indian who may be admitted to the degree of Doctor of Medicine, or to any other degree by any University of Learning" would be forced by law to leave their community, repudiate their identity, and forfeit governmental status as a member of their people. Therefore, by obtaining a university degree, they lost everything about being Indigenous, disincentivizing higher education for many (Crey & Hanson, 2009). Until 1976, the establishment of the only First Nations University, there was no way to even consider combining higher education and Indigenous status; however, this institution does not offer psychology and is not one of the 28 universities in Canada (Table 1) that offer doctorates or masters in clinical or counselling psychology. Therefore, although this stipulation of the Indian Act was repealed, the ongoing impact as a weapon to academically impoverish Indigenous people is still ongoing.

Although no longer on the books, the legacy of these policies continues into present times. According to the 2016 Census, the proportion of non-Indigenous women with a bachelor's degree or higher was more than double that of Indigenous women (32% compared to 14%). The corresponding estimates for non-Indigenous and Indigenous men are 27% and 8%, respectively. Indigenous people face many barriers to postsecondary education such as having to relocate, lack of guidance and culturally appropriate curricula, inadequate funding, everyday racism, as well as the impact of intergenerational trauma (Canel-Çınarbaş & Yohani, 2019; Statistics Canada, 2021). Amy Hull, official founding member of Qalipu Mi'kmaq First Nation (Indigenous Services Canada, 2017), had to leave her Newfoundland band in order to pursue graduate studies. She was shocked to lose her Indian status and tuition benefits halfway through her degree program at York University. "I think it's another attempt to screw Indigenous students over, prevent us from getting educations, keeping us out of positions of authority like doctors, lawyers, and academics," she said publicly, echoing the words of the apartheid *Indian Act* (Beattie, 2019). No one should be forced to decide between their identity and their education. These offensive repealed laws have however become modern-day habit, custom, and policy; without forceful renunciation and active countermeasures at all policy levels *against* these customs, these policy habits will continue to occur.

This issue is directly applicable to prospective Indigenous psychology graduate students, who may spend 7 or more years in

Table 1
CPA-Accredited Psychology Doctoral Programs in Canada

Province	University	Clinical PhD	Clinical PsyD	Counseling PhD	School PhD	Neuropsych PhD
Alberta	University of Calgary	PhD		PhD		
Alberta	University of Alberta Edmonton			PhD	PhD	
BC	Simon Fraser University	PhD				
BC—Vancouver	University of British Columbia	PhD		PhD	PhD[b]	
BC—Okanagan	University of British Columbia	PhD				
BC	University of Victoria	PhD				
New Brunswick	University New Brunswick: Fredericton	PhD				
New Brunswick	University of Moncton French		PsyD			
Newfoundland	Memorial University of Newfoundland		PsyD			
Nova Scotia	Dalhousie University	PhD				
Manitoba	University of Manitoba	PhD				
Saskatchewan	University of Saskatchewan	PhD				
Saskatchewan	University of Regina	PhD				
Ontario—Toronto	University of Toronto Scarborough	PhD				
Ontario—Toronto	Ryerson University	PhD				
Ontario—Toronto	York University	PhD				PhD
Ontario—Toronto	University of Toronto OISE	PhD		PhD[a]	PhD	
Ontario	Queen's University	PhD				
Ontario	Lakehead University	PhD				
Ontario	University of Ottawa	PhD				
Ontario	University of Windsor	PhD				
Ontario	University of Western Ontario	PhD				
Ontario	University of Waterloo	PhD				
Ontario	University of Guelph	PhD				
Quebec	McGill University	PhD		PhD	PhD	
Quebec	Concordia University	PhD				
Quebec	University Laval	PhD	DPsy			
Quebec	University of Montreal	PhD	DPsy			PhD[b]
TOTAL	*28*	*25*	*4*	*5*	*5*	*2*

Note. Accredited professional psychology totals 41 programs at 28 different universities (not including CPA-non-accredited PsyD programs). Accepted students in the 41 accredited professional programs are approximately 200 annually. Clinical psychology in francophone universities is called "Le Doctorat en psychologie—Recherche et intervention (PhD R/I)." Some programs have more than one track and in some lists are therefore counted twice. Graduation from an accredited doctoral program is not a requirement for registration as a psychologist in Canada. BC = British Columbia; OISE = Ontario Institute for Studies in Education; CPA = Canadian Psychological Association.
[a] University of Toronto OISE has two accredited program. [b] In process of accreditation.

pursuit of a doctorate. The CPA requires that all doctoral programs have a 3-year residency requirement, meaning that remote or online study is not permitted (MacIntosh et al., 2011). This is incompatible with legal membership in some First Nations bands (Beattie, 2019), in addition to the lack of guaranteed funding (Pidgeon, 2016), creating a race-specific, structural barrier to the participation of aspiring Indigenous psychologists.

In addition, the presence of unwritten rules (that look like the absence of rules) based on being White and following White cultural norms is also a type of weaponization noose that strangles higher education outcomes for racialized people (Corbett, 2010). Examples of this can be seen in the Canadian academy, which has its own set of specific unwritten rules that are a type of policy weaponization, acting as a barrier to the advancement of Indigenous faculty in academic settings (Helms, 2017).

Surveys from eight Canadian universities and interviews with 89 Indigenous and racialized faculty and administrators revealed how scholars who had already overachieved to gain their positions were marginalized based on accent biases, non-Canadian credentials, perceived inability to secure research funding, and their capacity to live up to expectations as representatives of their ethnoracial groups (Henry et al., 2017). These in aggregate are best summed up as lack of "cultural Whiteness." Racialized faculty are high achievers and in actuality outperform their nonracialized counterparts in winning research grants and publishing articles (Henry et al., 2017). These racialized faculty members maintained high publication levels in the face of being told that their research was too political or too ideological. They were being punished for not choosing to study topics deemed worthy by culturally and racially White faculty, rather they chose topics that exposed or critically examined race and Whiteness (Dupree & Kraus, 2022; Roberts et al., 2020). Racialized faculty were well aware that their academic output or production was less important than who they knew and how they got along with them, that is, the practice of cultural Whiteness. These findings suggest that equity policies are not working, and racialized faculty are aware of this failure (Henry et al., 2017).

Forty years of Canadian equity policies have failed to make universities more diverse and reflective of the broader society and student body. Both White culture and psychology as a discipline implicitly resist these outcomes (Dupree & Kraus, 2022). Indigenous and racialized faculty suffer from a lack of power, prestige, and influence. Recommendations have gone unheeded, and the lack of action causes ongoing injury to Indigenous communities (Mikail & Nicholson, 2019). This is in part due to structural barriers and weaponized unwritten discriminatory policies, whose outcome is to exclude and stall transformation (Dua, 2009; Dupree & Kraus, 2022; Henry et al., 2017).

Policy Barriers in Professional Psychology Education—Rules and Regulations

The Canadian educational system in psychology shares origins with that of the USA. This origin story has resulted in the creation of a two-track educational system designed to accommodate the racism in which it was birthed via weaponized policies. The lack of meaningful reform reveals a paucity of imagination or motivation by the entrenched positions of those benefiting from its flaws. As noted by Sarr et al. (2022), typical psychology graduate student admissions "criteria individually introduce racial bias at every step; combined, these criteria compound disadvantages that maintain systemic racism in selection systems."

The scientist–practitioner model also known as the Boulder model, was created at a 1949 Graduate Education conference in Boulder, Colorado, for clinical psychology by a group of middle-class White men under the egocentric understanding that what they were creating was a "value-neutral" scientific approach to psychology that would be applicable for people like themselves. From the start it did not consider, nor was it validated for clients from diverse cultural perspectives, and explicitly excluded racialized people groups while it was considered acceptable to do so, then, and covertly excluded them thereafter (Dana, 1998, pp. 2–4). Despite its questionable origins, this is the model first created to train students in both science and practice of psychology. In this paradigm, students earn PhDs and learn how to design, conduct, and apply research findings and practice as psychologists, with a spectrum of attractive career options upon graduation.

The practitioner–scholar model, also referred to as the Vail model, after the 1973 Vail Conference on Professional Training in Psychology, was actually created in response to the pathologization and exclusion of women and racialized persons from training in the (racist and gender-biased) Boulder model (Dana & Allen, 2008, p. 73). In this model, trainees receive a PsyD (doctor of psychology) that trains students for clinical practice rather than research careers. Graduates have fewer career options and generally work in practice settings in hospitals, mental health facilities, and private practice. To this day, the practitioner–scholar model, which is known as the Vail model (PsyD), is more open to racially diverse students as systemic barriers make it very challenging for racialized students to be admitted to the scientist–practitioner model (PhD; Kuther, 2020), as PhD admission generally requires research experience, exemplary grades, high Graduate Record Examination (GRE) scores, and (most tellingly) good "fit" with a mentor.

What is quite notable is how thoroughly the very paradigms of psychology training models have been influenced and shaped by racism and race, not by science or validated methodologies. These origins leave an indelible stain that is clearly visible in the value hierarchy, which persists in the consideration of Boulder model versus Vail model training.

The PsyD doctoral students are trained to be consumers of research. PsyD doctoral programs admit more nontraditional students into their programs than PhD doctoral programs, even though they are quite similar in training psychologists for practice (Graham & Kim, 2011; Snepp & Peterson, 1988). PsyD programs tend to accommodate a higher number of students per year, thereby creating room for a more diverse cohort.

PhDs are intended for students interested in developing new knowledge through scientific research or gaining teaching experience for academic careers. However, the focus of PsyD programs is to train students to engage in careers that apply scientific knowledge of psychology and deliver empirically based service to individuals, groups, and organizations. A significant difference is that the PsyD graduates are better prepared to offer mental health services to patients upon graduation (Norcross et al., 2021).

It is actually the PsyD graduates that are more urgently needed in Canada (and therefore more valuable to the public), as the education specialities of mental health professionals who are currently graduating do not fit the needs of the population who are seeking diagnoses, assessment, and treatment services. The bias of the

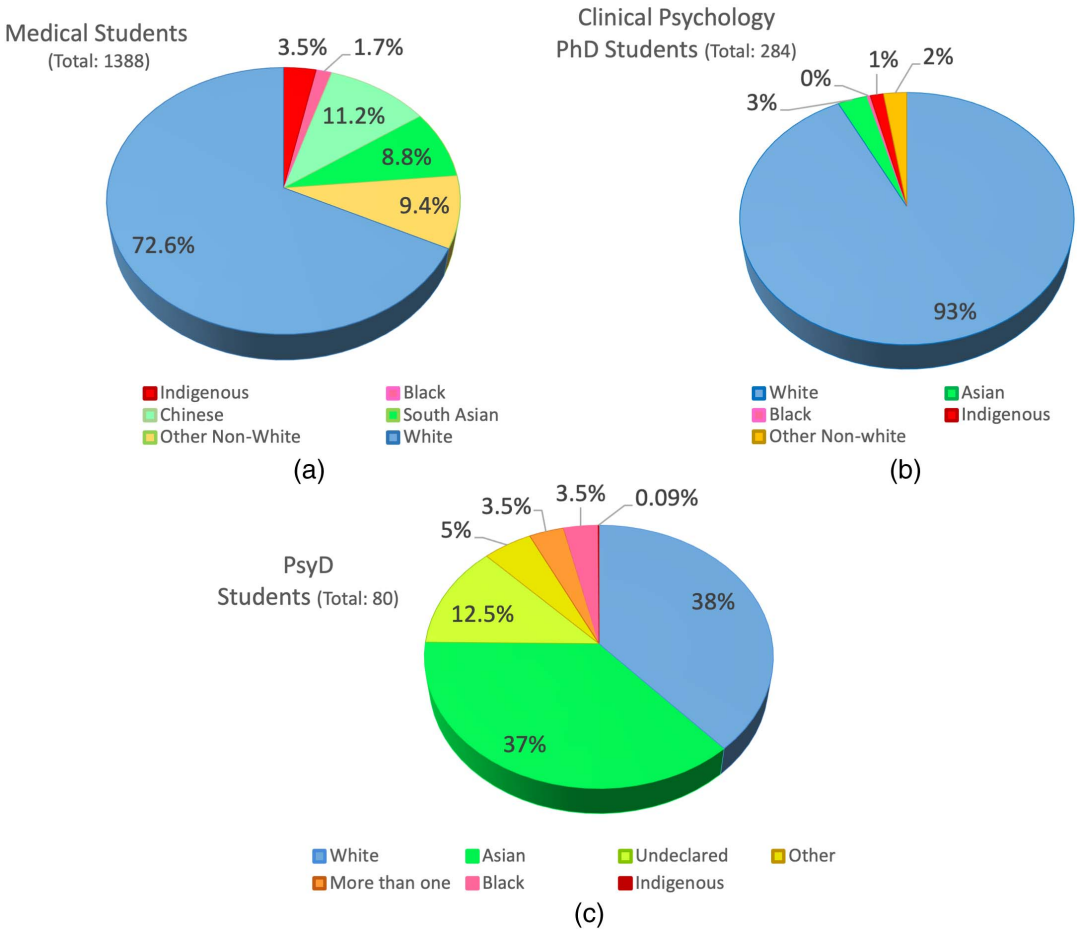
academy against PsyD is exacerbated because they are being assessed, often by clinical PhDs in power positions, and evaluated on research-related outcomes (Graham & Kim, 2011). When they fail to achieve as high scores as their clinical PhD cohorts in these outcome measures, because they were not trained to do so, they are devalued despite high grade-point averages (GPAs; 3.4 avg.) and excellent academic credentials (Graham & Kim, 2011). To disdain their passion for service is arrogant, and to expect the rarified 1% who achieve clinical psychology PhDs to meet the vast unmet mental health needs of the public is impossible.

This unmet need is even more pronounced for people of colour. With the current lack of representation of racialized psychologists providing mental health services, it is paramount that institutions reconsider their admission criteria to reflect the needs of the diverse communities they serve. Indigenous and racialized scholars are enrolling in PsyD and professional schools because of the lack of opportunity in accredited clinical PhD programs (Figure 2).

Aversive policies hide in dark corners where there is an absence of data. It will be impossible to achieve more diverse psychology professionals without metrics to assess progress (Menezes et al., 2022; Varcoe et al., 2009). Historically, there has been a fair amount of resistance around the idea of collecting racial data from universities in Canada (Mpalirwa et al., 2020). As scientists, psychologists understand the importance of outcome measures. Professional clinical psychology programs in Canada are actually far more White than commonly understood, even more White than medical schools, and far more White than professional school PsyD student cohorts (Figure 2). This overwhelming Whiteness is also reflected in the faculty. We have also looked up and counted all 800 faculty of psychology in Ontario (about a third of the country) and found only three Indigenous faculty and six Black ones. Likewise, we gathered the public-disclosure admissions and graduation statistics from all CPA-accredited doctoral programs to ascertain the number of annual graduates and diversity of the cohorts. Very few reported

Figure 2

Racial Makeup of Three Groups of Higher Education Students in Canada



Note. Racial makeup of Canadian Medical students is from an online survey of 14 English-speaking Canadian medical schools. Response rate was 16.6% of all medical students and respondents were able to select more than one self-identified ethnic background (Khan et al., 2020). Racial makeup of 284 Clinical Psychology PhD students is from six schools in 2022 who made these data publicly available, representing about 20% of the approximately 1,500 currently enrolled students. PsyD data were made available from program representatives at Adler University for 2022. See the online article for the color version of this figure.

ethnic or racial information; most had simply one item representing the number of students with any "diverse" identity admitted for each year. For those reporting the number of Indigenous students graduating annually, for most there was an unbroken string of zeros for each year. And finally, there were schools who simply refused to release any admissions/graduation data, despite public disclosure as a requirement of CPA accreditation. In summary, most programs reported admissions/graduation numbers, but many skipped the diversity items requested by CPA, and a few refused to publicly report any figures whatsoever (i.e., University of Toronto OISE, University of Moncton, McGill University—School Psych program).

We asked one program about their missing diversity numbers, and they stated, "We generally have not provided these data to CPA or disclosed them in our brochure because of institutional policies … the CPA Accreditation Panel has never pushed back on this approach." As such, the CPA's procedures are racist, as evidenced by the observation that they do not enforce reporting. Yet, the fact that they make the request allows CPA to claim that diversity is an important value. Because they have treated these data as optional, many schools will fail to provide it, as they are uncomfortable collecting the data and the findings do not reflect well on putative diversity values.

Since these data are collected by every USA and U.K. institution, and for Indigenous individuals in Canada, as well as by federal agencies in Canada for a variety of programs without any dire consequences, the absence of these data only serves to obscure the lack of progress. Notably, no one is harmed by the collection of this demographic data, rather it allows policies to be assessed and adjusted to further diversity, equity, and inclusion goals. The unscientific resistance to data collection reveals something of the intent; policies (or the lack thereof) that hide the truth are enacted to protect an unjust system.

Why a Doctorate?

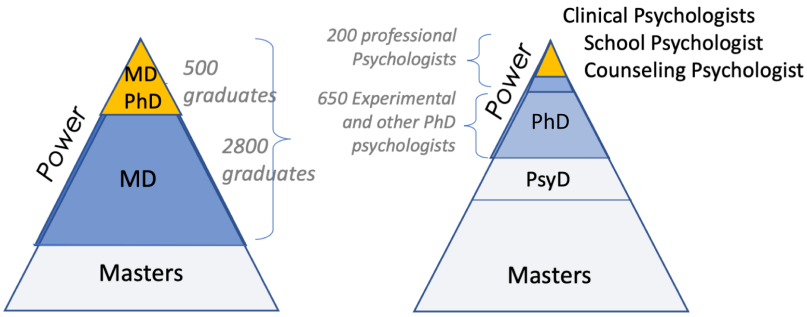
Acceptance rates for professional psychology programs are very low at 12.1% (Michalski et al., 2017). By comparison, in a recent U.S. count, there were 39,781 applications for a professional psychology doctorate but only 4,806 acceptances, including both PhD and PsyD degrees (Golding et al., 2020; Looker, 2016), whereas in Canada, hundreds of applications are submitted for 3–12 slots per program, with less than 200 students total accepted annually (compiled from publicly available info, as previously noted). As previously noted, professional psychology programs in Canada graduate 180–200 doctorates yearly, in comparison with the USA, where 3,529 doctoral degrees were awarded in professional psychology, with clinical psychology alone at 2,536 (Golding et al., 2020).

These graduates are trained to populate government or university teaching and research positions of which there may be annually 25–35 openings in Canada. If the remaining graduates pursue careers primarily in client care, there is a mismatch between what they are training for and the level of education they are acquiring. There are not enough of them to satisfy the mental health needs of the population, and too many for the available research/teaching positions at universities, and yet a PhD in clinical psychology is the most in-demand and selective graduate training specialization.

Parsing this situation requires some self-examination. This mismatch may be due to the understanding that (i.e., in contrast to a PsyD), such a degree confers power, status, flexibility, opportunity, and positioning advantages, and that people with these degrees make the rules and protocols to which all others in psychology must acquiesce. The policies are inconsistent, arbitrary, and weaponized but really primarily only serve to delineate and hoard the power that was so dearly acquired. Power is concentrated in the field of psychology doctorates in a way that is different from the discipline of medicine (Figure 3), and students have a keen eye for where the seat of power lies. The clinical PhD degrees, in particular, are accompanied with the personal connections, comradery, and the easy and benevolent regard of the powerful mentors and lions of psychology that jealously guard the gates of the profession. It is clear from the data tracking of these graduates that they are *not primarily doing research*, although this is what they must say to be accepted

Figure 3

Power Concentration in Psychology as Compared With Medicine



Note. Left: The Canadian medical profession graduates 500 doctoral specialists yearly, and 2,800 MDs (Statistics Canada, 2021). In subsequent years, they draw leaders from this pool. Right: Psychology as a specialization graduates 200 professional psychologists, and another 650 experimental or other doctoral psychologists annually. The leadership class is however almost always drawn from the pool into which each year's 200 clinical and professional graduates are poured. This represents an extraordinarily concentrated group from which the power class is drawn. So what the profession has created is not only a research class but a power or governing (rule-making) class. There are growing questions about the diversity of this ruling class. See the online article for the color version of this figure.

into most programs. It is also unclear that they have a passion for clinical care since that can be done effectively with a master's or another degree program that does not take 7.5 years to complete. What is clear, however, is that this class of power-wielding professional psychologists is overwhelmingly White.

Province-Level Barriers

Here, we provide two notable examples of this kind of policy barrier, both a kind of protectionism, which include lack of degree remediation options in Ontario and language discrimination in Quebec and Ontario.

Ontario applicants who are otherwise qualified cannot remediate a doctorate in psychology deemed inadequate by the College of Psychologists of Ontario (CPO). This rule was prima facie intended to prevent respecialization of experimental psychologists but also may operate as a barricade against individuals who earned their degree in countries outside of Canada. Adequacy is judged by a committee, which is vulnerable to subjective interpretation. The wording of this rule is as follows:

> The doctoral degree cannot be augmented by the applicant, after having obtained the degree, into the equivalent of a degree acceptable to the College. Therefore, in order to become eligible for registration as a psychologist, such an applicant must complete another doctoral degree in a psychology program. (College of Psychologists of Ontario [CPO], 2019b)

It is unduly burdensome to obtain a second doctorate, which takes on average 7.5 years in Canada. According to the CPO, foreign degree holders may be given a "training plan" to permit them to become candidates for registration. There is no literature addressing the potential challenges or benefits of this approach, but according to the 2020 annual report of the CPO, applicants with overseas degrees were denied registration at twice the rate of Canadians (25.0% vs. 12.8%). As such, it seems possible that the implementation of such rules may functionally target people of colour, restricting competition at the highest levels of professional psychology and functionally hoarding power. It also decreases the number of all registered psychologists and hinders those well-positioned to serve underserved ethnic communities.

In terms of respecialization, it would make sense for those with experimental psychology degrees to be allowed to take additional coursework or be tested for proficiency rather than being completely barred from practice due to having a different but related degree. The American Psychological Association (APA) has encouraged options for respecialization for over a decade with no apparent negative repercussions (APA Council Policy Manual, 2019).

Another example is that in Quebec, many anglophone applicants must pass a difficult French language exam prior to being permitted to register (Quebec Office of the French Language, 2022). This rule causes qualified applicants who are unable to become fluent in French to be excluded from becoming practicing psychologists. French learners can get a temporary license for 1 year, but anglophones who have not studied in Quebec will not be able to practice in Quebec permanently if they cannot become fluent. If the intended effect is to increase patient access to francophone psychologists, this policy will only have the opposite effect. Although it may nominally increase French-fluent psychologists, these effects are diluted by the protectionism that reduces the total number of psychologists who can serve anglophones in Quebec (up to 13% of Quebecois are anglophone and 45% are bilingual; Donovan, 2019). This has the added perverse effect of reducing mental health resources for all Quebecois, including francophones, as bilingual psychologists are then required by anglophone clients, giving them less time for francophones. The best way to increase the number of psychologists serving French-speaking people is to expand the numbers across the board and get away from bottleneck entry requirements that are disconnected with actual ability (Canning et al., 2018).

In other provinces, either official language is sufficient, and a difficult professional language exam is not typically required. For example, Ontario requires proficiency in English or French as "Section 3.2. of the Registration Regulation specifies that an applicant must be able with reasonable fluency to speak and write either English or French" (CPO, 2019a). However, there is still racism embedded in the language policies of CPO. Those who studied in majority White English-speaking countries (USA, Australia, United Kingdom, Ireland) are exempted from language-related hurdles (documentation, tests, etc.), whereas those from non-White English-speaking countries are not. Likewise, those who studied in France are exempted from proof of fluency but not those from any of the 12 francophone countries in Africa where French is the only official language.

Additionally, there are many other languages spoken in Ontario, where, according to the 2016 census, 27.9% have a nonofficial language as their mother tongue (Ontario Ministry of Finance, 2017). The most common nonofficial first languages in Ontario include Mandarin, Cantonese, Punjabi, Italian, Arabic, Tagalog, and Spanish. Barring individuals who are not fluent in an official language from being registered creates barriers to care for new immigrants and others whose mother tongue is not English or French. Just as in Quebec, the fewer psychologists there are that speak other languages means fewer psychologists there are for all Ontarians.

What this rule tells us is that Ontario thinks our many refugees and immigrants do not deserve the highest quality of mental health care if they are not fluent in English or French (and many will never attain fluency despite best efforts). All psychologists in all provinces should be able to take registration exams in the language of their choice as a matter of fairness and to facilitate care to communities that may speak different languages. The ability to be a good psychologist is not contingent on how well one speaks English or French, as was seen when Quebec temporarily dropped its language requirements to permit any health services provider to offer care during the COVID-19 pandemic (Olson, 2020). Biased or arbitrary exceptions to rules are also an example of policy weaponization (Okun et al., 2019).

Association-Level Barriers

There are policy barriers at the association level as well. As noted, there are two recognized types of professional psychology doctorates in Canada. One is a PhD and the other is a PsyD. The PsyD has a shorter study duration and is meant to culminate in a patient-facing professional role, whereas the PhD is designed to culminate in an academic or scholarly role. On an individual basis, PsyD programs graduate psychology students in greater numbers than PhD programs. These are often standalone programs that are not part of universities and can accommodate greater numbers of students as they are not bound by the mentorship model and are not providing as much funding for students; institutional racism, understood from its

historical legacy, purposefully leaves the less valuable (more expensive) and less attractive (less likely to result in future governing status) educational options for racialized students. As noted previously, programs (considered by the powerbrokers of professional psychology to be less valuable) such as PsyD also have fewer barriers to entry, making them a more accessible option to Black Indigenous and Other People of Color (BIPOC) students (Bedi et al., 2012; Cope et al., 2016). However, refusing to accredit these programs exacerbates rather than alleviates historic inequities by choking off an avenue to higher education that is currently being used by more marginalized groups. The solution is to provide students with more resources and opportunities rather than fewer.

Not only do PhD programs in psychology tend to take a small number of students, but those students spend extra years learning how to conduct research studies. But, as noted, there is a public need for practitioners who are not seeking academic careers. And notably, the vast majority of PhD psychologist graduates go on to private practice or other mental health services, never again engaging in research or university teaching as this was never their interest (CPA, 2016; Government of Canada, 2021). As such, the extra years of work are wasted—years that could have been spent by the student helping clients in need of services and the doctoral program training additional psychologists.

Although PsyD programs in free-standing professional programs are more successful recruiting and graduating psychologists of colour, in a strikingly discriminatory ruling, the Canadian Psychology Association (CPA), decided it *will not accredit professional doctoral psychology programs*, a critical provider of PsyD degrees, unless they are attached to accredited public universities. Since few university programs produce PsyDs, a number of professional schools, independent of universities, have attempted to fill the gap by offering PsyD. Their lack of accreditation means that students are discouraged from pursuing these nonuniversity PsyDs, and the sponsoring organizations are discouraged from creating more programs. As such, there are very few accredited PsyD programs in Canada, and students who complete the unaccredited ones can face difficulty becoming registered. According to the CPA, interestingly, one of the main proponents for accreditation of these professional programs are the provincial colleges, who are often uncertain how to determine if graduates seeking registration have the equivalent training as graduates of accredited programs.

University-Level Barriers

There are layers upon layers of institutional barriers to entry into university graduate psychology studies, and these barriers do not need to explicitly target BIPOC, to disproportionately impact racialized groups. Most graduate psychology programs in Canada require a 4-year honours undergraduate degree in psychology, which typically includes 15–20 psychology undergraduate courses. A weaponized policy barrier has been introduced at this point, which artificially reduces the number of eligible qualified candidates ascending to the next level, but also results in a *more* grievous barrier to otherwise qualified BIPOC. On the face of it, the rule does not seem biased. It simply states that *graduate-level courses cannot be counted to gain admissions to graduate-level psychology programs* (e.g., this is the policy at several programs).

The actual impact of this rule is to selectively exclude otherwise qualified BIPOC candidates. This barrier discounts and devalues graduate-level work. This rule is senseless if the goal is to produce qualified diverse psychologists, however, makes a lot of sense if the goal is to artificially restrict the number of psychologists and to *ensure that students who do not take the traditional pathway to graduate education are excluded*. The result of this rule perpetuates a racist system (Dupree & Kraus, 2022). The absurdity of it means that if a candidate had an undergraduate degree in chemical engineering or physics and then went to get a master's degree in clinical psychology at Columbia University, they would be excluded from graduate-level study, although at that point, they would be highly qualified.

We observe that highly qualified applicants such as these are routinely rejected every year without review. This includes excellent students of colour who may have a stellar GPA from a top university but who majored in neuroscience or health science, with only a minor in psychology, and yet their applications never even make it to a professor's desk for consideration. Traditional students do not need to know about these Canada-specific rules. Many nontraditional students lack insider knowledge about such rules. These rules are not widely advertised, and their impact is only felt when it is too late, in part because they do not make any rational sense. Buchanan (2020) explains that

> the academy is rife with unspoken rules and narrow passageways through which assumed institutional knowledge flows. … In reality, this knowledge and associated skills are often unspoken and passed through lines of privilege from which marginalized faculty [and students] are excluded. (p. 107)

The targeting of nontraditional students (i.e., BIPOC) and their subsequent exclusion in the face of their qualification is aversively racist. This kind of policy weaponization is not unknown in racial conflict (Okun et al., 2019). To target a specific group, it is always better to appear as if one is acting impartially. In the example of a weaponized policy for criminalizing the poor, Anatole France famously wrote, "The law, in its majestic equality, forbids the rich as well as the poor to sleep under bridges, to beg in the streets, and to steal bread."

The result is that qualified students of colour miss some of these covert milestones and are denied entry to the field, contributing to the shortage of psychologists of colour, perpetuating systemic racism, and depriving the field of much-needed diversity in ethnicity and race, lived experience, perspectives, and expertise.

A second aversive racist rule narrows the bottleneck created by the first. In addition, students are normally eligible for graduate psychology programs if they have completed an honours thesis or an equivalent experience (e.g., an independent research project; also see University of Ottawa policy). Some BIPOC achieve a 3-year degree because it is less expensive and allows one to start working sooner. This is a barrier for the same reasons mentioned above because the bar is quite high, and often subjective, to allow equivalent evidence of having mastered the material to substitute for this specific demand.

A third factor creates an even higher barrier for many racialized students. An honours thesis requires a relationship with a faculty mentor. The additional difficulty marginalized students have finding a supervisor has been documented (Ansloos et al., 2019; Henry, 2021). Many BIPOC lack the institutional knowledge of knowing how and when to reach out to supervisors and what steps will help create this relationship (e.g., volunteering in the desired professor's

lab or taking a class and ensuring visibility). These forms of institutional knowledge are passed down through lines of privilege from which marginalized students are excluded.

GPA and Standardized Testing

Still, other policy weapons are the entry requirements (GPA/GRE) and their assessment methodology for comparison of eligibility for those not from Canada. Most Canadian universities also use GPA to determine eligibility for graduate studies. For example, the University of Ottawa requires students to achieve a GPA of 80% (A−) or higher to be considered for both of their graduate psychology programs (University of Ottawa, n.d.). However, research has shown that the predictive validity of GPA for graduate school success varies across ethnoracial groups (Reisig & DeJong, 2005). For instance, low grades were correlated with GPA/GRE scores for racial and ethnic criminal justice doctoral students but not for their White counterparts. Further, White criminal justice doctoral students received significantly fewer lower grades and significantly higher GPA/GRE scores than their racialized counterparts (Reisig & DeJong, 2005). There is ample research to date highlighting that using these as selection criteria results in a winnowing out of racialized candidates (e.g., Ansloos et al., 2019; Maroto et al., 2015), indicating that GPA is acting as a racist criterion because it is less a predictor of success in grad school than it is an indicator of financial and White privilege. Undergraduate GPA has been demonstrated to be only a weak predictor of graduate degree attainment ($r = .12$) and time to completion ($r = -.08$; Kuncel et al., 2001).

In addition to GPA, graduate psychology applicants are prioritized based on other criteria, which are also greater indicators of privilege than graduate student success (Merolla & Jackson, 2019). These may include previous graduate degrees, reputation of prior institutions, publications, "fit," and conference presentations, all of which are heavily impacted by systemic racism and classism and, therefore, unfairly disadvantage BIPOC (De Los Reyes & Uddin, 2021). The absurd and arbitrary nature of admissions requirements has been noted by Canadian doctoral students (Bedi & Douce, 2021). In short, there is much evidence that admissions criteria define the winners of the admissions tourney and determine just who can be included in the psychology training-to-workforce pipeline (Roberts et al., 2020). Arbitrary admissions rules are the weapons of choice in recruiting and grooming the next generation of clinicians and researchers for the Canadian workforce.

The Purpose of Aversive Rules Is to Defend the "System"

It is critically important to stop for a moment and consider why these rules exist at all. Ostensibly, on the surface, one might say, the rules have been created and implemented to ensure the quality of the psychology workforce. But there is a plethora of evidence showing that most of the rules do not do this at all. In fact, they are doing something else entirely—excluding otherwise qualified nontraditional candidates. In the face of such evidence, there was not a rush to change the rules, rather an absurd rush to defend the rules. This makes the reason for the rules much clearer, that is, to maintain an unfair advantage based on race (Dupree & Kraus, 2022). To make the implicit explicit, it is necessary to state that these rules are maintained and perpetuated to benefit White Canadians at the expense of racialized populations, and these bottlenecks were created to *prioritize White people within systemically racist institutions* (e.g., education; Dua, 2009; Henry & Tator, 2009; Howard, 2014).

It is worth noting that aversively weaponized policies are not concerned if they ensnare the occasional nonracialized person or if a BIPOC person occasionally is able to navigate through the gamut of policy to succeed (e.g., a "super token"). Supporters of these weaponized policies like to hold up these exceptions as proof that the policy is not racist. Deniability requires a few exceptions as window dressing.

Although those who make and defend these rules seldom discuss them, because the fact that they are covert is part of their weed-like tenacity, there is one notable example of the exposure of such a weaponized policy and, astonishingly, the thought processes behind it. In the American South, Lee Atwater's famous "Southern strategy" quote from 1982 lays bare the point of these weaponized policies:

> You start out in 1954 by saying, [n-word, racial slur]. By 1968 you can't say [racial slur]—that hurts you, it backfires. So, you say stuff like, uh, forced busing, states' rights, and all that stuff, and you're getting so abstract. Now, you're talking about cutting taxes, and all these things you're talking about are totally economic things and a by-product of them is, *Blacks get hurt worse than Whites*. … "We want to cut this," is much more abstract than even the busing thing, uh, and a hell of a lot more abstract than [racial slur]. (Perlstein, 2012)

Here, laid bare for the world to see is the reasoning behind removing the explicit bias and making the policy rule so abstract that it is no longer explicitly and on its face discriminatory. The shame of explicit racism is hidden. Now is it possible to harm an entire people group without seeming to be targeting anyone. Canadian Universities also use policy in the same way to *hide and perpetuate* racism, fully understanding that it "looks bad" to enrol supermajority White clinical psychology cohorts, and as noted, many refuse to disaggregate racial subgroups in their reporting (Menezes et al., 2022; Zellars, 2020). This refusal protects White students at the expense of racialized students because it hides the shame of explicit racism. There is a thread that runs through these ideas from Lee Atwater to Canadian universities which we trace here (Dupree & Kraus, 2022).

The point of the policies we have illuminated is that racialized people are harmed more than White people. That is the point, and this is also the test for assessing if a policy may be weaponized. Are otherwise qualified Indigenous applicants more harmed than White ones? Are otherwise qualified poor populations more harmed than wealthy ones? Are "*Blacks hurt worse than Whites*"? Are any of these policies actually correlated with the quality of the psychologists who are graduating? These are questions that should be tested when assessing said policies.

As noted in a 2021 review in *Nature*, metrics including GRE tests, GPAs, and journal impact factors were contrived to provide rubrics that have the look and feel of indices that are meritocratic, egalitarian, and supposedly standardized, and that were considered unbiased, but upon closer examination have turned out to have biases all along (De Los Reyes & Uddin, 2021). More poignantly, the article emphasizes that action is required, as simply waiting to collect more evidence before making changes to academic evaluation practices would perpetuate the biased policies that are

currently in place. Delaying action once it is clear that the system is unjust can be named as an aversive policy tactic because it works to misdirect focus from those who actually have the power to enforce change to those who are advocating change (De Los Reyes & Uddin, 2021).

Summary and Solutions

The Veneer of Equality Is Insufficient for Justice

Canadians like to consider themselves as "nicer" than their cousins in the South due to their stated priority of embracing multiculturalism, but racism is the same on both sides of the border (Gran-Ruaz et al., 2022; Stewart, 2004). White supremacist systems in the USA and Europe have influenced Canadian attitudes and policies toward racialized individuals (De Los Reyes & Uddin, 2021; Henry, 2021). Prior to desegregation, Canadians had just as many policies whose outcomes were designed to deny educational opportunities to racialized groups, and in the end, it took just as long to change them. No special "niceness" allows Canada to justify superior morality in regards to societal treatment of their racialized populations, as much as they might want to believe it. There is no sign that, for example, Ontario is offering its racialized people groups a superior educational opportunity in professional psychology than Georgia or Alabama (Cénat et al., 2022; Currie et al., 2012). Indigenous people in Canada are not obtaining university degrees in higher percentages than Native Americans. Although institutional racism may seem to exist on a sliding scale from Mississippi up to Nunavut, the reality is just that racism has been more explicit in the South, not less present (Dupree & Kraus, 2022; Gran-Ruaz et al., 2022; Henry, 2021; Okun et al., 2019).

Policy Weaponization Keep BIPOC Out of Professional Psychology

All throughout the process of becoming a professional psychologist in Canada, we find weaponized policy tools. The system has historically been engineered to perpetrate bias and does not require the malice or avarice of any one individual to arrive at discriminatory outcomes (Dupree & Kraus, 2022; Okun et al., 2019). Those in charge of enforcing these aversively racist policies may throw their hands up in the air and disingenuously say that they did not make the rule and that the rules apply to everyone equally. They act as if it is a mystery why there are not more BIPOC professional psychologists—maybe students of colour are just not as qualified, or maybe they do not want to become professional psychologists. These excuses in the end ring hollow in the face of super-majority White graduating classes year after year (De Los Reyes & Uddin, 2021; Dupree & Kraus, 2022; Roberts et al., 2020).

We have described the discriminatory policy instruments that are preventing qualified individuals from becoming professional psychologists and in the end resulting in withholding of critically needed mental health care from everyone, and restricting the ability of racialized groups to have representatives in positions of power. The solution for this situation is actually readily available and not difficult on its face. It is to abolish policies that (a) do not correlate with graduating quality psychologists and (b) interfere with sharing power with the racialized peoples of Canada. In Table 2, we name a few specific ways these problems can be corrected.

Table 2
Recommendations for Change

Abolishing discriminatory policies
Increase relevance for racialized communities
• Introduce psychology curricula and academic study that is culturally relevant for Indigenous and other racialized groups at the undergraduate and graduate level to generate more interest from prospective Indigenous and other students of colour.
• Support the creation of Indigenous run professional psychology programs for Indigenous groups interested in establishing programs that centre their cultures, approaches, and worldviews.
Become an ally—invite change
• Recruit Indigenous and racialized faculty, institute "hard" interviewing criteria, that is, require Black Indigenous and Other People of Color (BIPOC) participation before filling positions.
• Overselection of individuals from Indigenous and racialized groups during admissions is necessary given the rates of underrepresentation and historic injustice (currently being done at uOttawa; Sarr et al., 2022).
• All students with psychology graduate training should be allowed and encouraged to remediate "incomplete" degrees (e.g., the Ontario College of Psychotherapists already has a mechanism for this).
Reduce barriers to entry
• In considering graduate admissions, professional psychology programs should incorporate more holistic markers of potential, including clinical aptitude, involvement in anti-oppressive and antiracist initiatives, linguistic abilities, and coming from, and competency to serve in diverse geographic locations, including rural and underserved communities.
• Reconsider the need for a 1-year internship/residency that typically requires graduate students to relocate—consider in-house internship/residency options (like many francophone serving programs, e.g., McGill, uOttawa, etc.), as well as local partnerships to reduce the financial burden and support different familial structures.
• Structural solutions must be developed for Indigenous graduate students who may need to travel away from reserves to become psychologists (virtual learning, bring programs to the community).
• Provincial colleges and governments should allow people to take psychology licensing exams in the language of their choice.
System reform
• Allow nonpsychology majors to enter professional psychology doctoral programs, without needing to prove psychology degree equivalence (i.e., applicants can show a smaller set of core seminal psychology courses, just as premed students do).
• All Canadian universities should offer PsyD programs, in addition to PhDs (which could be facilitated by CPA Accreditation Panel by allowing one application for both program types as separate streams instead of two separate applications).
• Remote learning options should be available within doctoral programs (Mikail & Nicholson, 2019; keeping in mind that most Canadian universities are public and have an obligation to serve the public good).
• Resolve the ongoing tension over doctoral-level versus masters-level degrees and the current unmet needs for more mental health professionals by accrediting masters-level professional psychology programs and allowing more of these credits to transfer to doctoral programs (Mikail & Nicholson, 2019).
Metrics and power-sharing
• Due to the potential and tendency for policies to be weaponized, all restrictive existing policies should be reviewed, and new ones should include fulsome consultation with Indigenous and racialized stakeholders (including academic psychologists, clinicians, and community members, especially those with lived experiences with mental health) prior to adoption.
• Racial, ethnic, and language data for applicants, students, clinicians, and faculty must be collected to assess progress and effects of past and current policies because assessing change is not possible without metrics (Dryden & Nnorom, 2021).
• CPA Accreditation Panel to require all accredited programs to have diverse student body and faculty (at least representative of the regions served) or be subject to probation or suspension.

Note. CPA = Canadian Psychological Association.

Conclusion

In the end, it has not been shown that any of the discriminatory policies we aim to remediate are correlated with the quality of the psychologists who are graduating (Ansloos et al., 2019; De Los Reyes & Uddin, 2021). Rather, racialized students and faculty are left competing and being held to standards that are unclear or unjust (Goghari, 2022a, 2022b), ultimately serving to reduce the number and quality of professional psychologists in Canada. More grievously, the rules are being used to prevent them from achieving an education, from educating and serving others, and from obtaining access to the corridors of power that professional psychologists prowl. White articles such as the CPA proposal for professional psychology accreditation standards are helpful for setting directions, but in our experiences, it is the layers of local bylaws where the iron fist of policy strangles the higher education dreams of BIPOC students. We call for a closer examination and more immediate changes in the current policies, and new policies that are directly aimed at enforcement, to achieve the promise of an educational and mental health system that can adequately represent diverse Canadians of all people groups.

Résumé

L'objectif de cet article est de faire la lumière sur la façon dont les politiques instrumentalisées soutiennent un système conçu pour exclure les personnes racisées de la profession de psychologue, contribuant ainsi à la pénurie de prestataires de soins de santé mentale, qui à son tour contribue à une crise de la santé mentale au Canada. Nous décrivons d'abord les origines de la pénurie actuelle et du manque de représentation diversifiée dans la psychologie professionnelle et nous concluons par une liste de recommandations visant à démanteler les politiques historiques et injustes. Le racisme explicite étant de plus en plus stigmatisé au fil des décennies, les outils politiques ont évolué pour devenir plus abstraits et donner un vernis d'équité tout en maintenant le résultat d'exclusion initial. Les politiques instrumentalisées font partie d'une boîte à outils structurelle très utilisée, mais peu examinée qui sert à priver de leurs droits les groupes privés de pouvoir. Nous éclairons l'histoire et l'adoption de ces politiques à l'aide d'exemples, montrons comment elles ont été explicitement créées pour empêcher les personnes de couleur d'accéder au pouvoir par l'éducation, et comment elles protègent les systèmes racistes existants. L'absence de perspective historique dans la formation donne aux politiques aversives un déni plausible, rendant difficile le changement structurel. Ces politiques se sont métastasées et se sont enracinées, persistant secrètement dans une multitude de politiques et de procédures qui continuent à étrangler les possibilités d'éducation pour les personnes de couleur et à priver le Canada de fournisseurs et de dirigeants professionnels de la santé mentale agréés et diversifiés.

Mots-clés : racisme, politique, psychologues, instrumentalisation de politique, santé mentale

References

Aden, H., Oraka, C., & Russell, K. (2021). *Status of mental health in Ottawa during the COVID-19 pandemic, Fall of 2020: Results of a Population Survey October 8 to 20, 2020*. Ottawa Public Health. https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/covid-19/societal_impacts/Status-of-Mental-Health-in-Ottawa-During-the-COVID-19-Pandemic_Oct2020.pdf

Ansloos, J., Stewart, S., Fellner, K., Goodwill, A., Graham, H., McCormick, R., Harder, H., & Mushquash, C. (2019). Indigenous peoples and professional training in psychology in Canada. *Canadian Psychology*, *60*(4), 265–280. https://doi.org/10.1037/cap0000189

APA Council Policy Manual. (2019, February). *Chapter IX. Educational affairs 1976. Policy on encouraging doctoral programs that will build on the masters degree. Policy on encouraging respecialization training programs*. Amended by the APA Council of Representatives, American Psychological Association. https://www.apa.org/about/policy/chapter-9#respecialization-training

Baker, R. S. (2001). The paradoxes of desegregation: Race, class, and education, 1935–1975. *American Journal of Education*, *109*(3), 320–343. https://doi.org/10.1086/444274

Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, *2*(4), 331–340. https://doi.org/10.1007/s13412-012-0086-8

Beattie, S. (2019, March). Student loses Indian status, tuition halfway through degree. *HuffPost*. https://www.huffpost.com/archive/ca/entry/student-loses-indian-status-tuition_a_23687017

Beaulieu, L., & Schmelefske, E. (2017). What are the opportunities and challenges for Canadian psychology? *Canadian Psychology*, *58*(1), 75–80. https://doi.org/10.1037/cap0000072

Bedi, R. (2016). A descriptive examination of Canadian counselling psychology doctoral programs. *Canadian Psychology*, *57*(2), 83–91. https://doi.org/10.1037/cap0000047

Bedi, R., & Douce, T. (2021). What to change about the admissions process for doctoral programmes in counselling psychology from the perspective of applicants. *Psychreg Journal of Psychology*, *6*(2), 125–138. https://www.pjp.psychreg.org/wp-content/uploads/2022/06/13-robinder-bedi-what_change_admissions_125-138.pdf

Bedi, R., Haverkamp, B. E., Beatch, R., Cave, D. G., Domene, J. F., Harris, G. E., & Mikhail, A.-M. (2011). Counselling psychology in a Canadian context: Definition and description. *Canadian Psychology*, *52*(2), 128–138. https://doi.org/10.1037/a0023186

Bedi, R., Klubben, L. M., & Barker, G. T. (2012). Counselling vs. clinical: A comparison of psychology doctoral programs in Canada. *Canadian Psychology*, *53*(3), 238–253. https://doi.org/10.1037/a0028558

Bjerke, M. B., & Renger, R. (2017). Being smart about writing SMART objectives. *Evaluation and Program Planning*, *61*, 125–127. https://doi.org/10.1016/j.evalprogplan.2016.12.009

Boksa, P., Joober, R., & Kirmayer, L. J. (2015). Mental wellness in Canada's Aboriginal communities: Striving toward reconciliation. *Journal of Psychiatry and Neuroscience*, *40*(6), 363–365. https://doi.org/10.1503/jpn.150309

Bosson, R., Williams, M. T., Lippman, S., Carrico, R., Kanter, J., Peña, A., Mier-Chairez, J., & Ramirez, J. (2017). Addressing refugee mental health needs: From concept to implementation. *Behavior Therapist*, *40*(3), 110–112.

Brisset, C., Leanza, Y., Rosenberg, E., Vissandjée, B., Kirmayer, L. J., Muckle, G., Xenocostas, S., & Laforce, H. (2014). Language barriers in mental health care: A survey of primary care practitioners. *Journal of Immigrant and Minority Health*, *16*(6), 1238–1246. https://doi.org/10.1007/s10903-013-9971-9

Browne, N., Zlotowitz, S., Alcock, K., & Barker, C. (2020). Practice to policy: Clinical psychologists' experiences of macrolevel work. *Professional Psychology: Research and Practice*, *51*(4), 371–382. https://doi.org/10.1037/pro0000301

Buchanan, N. C. T. (2020). Researching while Black (and female). *Women and Therapy*, *43*(1–2), 91–111. https://doi.org/10.1080/02703149.2019.1684681

Canadian Psychological Association. (2016). *2015 Psychology Graduate Survey (PGS): Final report*. https://cpa.ca/docs/File/Publications/PGS_Final_Report_7Dec2016_ENFinal.pdf

Canadian Psychological Association. (2018). *Psychology's response to the truth and reconciliation commission of Canada's report*. Canadian Psychological Association and the Psychology Foundation of Canada. https://cpa.ca/docs/File/Task_Forces/TRC Task Force Report_FINAL.pdf

Canadian Psychological Association. (2021). *Proposed revisions for the 6th revision of the accreditation standards for doctoral and residency programs in professional psychology*. https://cpa.ca/docs/File/Accreditation/Proposed%20Revisions%206th%20Revision%20CPA%20Accred%20Stds.pdf

Canel-Çınarbaş, D., & Yohani, S. (2019). Indigenous Canadian university students' experiences of Microaggressions. *International Journal for the Advancement of Counseling*, *41*(1), 41–60. https://doi.org/10.1007/s10447-018-9345-z

Canning, C., Knoops, F., di Tomasso, L., Varga, B., Bartram, M., & Chodos, H. (2018, August). *Expanding access to psychotherapy: Mapping lessons learned from Australia and the United Kingdom to the Canadian context*. Mental Health Commission of Canada. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2018-08/Expanding_Access_to_Psychotherapy_2018.pdf

Cénat, J. M., Hajizadeh, S., Dalexis, R. D., Ndengeyingoma, A., Guerrier, M., & Kogan, C. (2022). Prevalence and effects of daily and major experiences of racial discrimination and microaggressions among Black individuals in Canada. *Journal of Interpersonal Violence*, *37*(17–18), NP16750–NP16778. https://doi.org/10.1177/08862605211023493

Chan, J. Z. (October 18, 2021). A brief history of Black experience at Waterloo, 1960s–1990s. *Waterloo News*. https://uwaterloo.ca/news/arts/brief-history-black-experience-waterloo-1960s-1990s

Chiu, M., Amartey, A., Wang, X., & Kurdyak, P. (2018). Ethnic differences in mental health status and service utilization: A population-based study in Ontario, Canada. *Canadian Journal of Psychiatry*, *63*(7), 481–491. https://doi.org/10.1177/0706743717741061

College of Psychologists of Ontario. (2019a, April). *Interim autonomous practice—Sections: A—Introduction, B—Terms, & C—Overview of requirements*. https://cpo.on.ca/cpo_resources/interim-autonomous-practice-sections-a-introduction-b-terms-c-overview-of-requirements/

College of Psychologists of Ontario. (2019b, April). *Psychologist—Section E—Academic credentials*. https://cpo.on.ca/cpo_resources/psychologist-e-academic-credentials/

Cope, C., Michalski, D. S., & Fowler, G. A. (2016, December). *Graduate study in psychology summary report: Student demographics*. American Psychological Association. https://www.apa.org/education-career/grad/survey-data/2017-student-demographics.pdf

Corbett, M. (2010). Answering my sister's question: The critical importance of education for diversity in those spaces where we think we are all the same. *Journal of Inquiry and Action in Education*, *3*(3), 1–17. https://digitalcommons.buffalostate.edu/cgi/viewcontent.cgi?article=1027&context=jiae

Cost, K. T., Crosbie, J., Anagnostou, E., Birken, C. S., Charach, A., Monga, S., Kelley, E., Nicolson, R., Maguire, J. L., Burton, C. L., Schachar, R. J., Arnold, P. D., & Korczak, D. J. (2022). Mostly worse, occasionally better: Impact of COVID-19 pandemic on the mental health of Canadian children and adolescents. *European Child and Adolescent Psychiatry*, *31*(4), 671–684. https://doi.org/10.1007/s00787-021-01744-3

Crey, K., & Hanson, E. (2009). *Indian status*. First Nations Studies Program. https://indigenousfoundations.arts.ubc.ca/indian_status/

Currie, C. L., Wild, T. C., Schopflocher, D. P., Laing, L., & Veugelers, P. (2012). Racial discrimination experienced by aboriginal university students in Canada. *Canadian Journal of Psychiatry*, *57*(10), 617–625. https://doi.org/10.1177/070674371205701006

Dana, R. H. (1998). Mental health services and multicultural populations. *Understanding cultural identity in intervention and assessment* (pp. 1–14). SAGE Publications. https://doi.org/10.4135/9781483328225.n1

Dana, R. H., & Allen, J. (Eds.). (2008). *Cultural competency training in a global society*. Springer Science and Business Media.

DasGupta, N., Shandal, V., Shadd, D., & Segal, A. (2020). *The pervasive reality of anti-Black racism in Canada: The current state, and what to do about it*. Boston Consulting Group. https://www.bcg.com/en-ca/publications/2020/reality-of-anti-black-racism-in-canada

Dauphinee, W. D., & Buske, L. (2006). Medical workforce policy-making in Canada, 1993–2003: Reconnecting the disconnected. *Academic Medicine*, *81*(9), 830–836. https://doi.org/10.1097/00001888-200609000-00014

De Los Reyes, A., & Uddin, L. Q. (2021). Revising evaluation metrics for graduate admissions and faculty advancement to dismantle privilege. *Nature Neuroscience*, *24*(6), 755–758. https://doi.org/10.1038/s41593-021-00836-2

Donovan, P. (2019). English-speaking Quebecers. *The Canadian Encyclopedia*. https://www.thecanadianencyclopedia.ca/en/article/english-speaking-quebecer

Dryden, O., & Nnorom, O. (2021). Time to dismantle systemic anti-Black racism in medicine in Canada. *CMAJ: Canadian Medical Association Journal*, *193*(2), E55–E57. https://doi.org/10.1503/cmaj.201579

Dua, E. (2009). On the effectiveness of anti-racist policies in Canadian universities: Issues of implementation of policies by senior administration. In F. Henry & C. Tator (Eds.), *Racism in the Canadian university* (pp. 160–196). University of Toronto Press. https://doi.org/10.3138/9781442688926-007

Dupree, C. H., & Kraus, M. W. (2022). Psychological science is not race neutral. *Perspectives on Psychological Science*, *17*(1), 270–275. https://doi.org/10.1177/1745691620979820

Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for black youth: A scoping review. *Adolescent Research Review*, *5*(2), 115–136. https://doi.org/10.1007/s40894-020-00133-2

Gao, Z. (2021). Mental health of Chinese in Canada. In H. Minas (Ed.), *Mental health in China and the Chinese diaspora: Historical and cultural perspectives* (pp. 211–223). Springer. https://doi.org/10.1007/978-3-030-65161-9_15

Goghari, V. M. (2022a). Excellence, access, and the public good: Building socially responsive admissions practices for health science programs. *Psychiatry Research*, *311*, Article 114497. https://doi.org/10.1016/j.psychres.2022.114497

Goghari, V. M. (2022b). Reimagining clinical psychology. *Canadian Psychology*, *63*(2), 169–178. https://doi.org/10.1037/cap0000328

Golding, J. M., McGavran, M. B., Susman, D., & Wright, R. (2020). Demystifying one's chances of acceptance into clinical PhD psychology programs. *Teaching of Psychology*, *47*(1), 97–101. https://doi.org/10.1177/0098628319889537

Government of Canada. (2021, December). *Psychologist in Ontario: Labour Market Information Survey*. Job Bank. https://www.jobbank.gc.ca/marketreport/outlook-occupation/2218/ON

Graham, J. M., & Kim, Y. H. (2011). Predictors of doctoral student success in professional psychology: Characteristics of students, programs, and universities. *Journal of Clinical Psychology*, *67*(4), 340–354. https://doi.org/10.1002/jclp.20767

Gran-Ruaz, S., Feliciano, J., Bartlett, A., & Williams, M. T. (2022). Implicit racial bias across ethnoracial groups in Canada and the United States and Black mental health. *Canadian Psychology*, *63*(4), 608–622. https://doi.org/10.1037/cap0000323

Guo, S., & Guo, Y. (2021). Combating anti-Asian racism and xenophobia in Canada: Toward pandemic anti-racism education in post-COVID-19. *Beijing International Review of Education*, *3*(2), 187–211. https://doi.org/10.1163/25902539-03020004

Hanson, E., Gamez, D., & Manuel, A. (2020, September). *The residential school system*. Indigenous Foundations. https://indigenousfoundations.arts.ubc.ca/residential-school-system-2020/

Helms, J. E. (2017). The challenge of making whiteness visible: Reactions to four whiteness articles. *The Counseling Psychologist*, *45*(5), 717–726. https://doi.org/10.1177/0011000017718943

Henry, F., Dua, E., Kobayashi, A., James, C., Li, P., Ramos, H., & Smith, M. S. (2017). Race, racialization and Indigeneity in Canadian universities. *Race, Ethnicity and Education*, *20*(3), 300–314. https://doi.org/10.1080/13613324.2016.1260226

Henry, F., & Tator, C. (2009). *Racism in the Canadian university: Demanding social justice, inclusion, and equity*. University of Toronto Press. https://doi.org/10.3138/9781442688926

Henry, N. (2021, August 30). *Racial segregation of Black students in Canadian schools*. The Canadian Encyclopedia, Historica Canada. https://www.thecanadianencyclopedia.ca/en/article/racial-segregation-of-black-students-in-canadian-schools

Howard, B., & Smith, S. (2011). The little Black school house: Revealing the histories of Canada's segregated schools—A conversation with Sylvia Hamilton. *Canadian Review of American Studies*, *41*(1), 63–73. https://doi.org/10.3138/cras.41.1.63

Howard, P. S. (2014). Taking the bull by the horns: The critical perspectives and pedagogy of two Black teachers in Anglophone Montréal schools. *Race, Ethnicity and Education*, *17*(4), 494–517. https://doi.org/10.1080/13613324.2012.759921

Indigenous Services Canada. (2017, March 28). *History of the Qalipu Mi'kmaq first nation enrolment process*. Government of Canada. https://www.sac-isc.gc.ca/eng/1372946085822/1572460140499

Islam, F., Khanlou, N., & Tamim, H. (2014). South Asian populations in Canada: Migration and mental health. *BMC Psychiatry*, *14*(1), Article 154. https://doi.org/10.1186/1471-244X-14-154

Khan, R., Apramian, T., Kang, J. H., Gustafson, J., & Sibbald, S. (2020). Demographic and socioeconomic characteristics of Canadian medical students: A cross-sectional study. *BMC Medical Education*, *20*(1), Article 151. https://doi.org/10.1186/s12909-020-02056-x

King, R. U., Este, D. C., Yohani, S., Duhaney, P., McFarlane, C., & Liu, J. K. K. (2022). Actions needed to promote health equity and the mental health of Canada's Black refugees. *Ethnicity and Health*, *27*(7), 1518–1536. https://doi.org/10.1080/13557858.2021.1955092

Kugelmass, H. (2016). "Sorry, I'm not accepting new patients": An audit study of access to mental health care. *Journal of Health and Social Behavior*, *57*(2), 168–183. https://doi.org/10.1177/0022146516647098

Kuncel, N. R., Hezlett, S. A., & Ones, D. S. (2001). A comprehensive meta-analysis of the predictive validity of the graduate record examinations: Implications for graduate student selection and performance. *Psychological Bulletin*, *127*(1), 162–181. https://doi.org/10.1037/0033-2909.127.1.162

Kuther, T. (2020). *Training in clinical and counseling psychology*. ThoughtCo. https://thoughtco.com/clinical-and-counseling-psychology-training-models-1686406

Li, H. Z., & Browne, A. J. (2000). Defining mental illness and accessing mental health services: Perspectives of Asian Canadians. *Canadian Journal of Community Mental Health*, *19*(1), 143–159. https://doi.org/10.7870/cjcmh-2000-0008

Looker, E. D. (2016). *42nd statistical report Canadian association for graduate studies 2016*. Canadian Association for Graduate Studies. https://cags.ca/documents/stats/42ndSTATISTICALREPORTFINAL.ENG.pdf

MacIntosh, H. B., Cohen, K. R., Caputo, A., & Lavoie, D. (2011). *Accreditation standards and procedures for doctoral programmes and internships in professional psychology*. Canadian Psychological Association. https://cpa.ca/docs/File/Accreditation/Accreditation_2011.pdf

MacIntyre, M. M., Zare, M., & Williams, M. T. (in press). Anxiety-related disorders in the context of racism. *Current Psychiatry Reports*. Advance online publication. https://doi.org/10.1007/s11920-022-01408-2

Maroto, M. E., Snelling, A., & Linck, H. (2015). Food insecurity among community college students: Prevalence and association with grade point average. *Community College Journal of Research and Practice*, *39*(6), 515–526. https://doi.org/10.1080/10668926.2013.850758

Maynard, R. (2017). *Policing Black lives: State violence in Canada from slavery to the present*. Fernwood Publishing.

McCardle, T. (2020). A critical historical examination of tracking as a method for maintaining racial segregation. *Educational Considerations*, *45*(2). Article 4. https://doi.org/10.4148/0146-9282.2186

Menezes, A., Henry, S., & Agarwal, G. (2022). It's high time Canada started collecting race-based performance data on medical training and careers. *Lancet Regional Health: Americas*, *14*, Article 100326. https://doi.org/10.1016/j.lana.2022.100326

Merolla, D. M., & Jackson, O. (2019). Structural racism as the fundamental cause of the academic achievement gap. *Sociology Compass*, *13*(6), Article e12696. https://doi.org/10.1111/soc4.12696

Michalski, D. S., Cope, C., & Fowler, G. A. (2017, September). *Summary report: Admissions, applications, and acceptances*. American Psychological Association. https://www.apa.org/education-career/grad/survey-data/2018-admissions-applications.pdf

Michas, F. (2020, June 11). *Number of psychologists Canada 2008–2018*. Statista. https://www.statista.com/statistics/806108/psychologist-number-in-canada/

Miconi, D., Li, Z. Y., Frounfelker, R. L., Santavicca, T., Cénat, J. M., Venkatesh, V., & Rousseau, C. (2021). Ethno-cultural disparities in mental health during the COVID-19 pandemic: A cross-sectional study on the impact of exposure to the virus and COVID-19-related discrimination and stigma on mental health across ethno-cultural groups in Quebec (Canada). *BJPsych Open*, *7*(1), Article e14. https://doi.org/10.1192/bjo.2020.146

Mikail, S. F., & Nicholson, I. R. (2019). The national summit on the future of professional psychology training: Overview and recommendations. *Canadian Psychology*, *60*(4), 228–241. https://doi.org/10.1037/cap0000192

Ministry of Mental Health and Addictions. (2019). Empowering South Asian youth to tackle mental health stigma. *British Columbia News*. https://news.gov.bc.ca/releases/2019MMHA0050-001257

Moroz, N., Moroz, I., & D'Angelo, M. S. (2020). Mental health services in Canada: Barriers and cost-effective solutions to increase access. *Healthcare Management Forum*, *33*(6), 282–287. https://doi.org/10.1177/0840470420933911

Motz, T. A., & Currie, C. L. (2019). Racially-motivated housing discrimination experienced by Indigenous postsecondary students in Canada: Impacts on PTSD symptomology and perceptions of university stress. *Public Health*, *176*, 59–67. https://doi.org/10.1016/j.puhe.2018.12.011

Mpalirwa, J., Lofters, A., Nnorom, O., & Hanson, M. D. (2020). Patients, PRIDE, and prejudice: Exploring Black Ontarian physicians' experiences of racism and discrimination (Association of American Medical Colleges Learn Serve Lead: Proceedings of the 59th Annual Research in Medical Education Presentations). *Academic Medicine*, *95*(11S), S51–S57. https://doi.org/10.1097/ACM.0000000000003648

Naeem, F., Tuck, A., Mutta, B., Dhillon, P., Thandi, G., Kassam, A., Farah, N., Ashraf, A., Husain, M. I., Husain, M. O., Vasiliadis, H. M., Sanches, M., Munshi, T., Abbott, M., Watters, N., Kidd, S. A., Ayub, M., & McKenzie, K. (2021). Protocol for a multi-phase, mixed methods study to develop and evaluate culturally adapted CBT to improve community mental health services for Canadians of south Asian origin. *Trials*, *22*(1), Article 600. https://doi.org/10.1186/s13063-021-05547-4

Norcross, J. C., Sayette, M. A., & Martin-Wagar, C. A. (2021). Doctoral training in counseling psychology: Analyses of 20-year trends, differences across the practice-research continuum, and comparisons with clinical psychology. *Training and Education in Professional Psychology*, *15*(3), 167–175. https://doi.org/10.1037/tep0000306

Oakes, J. (2005). *Keeping track: How schools structure inequality*. Yale University Press.

Okun, T., Clare, E. Y., Briones, E., Page, K., & Angers-Trottier, P. (2019). *White supremacy culture in organizations*. The Centre for Community Organizations. https://coco-net.org/wp-content/uploads/2019/11/Coco-WhiteSupCulture-ENG4.pdf

Olson, I. (2020, April 24). *Doctors, nurses don't have to pass French test to work in Quebec during pandemic*. CBC News. https://www.cbc.ca/news/canada/montreal/oqlf-language-work-covid-19-1.5543457

Ontario Ministry of Finance. (2017). *2016 census highlights, fact sheet 6: Mother tongue and language*. Queen's Printer for Ontario. https://www.ontario.ca/document/2016-census-highlights/fact-sheet-6-mother-tongue-and-language

Ottawa Public Health. (2020). *Mental health of Ottawa's Black community research study*. https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_English.pdf

Ottmann, J. (2017). Canada's Indigenous peoples' access to post-secondary education: The spirit of the 'New Buffalo.' In J. Frawley, S. Larkin, & J. Smith (Eds.), *Indigenous pathways, transitions and participation in higher education* (pp. 95–117). Springer. https://doi.org/10.1007/978-981-10-4062-7_7

Peachy, D., Hicks, V., & Adams, O. (2013). *An imperative for change: Access to psychological services for Canada*. Health Intelligence. https://cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf

Perlstein, R. (2012, November 13). Exclusive: Lee Atwater's infamous 1981 interview on the southern strategy. *The Nation*. https://www.thenation.com/article/archive/exclusive-lee-atwaters-infamous-1981-interview-southern-strategy/

Pidgeon, M. (2016). More than a checklist: Meaningful Indigenous inclusion in higher education. *Social Inclusion*, *4*(1), 77–91. https://doi.org/10.17645/si.v4i1.436

Proctor, R. W., & Vu, K. L. (2019). How psychologists help solve real-world problems in multidisciplinary research teams: Introduction to the special issue. *American Psychologist*, *74*(3), 271–277. https://doi.org/10.1037/amp0000458

Quebec Office of the French Language. (2022, February 23). *Ordres professionnels. Vivre en français—Membres des ordres professionnels—Table des matières*. Gouvernement du Québec. https://www.oqlf.gouv.qc.ca/francisation/ordres_prof/ordres.html

Reisig, M. D., & DeJong, C. (2005). Using GRE scores and prior GPA to predict academic performance among criminal justice graduate students. *Journal of Criminal Justice Education*, *16*(1), 37–59. https://doi.org/10.1080/1051125042000333451

Roberts, S. O., Bareket-Shavit, C., Dollins, F. A., Goldie, P. D., & Mortenson, E. (2020). Racial inequality in psychological research: Trends of the past and recommendations for the future. *Perspectives on Psychological Science*, *15*(6), 1295–1309. https://doi.org/10.1177/1745691620927709

Robertson, J. (2016, March 31). Chinese students challenge segregation. *Canada's History*. https://www.canadashistory.ca/explore/peace-conflict/chinese-students-challenge-segregation

Rokach, A. (2020). 'Raising' psychologists-to-be: An introduction to the special issue. *The Journal of Psychology*, *154*(8), 533–534. https://doi.org/10.1080/00223980.2020.1794708

Salami, B., Salma, J., & Hegadoren, K. (2019). Access and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers. *International Journal of Mental Health Nursing*, *28*(1), 152–161. https://doi.org/10.1111/inm.12512

Sarr, F., Knight, S., Strauss, D., Ouimet, A. J., Cénat, J. M., Williams, M. T., & Shaughnessy, K. (2022). Increasing the representation of Black, Indigenous, and People of Colour as students in psychology doctoral programmes. *Canadian Psychology*. *63*(4), 479–499. https://doi.org/10.1037/cap0000339

Shin, R. Q., Smith, L. C., Welch, J. C., & Ezeofor, I. (2016). Is Allison more likely than Lakisha to receive a callback from counseling professionals? A racism audit study. *The Counseling Psychologist*, *44*(8), 1187–1211. https://doi.org/10.1177/0011000016668814

Smith, C. (2004). *Tuition fee increases and the history of racial exclusion in Canadian legal education*. Ontario Human Rights Commission. https://www.ohrc.on.ca/en/race-policy-dialogue-papers/tuition-fee-increases-and-history-racial-exclusion-canadian-legal-education

Snepp, F. P., & Peterson, D. R. (1988). Evaluative comparison of PsyD and PhD students by clinical internship supervisors. *Professional Psychology: Research and Practice*, *19*(2), 180–183. https://doi.org/10.1037/0735-7028.19.2.180

Statistics Canada. (2009). *Health care professionals and official-language minorities in Canada* (Catalogue no. 91-550-X). Ministry of Industry. https://www150.statcan.gc.ca/n1/pub/91-550-x/91-550-x2008001-eng.pdf

Statistics Canada. (2017a). Aboriginal peoples in Canada: Key results from the 2016 Census (Catalogue no. 11-001-X 11). *The Daily*. https://www150.statcan.gc.ca/n1/en/daily-quotidien/171025/dq171025a-eng.pdf?st=_HGT5wdG

Statistics Canada. (2017b). An increasingly diverse linguistic profile: Corrected data from the 2016 Census (Catalogue no. 11-001-X). *The Daily*. https://www150.statcan.gc.ca/n1/daily-quotidien/170817/dq170817a-eng.pdf

Statistics Canada. (2017c). *Ethnic and cultural origins of Canadians: Portrait of a rich heritage* (Catalogue no. 98-200-X2016016). Ministry of Industry. https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016016/98-200-x2016016-eng.pdf

Statistics Canada. (2017d). *Census Profile, 2016 Census* (Catalogue no. 98-316-X2016001). https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E

Statistics Canada. (2017e). *Linguistic diversity and multiculturalism in Canadian homes* (Catalogue no. 98-200-X2016010). Ministry of Industry. https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016010/98-200-x2016010-eng.pdf

Statistics Canada. (2017f). Immigration and ethnocultural diversity: Key results from the 2016 Census (Catalogue no. 11-001-X). *The Daily*. https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.pdf

Statistics Canada. (2020). South Asians report lower levels of mental health than other visible minorities during the pandemic. *The Daily*. https://www150.statcan.gc.ca/n1/daily-quotidien/200902/dq200902b-eng.htm

Statistics Canada. (2021). *Table-37-10-0122-01 Characteristics and median employment income of postsecondary graduates two years after graduation, by educational qualification and field of study (alternative primary groupings)* [Data table]. https://doi.org/10.25318/3710012201-eng

Stewart, A. (2004). Penn and Teller Magic: Self, racial devaluation, and the Canadian academy. In C. A. Nelson & C. A. Nelson (Eds.), *Racism, eh?: A critical inter-disciplinary anthology of race and racism in Canada* (pp. 33–40). Captus Press.

Sunderland, A., & Findlay, L. C. (2013, September). *Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey–Mental Health* (Catalogue no. 82-003-X). Ministry of Industry. Statistics Canada. https://www150.statcan.gc.ca/n1/en/pub/82-003-x/2013009/article/11863-eng.pdf?st=mjJPcZXE

Taylor, R. E., & Kuo, B. C. (2019). Black American psychological help-seeking intention: An integrated literature review with recommendations for clinical practice. *Journal of Psychotherapy Integration*, *29*(4), 325–337. https://doi.org/10.1037/int0000131

Thomson, M. S., Chaze, F., George, U., & Guruge, S. (2015). Improving immigrant populations' access to mental health services in Canada: A review of barriers and recommendations. *Journal of Immigrant and Minority Health*, *17*(6), 1895–1905. https://doi.org/10.1007/s10903-015-0175-3

Truth and Reconciliation Commission of Canada. (2015a). *Truth and Reconciliation Commission of Canada: Calls to action*. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf

Truth and Reconciliation Commission of Canada. (2015b). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. https://irsi.ubc.ca/sites/default/files/inline-files/Executive_Summary_English_Web.pdf

University of Ottawa. (n.d.). *Frequently asked questions—Admission to graduate psychology programs*. Faculty of Social Sciences: School of Psychology. https://socialsciences.uottawa.ca/psychology/programs/clinical-psychology/admission-procedure/faq

Varcoe, C., Browne, A. J., Wong, S., & Smye, V. L. (2009). Harms and benefits: Collecting ethnicity data in a clinical context. *Social Science and Medicine*, *68*(9), 1659–1666. https://doi.org/10.1016/j.socscimed.2009.02.034

Votta-Bleeker, L. (2014, October 14). *Need, supply & demand of psychologists in Canada: Follow-up to Canadian Psychological Association summit*. Canadian Psychological Association. https://capqc.ca/sites/capqc.ca/files/uploads/articles/2014/votta_bleeker_eng.pdf

Wahass, S. H. (2005). The role of psychologists in health care delivery. *Journal of Family and Community Medicine*, *12*(2), 63–70.

Williams, M., Faber, S. C., & Duniya, C. (2022). Being an anti-racist clinician. *Cognitive Behaviour Therapist*, *15*, Article e19. https://doi.org/10.1017/S1754470X22000162

Williams, M. T. (2022, May 12). *Race-Based Determinants of Mental Health and Racial Trauma*. Clinical Health Psychology, Grand Rounds, University of Manitoba.

Williams, M. T., Khanna Roy, A., MacIntyre, M.-P., & Faber, S. (2022). The traumatizing impact of racism in Canadians of colour. *Current Trauma Reports*, *8*(2), 17–34. https://doi.org/10.1007/s40719-022-00225-5

Williams, N. (2021, September 1). Black psychologists say there are too few of them in Canada—And that's a problem. *CBC News*. https://www.cbc.ca/news/canada/ottawa/black-indigenous-psychologists-accreditation-1.6152970

Zellars, R. (2020, October 19). *Canada's racist ivy league: The virulence of McGill's anti-Black problem*. Ricochet. https://ricochet.media/en/3330/canadas-racist-ivy-league-the-virulence-of-mcgills-anti-black-problem

Received May 1, 2022
Revision received October 18, 2022
Accepted October 27, 2022 ■