



Dear Member of the Legislative Assembly,

I am writing to express significant concern with Bill 35, currently before the legislative assembly in New Brunswick for consideration, that stipulates

11.1 (1) A teacher who holds a master's degree approved by the Minister and completes the training approved by the Minister may administer a test prescribed by regulation, score the test and interpret and apply the results of the test, for the purpose of developing a personalized learning plan for a pupil.

11.1 (2) This section and the regulations made under paragraph 57(1)(o.1) shall supersede all other provisions in the Psychologists Act and any regulation made under that Act.

As experts in the field of assessment and intervention for mental health disorders in children and adolescents, we are exceptionally concerned about the potential negative mental health impacts this bill could have on students and their families, in the immediate time-frame and in the future. These changes set the stage for ***an inexperienced individual***, who lacks requisite training and competency in required areas (i.e., child psychopathology, child development, child assessment, ethics, psychodiagnostics, and psychometrics) and supervision, to administer, score, and interpret test findings and then apply these findings to a vulnerable individual (i.e., child or adolescent). Lack of competence sets the stage for ***potential cases of malpractice***, as well as unhelpful and potentially harmful recommendations that could be of further detriment to the child.

In order to ethically complete psychoeducational assessments in a manner that prevents malpractice and protects the interests and needs of clients, one must have appropriate training, supervision, and licensure. To obtain licensure through the College of Psychologists of New Brunswick (CPNB), which holds psychologists in the province accountable for ethical and competent practice with the purpose of public protection, one completes over eight years of formal graduate level university training. This training includes ethics, interviewing techniques, assessment towards diagnosis, (often through clinical practicum placements) and understanding of the biological, cognitive, and social bases of behaviour. Furthermore, psychologists must complete another year of supervised clinical practice to qualify for the written and oral exams that are required for registration. This extensive training represents the base requirements needed to satisfy license and to grant the protected title of **“Psychologist”**, along with ongoing annual requirements for Psychologists to satisfy continuing education hours (all monitored by CPNB).

While we appreciate that the New Brunswick government is seeking to identify innovative and **“out of the box”** solutions to address the issue of the Psychologist shortage in NB, we wish to support our colleagues in voicing valid concerns that it is ***NOT appropriate to potentially jeopardize the well-being of vulnerable children, adolescents, and their families in this process***. It does nothing to improve access to services or reduce wait times when you are merely

carrying out inadequate screening that may not have been properly administered and/or interpreted. We would argue that the funding could be better used to support and enhance the quality and standards of service that children and adolescents deserve.

In turn, we wish to point out that this approach also has significant *costs (if any attempt to provide some level of base level training is carried out)* including:

- Costs to deliver the appropriate WISC-5 training to teachers (~ 1000 hours/teacher) which includes costs associated with paying appropriately trained trainers and updated re-training costs required overtime.
- Costs associated with teacher salary-Particularly when you are asking teachers to complete a task that is exceptionally outside their area of knowledge and training.
- Costs associated with having to hire 25 more resource teachers (paid at a higher rate than school psychologists??).
- Costs associated with subsequent referrals that will be prompted by findings (i.e., the WISC-5 is not a diagnostic test and additional assessment from a “psychologist” will be required to complete a follow-up assessment if the findings from WISC-5 prompt further query). This will not serve to reduce wait times for assessments, rather represents a potential “doubling up” or redundancy in services.
- Costs associated with subsequent referrals and assessments if mental health problems are missed or misidentified during the initial assessment and symptoms worsen over time.

We understand that the CPNB has worked diligently with the NB government in an effort to address the expanding mental health needs of students; however, we have been informed that they were not consulted on this bill after it was tabled in the legislature. These actions seem counterintuitive for a government who has established a commitment to the mental health of children.

We believe that a better solution is required, preferably one that does not put children and adolescents at risk of being misdiagnosed or inappropriately labelled. Although this comes at the 11th hour, there are steps that might be taken to address this situation. One option is for you as MLAs to refer Bill 35 to the Law Amendments Committee where legislators can hear from all experts and stakeholders and recommend amendments to Bill 35. A second option, if the Bill is not brought to the floor of the house, would include collaboratively working together on a different “**innovative**” solution.

We communicate our considerable concern for Bill 35 from across the country, standing shoulder to shoulder with our NB counterparts, and as advocates for the mental health of children, adolescents, and families. As elected officials, we believe that you have the same obligations to provide due diligence to important health care related matters as we have as service providers. Please do not act in haste and without adequate consultation to make a decision that is not in the best interests in either the staff who will be forced to do work they are not fully qualified to do, or the children and adolescents who may be receiving inadequate and potentially misinformed care. Although the intentions may be to help resolve wait times and



improve access to resources, the outcome could be quite detrimental and become quite a wasteful misuse of funding.

Sincerely,

Kristi D. Wright, Ph.D., R. D. Psych.
President, Psychology Association of Saskatchewan (PAS)

Professor
Department of Psychology
University of Regina