



Canadian Psychiatric Association
Association des psychiatres du Canada

What We Heard: A consultation on the changing role of the psychiatrist and its impact on psychiatric human resource planning in Canada



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Introduction

To advance its work on the changing role of the psychiatrist and its impact on psychiatric human resource planning (PHR) in Canada, the Canadian Psychiatric Association (CPA) held a session on Nov. 7 at its 2024 annual conference in Montreal to gather member feedback, thoughts and ideas.

The CPA Public Policy Committee, which is updating the [2010 CPA position paper on psychiatric human resources planning](#), and the Professional Standards and Practice Committee, which is developing a new paper on the changing role of the psychiatrist, held this session jointly. These topics are intertwined, as understanding the evolving roles of psychiatrists in a transforming mental health system is essential to planning how many psychiatrists are needed to meet patient needs.

Feedback from this session will help inform a discussion paper on human resources and shape CPA advocacy on the role of the psychiatrist.

The Context

There is rising demand for mental health services, coupled with access difficulties. In 2018, almost 40 per cent of Canadians reported their mental health needs were unmet or partially met. Increased mental health literacy and reduced stigma are also driving demand.

How Many Psychiatrists Are There?

According to 2019 data from the Canadian Medical Association, there was one psychiatrist for every 7,557 Canadians, though distribution is uneven. The CPA's 2010 paper recommended a baseline ratio of one licensed psychiatrist for every 6,584 residents. Audience members cautioned that one licensed psychiatrist does not equal one full-time equivalent (FTE) clinical psychiatrist and emphasized the need to define the FTEs required for good quality, safe care. The CPA recommended ratio can also be expressed as a clinical psychiatric FTE-to-population ratio of 1:8400. The need to define the FTEs for all professional roles on teams, including the psychiatrist, was raised.

Principles to Help Guide PHR Planning

Guiding principles include:

- Psychiatrists have a collective duty to advocate for safe, accessible and equitable mental health care, as well as safe working conditions for psychiatrists and other mental health professionals.
- Psychiatry workforce planning must align with broader mental health workforce planning.
- Psychiatrists must lead in ensuring quality mental health care planning and delivery, including the integration of other professionals with expanded scopes of practice.
- Addressing disparities in access for rural, remote, minority and vulnerable populations is essential.
- Medical schools, professional associations and regulatory bodies play important roles in implementing physician resource planning.
- Mental health workforce shortages and inadequate staffing affect patient safety and contribute to psychiatrist burnout.

Discussions emphasized that providing care for people with severe illnesses and in underserved areas is a collective duty, not an individual burden. Failure to address these duties risks coercive actions by

governments. A system that balances patient needs with workforce satisfaction is vital to retaining psychiatrists and attracting new ones.

Factors Affecting PHR in Canada

- **Population Growth:** Canada's population grew from 35.5 million in 2014 to 41.4 million in 2024, a significant portion from immigration.
- **Changing Workforce:** Over a third of psychiatrists are aged 60 or older. More women are entering the field, and younger psychiatrists prioritize work-life balance to avoid burnout. Medical graduates are older and often carry significant debt, leading them to favour higher-paying specialties. A shortage of family doctors may increase psychiatrists' longitudinal care responsibilities.
- **Evolving Service Needs:** An aging population and increased cultural diversity add complexity to psychiatric care. Issues like homelessness, substance use disorders, and medically assisted dying further challenge the profession.
- **Varied Practice Models and Settings:** Psychiatrists work across multiple settings, including hospitals, outpatient clinics, academia and virtual care. Collaborative, stepped, and team-based care models are increasingly common. Some audience members highlighted the importance of team-based care for professional satisfaction and retention.
- **Changing Scopes of Practice:** The roles of other mental health professionals are expanding, creating overlap with psychiatrists' work. Funding, policy and practice constraints may also limit psychiatrists' scopes of practice.
- **Policy and Funding:** Recent federal health transfers targeted mental health and addictions as one of four shared federal-provincial-territorial health priorities, with uptake varying widely across jurisdictions. Overall health policy also varies widely. Pan-Canadian licensure and streamlined recognition of international medical graduates are potential solutions to workforce shortages. One attendee urged CPA to advocate for patient-centred policy changes in medical regulation.

The importance of funding collaborative and complementary psychiatric work was highlighted, with colleagues encouraged to engage in provincial fee-for-service agreements. Contract salaries were also highlighted as supportive of team-based care.

Attendees recommended CPA collaborate with organizations like the Mental Health Commission of Canada and the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) to influence government. CPA's role as a CAMIMH member and its regular meetings with the Council of Psychiatric Associations were noted as opportunities for joint advocacy.

Underserved Populations: Inequitable Access

Underserved populations, particularly rural, remote and Indigenous communities, face pressing needs. Additional equity challenges arise for Indigenous individuals living off reserve. Attendees noted that population-based care is shifting how funders approach building geographically inclusive mental health systems.

Opportunities and Challenges

While system transformations pose challenges, they also create opportunities. Emerging trends include:

- **Measurement-Based Care (MBC):** For example, using validated tools to inform treatment decisions, standardize care and improve outcomes or performance-based pay models. Audience members cautioned the latter must integrate case complexity to avoid penalizing those treating severe and complex illnesses.
- **Equity-Based Co-Design:** Involving patients and families in designing efficient, equitable and ethical services.
- **Technological Advances:** Virtual care, AI, remote monitoring and digital therapeutics are reshaping practice.
- **Evolving Therapies:** Innovations like precision medicine, neurostimulation and psychedelics are expanding treatment options.
- **Big Data Analytics:** Leveraging large datasets to shape funding decisions, benchmark outcomes and improve interventions will increasingly be used.

Quality of care frameworks, used by psychiatrists to evaluate their practice, are expected to evolve over the next decade to include assessments of how equitably and efficiently practices serve both their communities and society.

The shift to **electronic medical records** is facilitating improved communication among psychiatrists, patients and colleagues. Additionally, there is a growing emphasis on centralized and regionalized decision-making, consistent clinical oversight and resource allocation, to improve system efficiency and patient outcomes.

Models of care are transitioning from solo practice to team-based approaches, with psychiatrists often directing care, collaborating with team leaders, or integrating with specialists and other services. These shifts increasingly involve multisectoral partnerships, which are crucial for addressing complex mental health needs across diverse populations.

Individual clinical care is increasingly provided within a **population-based framework**, with psychiatrists applying their expertise to benefit both individual patients and broader populations. Meanwhile, the **private health care sector** is expanding, introducing new dynamics into the mental health landscape.

The Evolving Role of the Psychiatrist: Today and in the Future

The roles of other mental health professionals are expanding. Psychiatrists now require cultural competence in assessments and care. They must also address patient and family expectations, the influence of social media, and the need for autonomy while aligning their practice with community needs.

Some of the changing work psychiatrists are doing include new psychopharmacological interventions, personalized psychiatry, neuromodulation, disaster psychiatry and climate psychiatry. They are also

addressing complex issues like medical assistance in dying, nutritional and preventative psychiatry, and the impacts of the internet on mental health.

Other Audience Reflections

Attendees urged the CPA to advocate for:

- Systems that balance patient needs with professional sustainability.
- Mentorship opportunities to capitalize on the expertise of senior psychiatrists.
- Reduced administrative burdens to combat burnout.
- Innovative, evidence-informed approaches to service delivery and design.
- Increased cultural competency skills among psychiatrists.
- Incentivizing consultations.
- Upskilling lay and other providers, including in the community social sector.
- Building strong relationships with primary care to identify the human resources needed to support collaborative care work, including developing these relational skills in education.
- Population-based approaches to mental illness prevention through community development, mental health literacy and by leading in disaster planning. Adding disaster planning knowledge into the residency curriculum was proposed.

An allied health professional urged that psychiatry express support to health administrators and the public for the expanded roles of other mental health professionals.

Panelists

Dr. Alison Freeland, CPA Board Chair; past Chair of the CPA Professional Standards and Practice Committee.

Dr. Mark Lachmann, Geriatric psychiatrist, Toronto; Chair of the CPA Professional Standards and Practice Committee.

Dr. Renuka Prasad, Consultant-psychiatrist, University of Saskatchewan, CPA Public Policy Committee member; former CPA president.

Dr. Abraham Rudnick, Psychiatrist and ethicist, Dalhousie University; Chair of the CPA Public Policy Committee.

Dr. Georgina Zahirney, Psychiatrist, Montreal; CPA Public Policy Committee member; former CPA president.

Dr. Yanbo Zhang, Psychiatrist, researcher and educator, Edmonton; CPA Public Policy Committee member.