



2024 Ontario Psychological Services Report:  
Comprehensive Fee Survey and Analysis of Practice  
Diversity Across Public and Private Sectors



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## Executive Summary

This report delivers an extensive analysis of the fee structures for psychological services in Ontario, reflecting data from a diverse cohort of 718 psychologists and psychological associates<sup>1</sup>. It also captures and collates data regarding diversity in the field, demographic data and scope of practice. This year's survey scrutinizes the spectrum of fees charged for psychological services (including assessments, treatments, and expert testimonies) in private practice settings. It also explores public sector salaries and touches upon physician billing.

The report is meant to provide a benchmark for psychologists and stakeholders including insurance companies and looks at public sector data in the process. It does not capture professional and business expenses, overhead, absence/availability of benefits, average hours billed per week, or annual income. This year's survey did not differentiate the fees of those in supervised practice psychologists or difference in fees between masters trained psychologists and psychological associates and those with a doctorate. These areas will be explored in future work.

### Key Insights:

- **Fee Variability:** The report documents a range of hourly fees with neuropsychological assessments averaging the highest and ADHD assessments the lowest. The considerable variation underscores the specialized nature of services such as expert testimonies.
- **Demographic Characteristics of Psychologists in Private Practice in Ontario:** Of respondents, 80% were female and 75% were aged 40 or older.
- **Geographical Disparities:** The report highlights regional differences in fee structures, with the Greater Toronto Area (GTA) displaying the highest mean fees possibly due to its diverse economic and demographic profile.

### Implications for Practice:

The findings from the 2024 Fee Survey are intended to guide emerging and established psychologists in setting their fees. They may offer a benchmark for competitive fee setting.

### Strategic Recommendations:

- **Fee Setting:** Psychologists can utilize this data to understand the range of professional fees amongst their Ontario colleagues.
- **Professional Development:** The survey highlights the possible value of specialization and advanced training.
- **Market Adaptation:** The continued monitoring of fees may help us understand the shifts in demographic and practice trends over time which may enable psychologists to better cater to a changing clientele, ensuring sustainability and relevance in their practice.

Our report may also assist Federal programs (e.g. RCMP, Veterans Affairs, Non-insured health benefits for First Nations and Inuit), Ontario's Ministries of Health, Education and Social Services with the knowledge to strategically navigate the evolving landscape, ensuring that they continue to provide essential mental health services effectively and equitably.

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<sup>1</sup> The term psychologist will be used in this text to refer to both psychologists and psychological associates registered with the College of Psychologists of Ontario.

# Characteristics of Participating Psychologists

## Gender

Among survey respondents, 80% identified as female, 19% as male, and 1% chose not to answer. This is consistent with a higher representation of women in the field of psychology and may have financial implications.

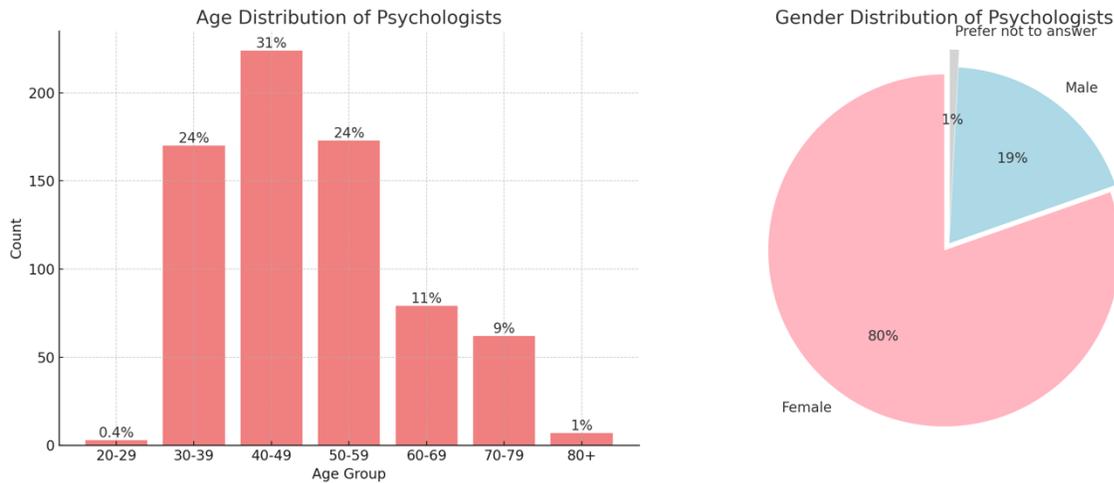


Figure 1. Age and Gender distribution among psychologists in Ontario

## Age

The age distribution of psychologists who participated in the 2024 fee survey presents a bell-shaped curve, typical of a mature profession. Three-quarters of respondents were aged 40 or older, with almost one-third in the 40-49 range. Fewer than one percent of respondents were 29 or younger. This likely reflects the fact that many individuals are 30 or older when they complete their training and/or begin their careers in psychology.

## Gender and Age Distribution

Among women,

- the largest concentration is in the 40-49 age group, representing 27.3%.
- The next most populous age groups are the 30-39- and 50-59-years categories, making up 20.3% and 19.4% respectively.
- There is also noteworthy representation in the 60-69 and 70-79 age brackets, contributing 8.5% and 4.8% of the female participants.

This distribution indicates a wide age range among the female psychologists, spanning early career stages to seasoned professionals.

Among men, who total 135 respondents, the age distribution shows a relatively even spread across the mid to late career phases.

- The 50-59 age group is the most represented at 4.5%, closely followed by the 70-79 age group at 3.8% and the 40-49 age group at 3.9%.
- The presence of younger and older psychologists is less pronounced, with the 30-39 age group at 3.4% and the 80+ age group at 0.7%.

This balanced distribution across age groups among male psychologists suggests a diverse age profile and reflects the trend of fewer males entering the profession.

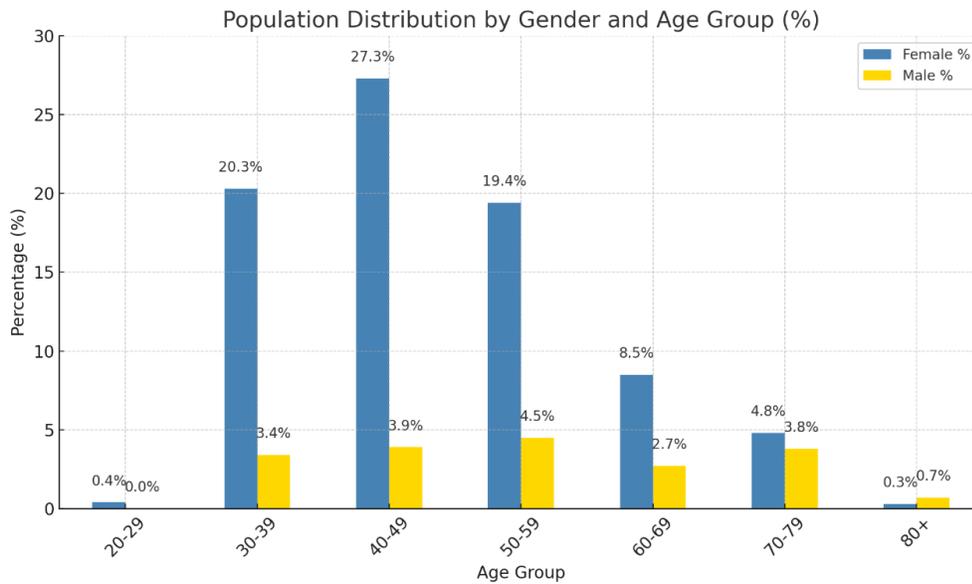


Figure 2. Age distribution by gender of psychologists in Ontario.

### Years of Experience

The survey reveals a significant span of practice years, highlighting the profession's depth and diversity. Here is a breakdown and analysis of the experience levels:

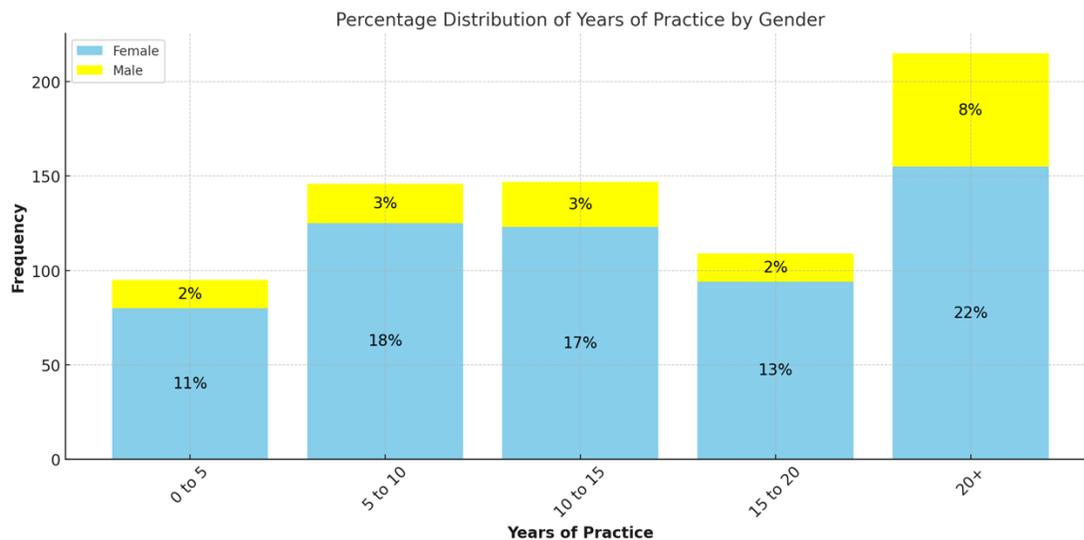


Figure 3. Distribution of psychologists by years of practice and gender.

## Geographic Location

A total of 770 respondents provided their geographic region.

- Half of survey respondents were from the Greater Toronto Area (GTA)
- Eastern and Southwest Ontario both report 19%, each with 147 cases.
- Central Ontario has a smaller share at 8%, corresponding to 62 cases, and Northern Ontario has the fewest respondents, with 31, making up 4% of the total.

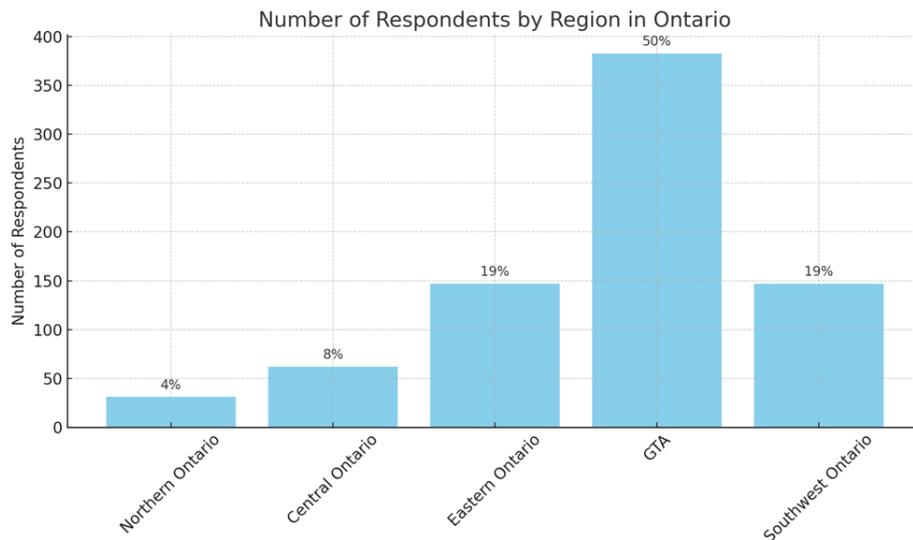


Figure 4. Number of psychologists who responded to the survey by region

## Authorized Client Populations

Information about respondents' authorized client populations can be useful for understanding service availability. Psychologists are authorized to work with a wide spectrum of client populations, including:

- Children and Adolescents: A significant portion of our practitioners work with youth.
- Adults: Many respondents are authorized to offer services to the general adult population, addressing issues from workplace stress to chronic mental health conditions.
- Seniors: A dedicated subset of professionals focuses on geriatric psychology, providing essential services to our aging population and addressing the complex interplay of cognitive decline, grief, and mental health in later life.
- Families and Couples: Family and couples therapy is a well-represented area, with respondents indicating authorization to support relationship dynamics, parenting challenges, and family system disruptions.

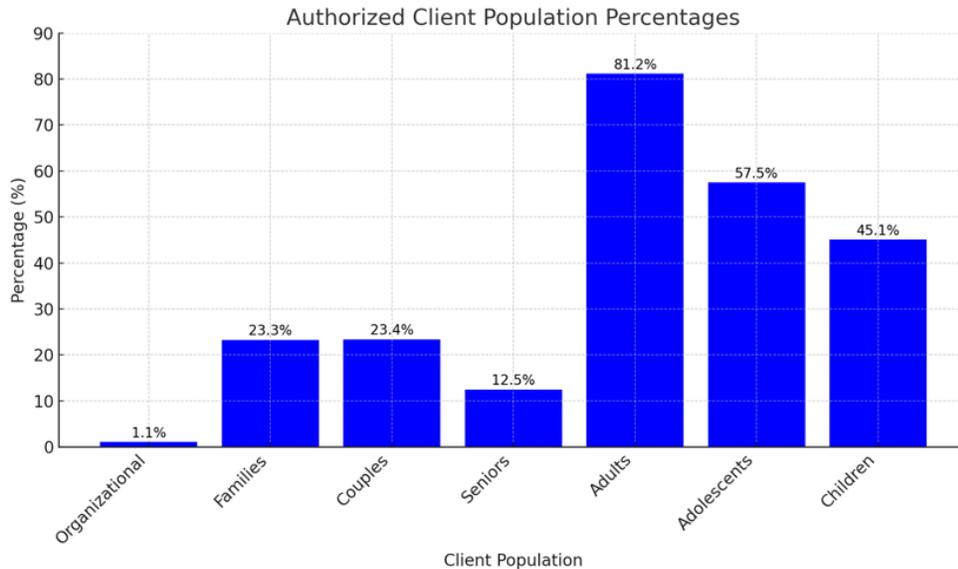


Figure 5. Distribution of Psychologists by authorized client populations

### Scope of Practice: Authorized Areas of Practice

The fee survey data captures a multifaceted image of authorized practice areas among Ontario's psychologists, reflecting the diversity and specialty within the profession.

- **Clinical Psychology:** The largest group of practitioners surveyed are authorized in clinical psychology, applying their expertise to assess, diagnose, and treat individuals with behavioral, emotional, and cognitive disorders.
- **School Psychology:** A significant number of respondents practice school psychology, focusing on the well-being and educational success of children and adolescents.
- **Clinical Neuropsychology:** A subset of respondents are authorized in clinical neuropsychology, dealing with brain-behavior relationships.
- **Counselling Psychology:** Many respondents provide services in counselling psychology, assisting individuals in managing life's stressors and transitions.
- **Forensic/Correctional Psychology:** Practitioners in this niche area apply psychological principles within legal contexts.
- **Health Psychology:** Respondents working in health psychology aim to improve health outcomes through behavioral interventions.
- **Industrial/Organizational Psychology:** Though fewer in number, some respondents focus on workplace behavior and organizational effectiveness.

- **Rehabilitation Psychology:** Several practitioners focus on assessing and treating individuals with impairments due to injury, illness, or trauma, aiming to maximize functioning and minimize disability.

Psychologists' areas of practice can be explored in more depth through resources like the College of Psychologists of Ontario's [Definition of Practice Areas](#).

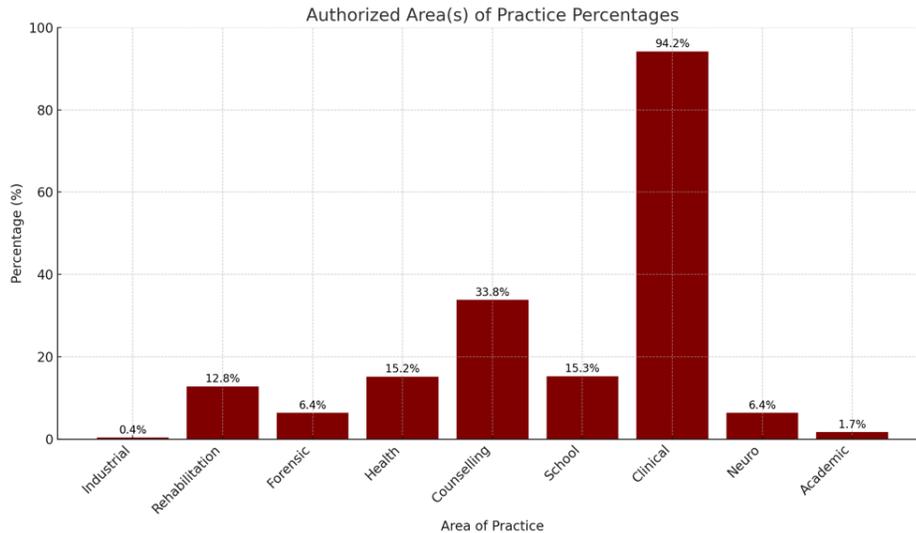


Figure 6. Distribution of Psychologists by authorized area(s) of practice

### Practitioner Focus: Varied Domains of Psychological Practice

We asked survey respondents to describe what they primarily do day to day. Over half do a combination of assessment and intervention, and almost 10% are engaged in research while 15% are in managerial and supervisory roles. These data highlight the versatility within the field of psychology, with professionals engaging in a range of activities that encompass clinical work, research, and administrative responsibilities. Each role is essential to the functioning and advancement of psychological services and contributes to the field's comprehensive understanding of human behavior and mental health.

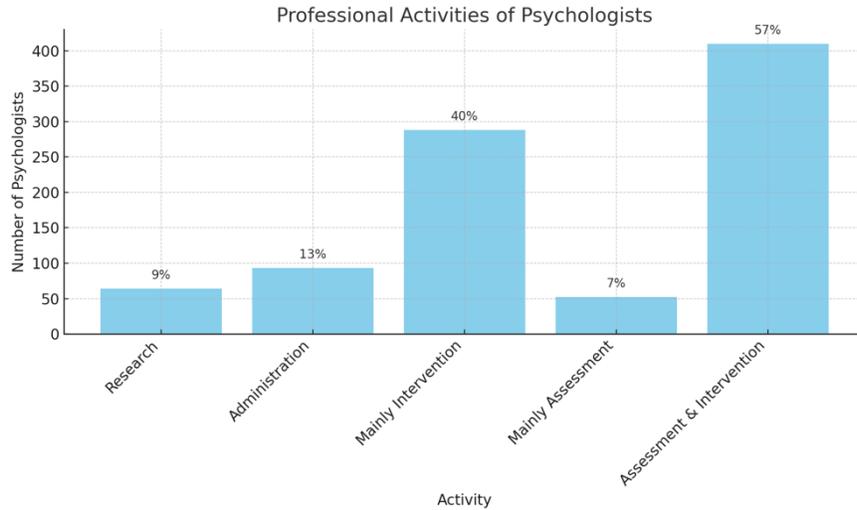


Figure 7. Professional activities psychologists engage in

### Modalities of Care Delivery: Virtual, In-Person, and Hybrid Approaches

Whether in public or private care, the data on virtual service delivery indicates a diverse adaptation to virtual services among the 695 respondents who completed the fee survey question. Virtual care was largely absent until the COVID-19 pandemic, but now appears well entrenched in psychological practice. Notably, 20% have transitioned entirely to virtual care.

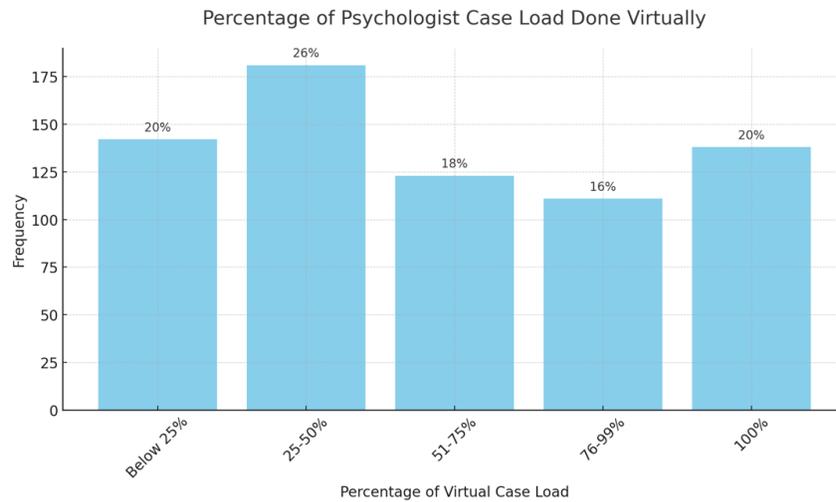


Figure 8. Percentage of Virtual Care caseload.

## Service Settings: Public, Private, and Hybrid Practice Models

This section presents an analysis of the practice settings for psychologists, delineating their involvement across public, private, and hybrid models.

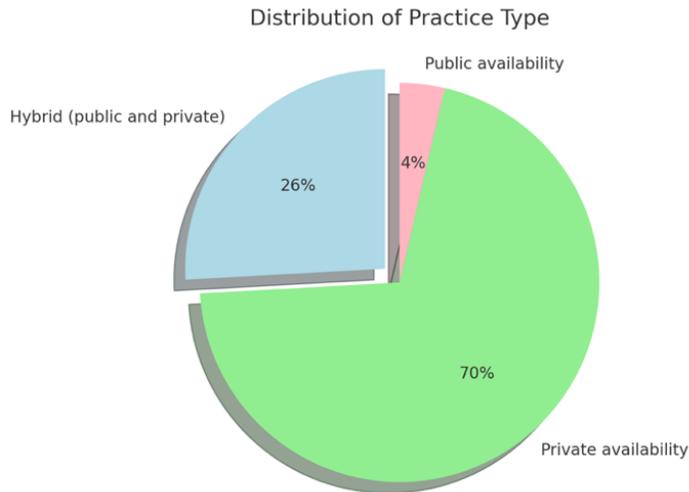


Figure 9. Distribution of practice type and private and public sector involvement.

This distribution not only underscores the predominant preference for private practice, despite a number unfilled position in hospitals or schools for instance, but also illustrates the extent of integration between public and private sectors among psychologists. Overall, 4% of respondents worked entirely in a publicly delivered environment, while 70% worked entirely in private practice. Approximately one quarter worked in a hybrid fashion.

## Time Dedication to Care Delivery

The time commitment of psychologists to their respective practices varies significantly.

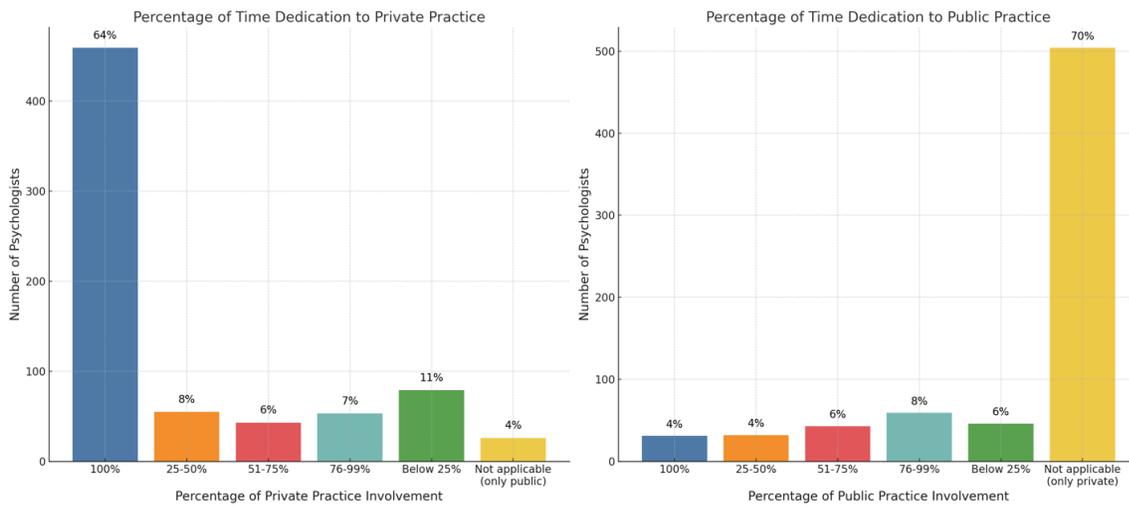


Figure 10. Percentage of time dedication to public and private practice respectively.

### Implications for Access to Care

The predominance of private practice has notable implications for mental health care accessibility in Ontario. Although the survey primarily focuses on fees, which may underrepresent public sector psychologists, the scarcity of psychologists in publicly funded environments like schools and hospitals indicates significant accessibility challenges for many residents. These challenges are particularly acute for those lacking adequate workplace or extended health coverage. According to 2017 data from the College of Psychologists of Ontario, nearly half of all registered psychologists were primarily employed in private practices. While more current statistics are unavailable, anecdotal reports suggest an increase in the number of psychologists choosing private practice. This trend is supported by the Provincial Sunshine List, which in 2023 identified 518 psychologists, approximately 12% of the workforce, likely employed full-time in the public sector and earning over \$100,000 annually. This marked disparity underpins a two-tiered mental health system in which access to and the quality of care are heavily influenced by an individual’s health benefits or ability to afford private services.

### Diversity in Practice Types: From Solo Ventures to Multidisciplinary Teams

The survey data presents a detailed look into the types of practice settings among respondents within the field. Here is a breakdown of the findings. For example, Solo Practitioners represent the largest group, accounting for nearly half of the respondents at 49% (353 individuals).



Figure 11. Types of private practice psychologists work in.

## Fees for Psychological Services in Ontario

This section of the report synthesizes data on the fees charged by 651 respondents for various psychological services in Ontario.

### **Fee Structure Analysis:**

Our survey included separate questions about fees for assessment and intervention. For readers less familiar with statistical analyses, the **mode** represents the most common response, and the **median** represents the middle value of all responses. The **mean** is the calculated by summing of all responses divided by the number of responses, and two-thirds of responses fall between one standard deviation below and above the mean.

Table 1 presents the results divided by fees charged for (i) assessment, (ii) intervention, and (iii) other professional activities. There is notable variability in psychologists' fees across all three domains; psychologists set their own fees in Ontario.

With regard to assessment, fees for clinical intakes range from \$100 to \$400/hour, psychologists most commonly charge \$250/hour, and two-thirds of psychologist charge between \$208 and \$287/hour. Among the different types of assessments, custody and access assessments have the highest average fees (with two-thirds of psychologists charging hourly fees between \$225 - \$427); there are also the fewest number of respondents who perform such evaluations (n = 43). and giftedness assessments had the lowest average fees (with two-thirds of psychologists charging between \$201 and \$274/hour).

With regard to psychological intervention, psychologists most commonly charge \$250/hour, with two-thirds of psychologists charging between \$211 and \$275. Among different types of intervention, fees are typically highest for couples therapy (with two-thirds of psychologist charging between \$216 and \$300). Fees for individuals attending group sessions are lowest (with two-thirds in the \$70 - \$208 range).

The most significant variability in fees is observed among psychologists providing expert testimony (e.g., in legal proceedings), with daily fees ranging from \$1,500 to \$6,000.

Collectively, fee data illuminate a system within Ontario in which variability in fees for psychological services are reflect both service complexity and well as individual determination of the value of one's services.

### **Implications and Takeaways for Practicing Psychologists:**

- **Benchmarking Services:** Psychologists can use these data to compare their own fee structures with provincial averages, ensuring services are competitively and fairly priced.
- **Understanding Market Standards:** The report outlines the typical fees for various services, helping psychologists set or adjust their fees according to the complexity of the conditions with which they work as well as the demand within their practice areas.

- Specialization Incentive: Higher fees associated with specialized services may encourage practitioners to pursue further training and accreditation.
- Navigating Legal Services: The premium fees for expert testimony and forensic services underscore the value of specialized knowledge in legal contexts, offering an incentive for psychologists to develop expertise in these areas.
- Investing in Development: The substantial fees for daily training programs (e.g. seminars, conferences) reflect the significant investment in professional development, underscoring the importance of ongoing education in enhancing service offerings.
- Adapting to Client Needs: Understanding fee ranges assists psychologists in adapting their services to meet diverse client needs, including offering sliding scales or alternative fee arrangements when necessary.

	N	Mean	Median	Mode	Std. Dev.	Range	Min	Max
<b>Assessment Services</b>								
Clinical Intake	651	247.3	245	250	39.3	400	100	500
Assessment	533	247.4	250	250	42.4	400	100	500
ADHD Assessment	230	238.8	240	225	36.9	255	130	385
Gifted Assessment	186	237.6	240	250	36.2	245	130	375
Neuropsychological Assessment	43	260.5	250	250	49.9	250	200	450
Social-Emotional Assessment	284	242.1	240	250	37.2	320	130	450
Custody & Access Assessment	42	325.8	300	250	101.1	415	135	550
<b>Treatment Services</b>								
Psychological Treatment	669	243.0	240	250	31.7	300	100	400
Couples Therapy	165	258.1	250	250	41.9	235	150	385
Family Therapy	135	249.3	250	225	39.7	235	150	385
Group Therapy	45	138.7	120	100	69.0	259	41	300
Child Treatment	309	240.5	240	225a	30.7	255	130	385
<b>Other Services</b>								
Expert testimony (half day)	74	1632.2	1400	1000	811.3	4250	750	5000
Expert testimony (full day)	72	3170.0	3000	5000	1210.3	4500	1500	6000
Consultation (hourly)	347	252.2	250	250	58.5	565	85	650
Consultation (Daily)	51	1985.1	2000	2000	788.2	3750	750	4500
Training Programs (Daily)	55	2907.7	2500	2500	1755.3	9250	750	10000

Table 1. The table presents a detailed summary of fees charged for a variety of psychological services in Ontario, organized by service type. The services covered include various assessments (general, ADHD, gifted, neuropsychological, social-emotional, and custody & access), psychological treatments, and professional services such as expert testimony, consultations, and training programs.

## Graphical representations that illustrate the distribution of fees by services

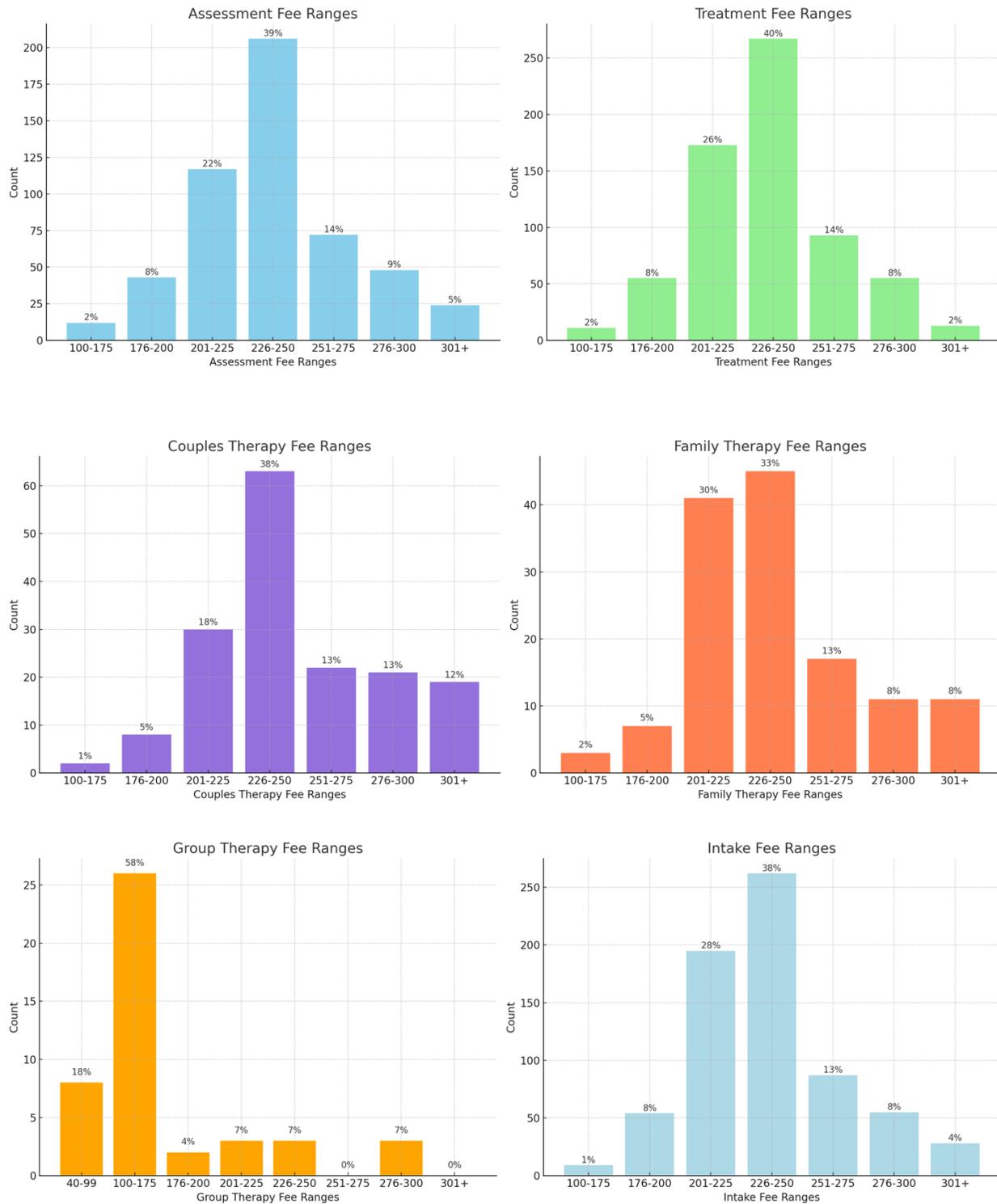


Figure 12. Fee range by service type

## Psychological Assessment Fees in Ontario: A Regional Analysis

The landscape of psychological assessment fees across Ontario showcases important regional variations, reflecting the complexity and diversity of psychological services market.

### Overall Patterns

The data covers the mean, median, and mode of fees charged for psychological assessments, and extends to the standard deviation, range, minimum, and maximum charges across different regions. The sample sizes vary, with the smallest from Northern Ontario (N = 13) and the largest from the Greater Toronto Area (GTA) (N = 259). This variance provides a broad perspective on the economic decisions and constraints faced by clients seeking these services.

	N	Mean	Median	Mode	Std. Dev	Range	Min	Max
Central Ontario	N = 38	238.68	235	200	45.3	245	130	375
Eastern Ontario	N = 102	241.25	240	250	28.0	200	150	350
GTA	N = 259	258	250	250	45.5	400	100	500
Multiple regions	N = 17	247.06	240	225	40.2	150	180	330
Northern Ontario	N = 13	225.38	225	225	30.6	120	180	300
Southwest Ontario	N = 104	232.89	225	225	40.1	245	130	375

Table 2. The table provides a detailed statistical overview of psychological assessment services fees across various regions in Ontario. It summarizes the data collected from different regions, specifying the number of records (N), mean fee, median fee, most common fee (mode), standard deviation, range, minimum, and maximum fee values.

### Implications and Contextual Factors

- **Most Common Fee Range:** Analysis reveals common fee ranges in various regions, with a notable majority of Eastern Ontario's assessments (56%) situated in the \$226-250 range, suggesting a generally accepted fee for certain services.
- **Regional Fee Distributions:** Each region exhibits distinct patterns in fee distribution. For instance, the GTA and South-western regions display a spread of fees across a broader spectrum, indicative of varied economic factors and practitioner preferences.
- **Affordability and Accessibility:** The range of fees could also mirror the affordability and accessibility of psychological services, with higher fees potentially limiting access for lower-income individuals.
- **Market Saturation and Competition:** A wider spread of fees, particularly evident in the GTA, could suggest a saturated market with heightened competition, prompting psychologists to set competitive fees to attract a diverse client base.

# Graphical representations that illustrate assessment fees by regions

## Psychological Assessment Fees Distribution by Region in Ontario

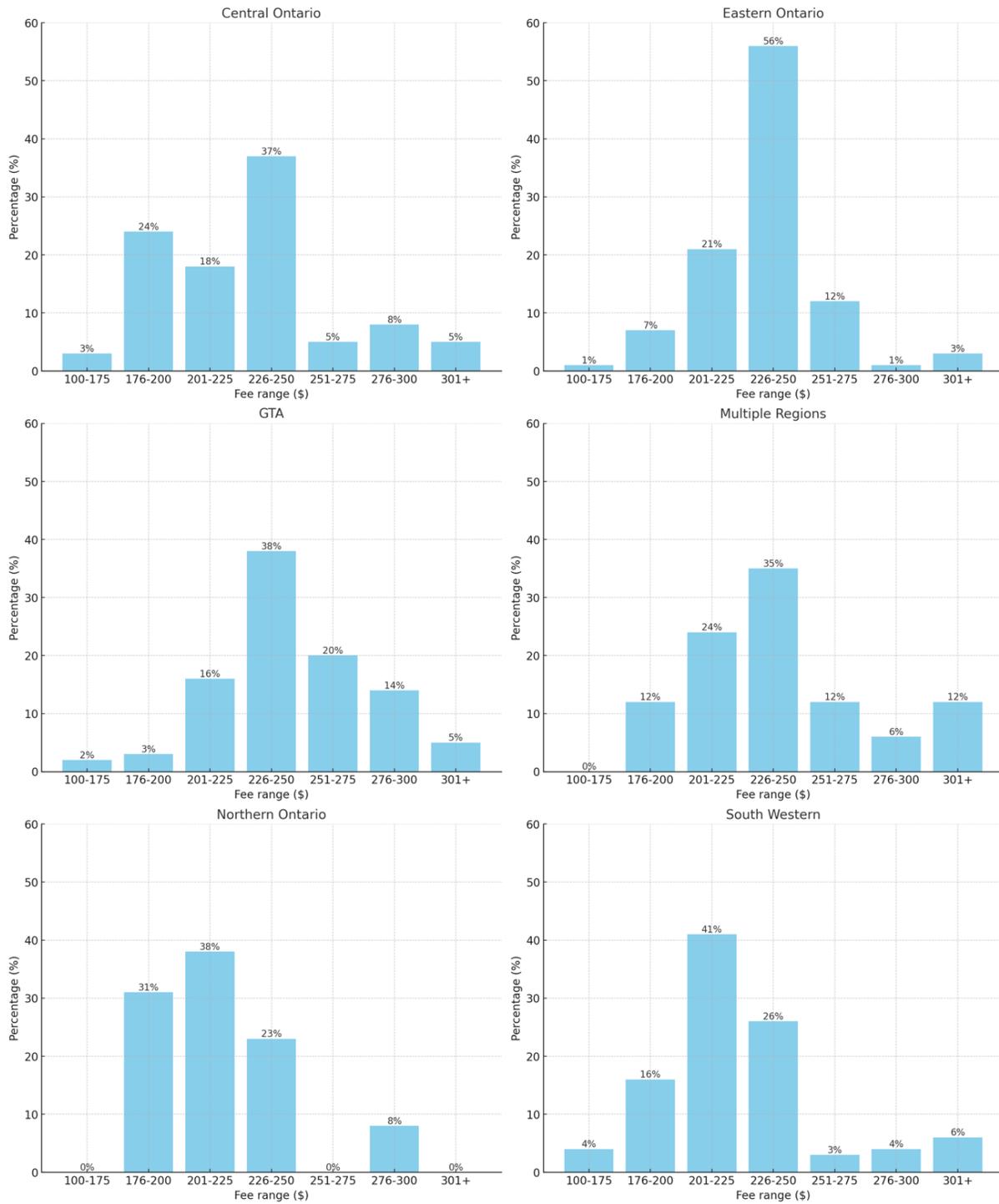


Figure 13. Assessment fee ranges by regions

## Psychological Treatment Fees in Ontario: A Regional Analysis

The financial landscape of psychological treatment fees in Ontario reveals significant regional disparities, mirroring the complex fabric of the mental health services sector. This analysis delves into the fees associated with psychological treatments across various regions.

### General Observations

This survey encompasses a range of statistical parameters, including mean, median, and mode of fees, along with the standard deviation, range, minimum, and maximum charges across different locales. With sample sizes ranging from a modest N = 14 in Northern Ontario to a substantial N = 349 in the GTA.

	N	Mean	Median	Mode	Std. Dev	Range	Min	Max
Central Ontario	N = 46	235.39	235	250	37.4	225	150	375
Eastern Ontario	N = 123	239.86	240	250	24.5	200	150	350
GTA	N = 349	251.4	250	250	31.7	300	100	400
Multiple regions	N = 21	245	240	225	33.0	150	180	330
Northern Ontario	N = 14	226.07	225	225	19.6	70	180	250
Southwest Ontario	N = 116	225.84	225	225	28.4	190	130	320

Table 3. This table provides a statistical breakdown of fees for psychological treatment services across six regions in Ontario, encompassing Central Ontario, Eastern Ontario, the Greater Toronto Area (GTA), Multiple Regions, Northern Ontario, and Southwest Ontario. Each region's data set includes the number of observations (N), the mean, median, and mode of the treatment fees, the standard deviation indicating the variability of fees, the range which shows the span between the lowest and highest fees, and the minimum and maximum fees recorded.

### Implications and Regional Dynamics

- **Predominant Fee Range:** The data highlights prevailing fee ranges within each region, with a sizable portion of fees in areas like the GTA and Eastern Ontario leaning towards the mid-to-upper range of the spectrum.
- **Diverse Fee Structures:** Regions show distinct patterns in their distribution of fees. For instance, while Central Ontario and Northern Ontario have a concentrated range of fees suggesting uniformity, the GTA's data indicates a diverse array of fees that could be influenced by varied market forces and practitioner demographics.
- **Pricing Trends:** Fees tend to cluster around the median range in most regions, with the extremes of the pricing spectrum being less common.
- **Cross-Regional Comparisons:** Regional discrepancies could be attributed to cost-of-living variations, demand for services, market saturation and economic vitality across regions.
- **Access and Affordability:** The fee span may potentially reflect the accessibility of services, where higher fees may act as a barrier to those with limited financial resources.

## Graphical representations that illustrate treatment fees by regions

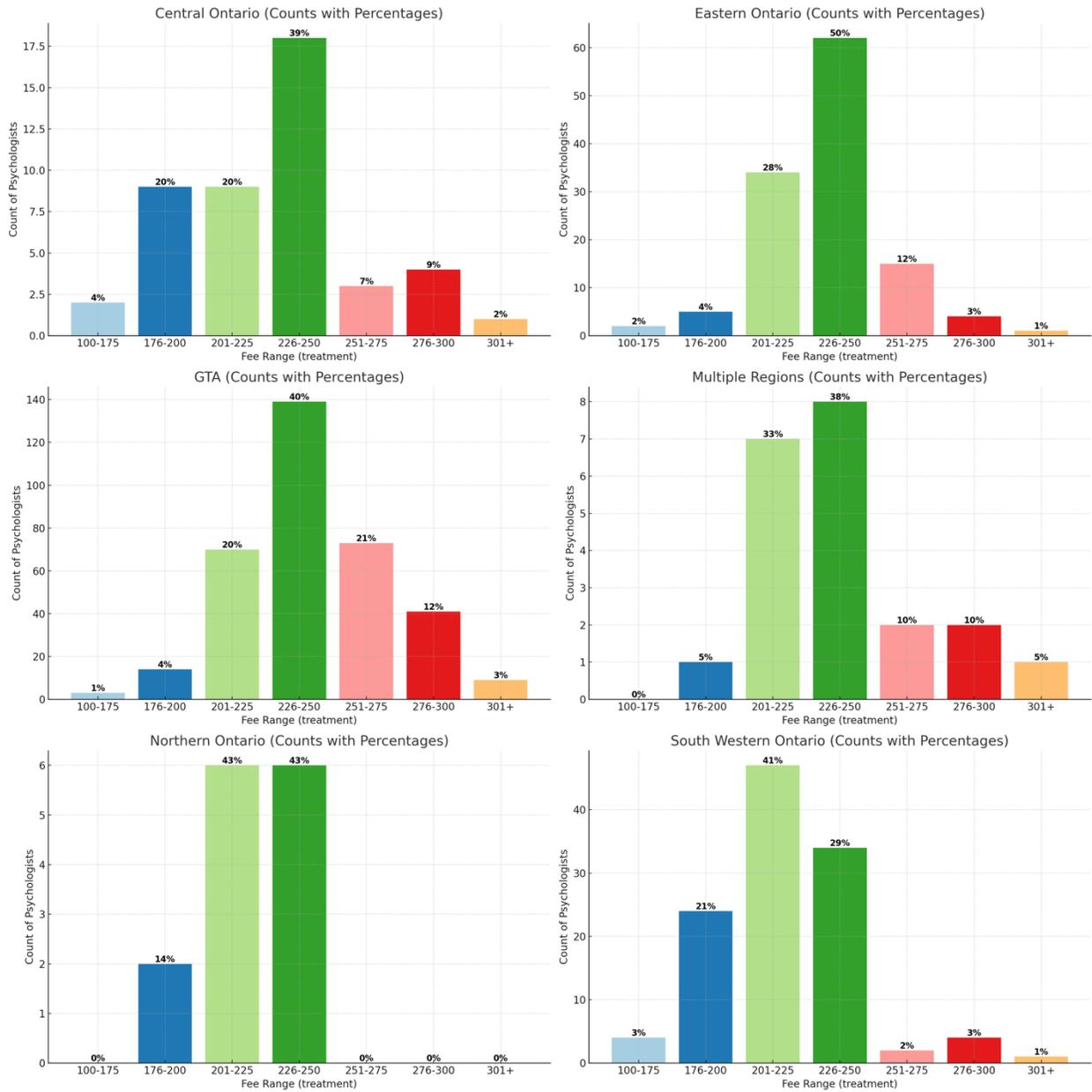


Figure 14. Treatment fee ranges by region

## Assessing the Influence of Gender on Fee Structures

Women accounted for the bulk of respondents, and we noted the range of fees was slightly more for women indicative of greater variability. We compared the mean assessment fees reported by male and female psychologists. With regards to assessment services, men on average charged nearly 8 dollars more than women on an hourly basis (245.6 vs 253.5). On the treatment side, women charged on average 242.65 and men charged 244.85. However, our analyses revealed no statistical difference between men and women on both reported treatment and assessment fees.

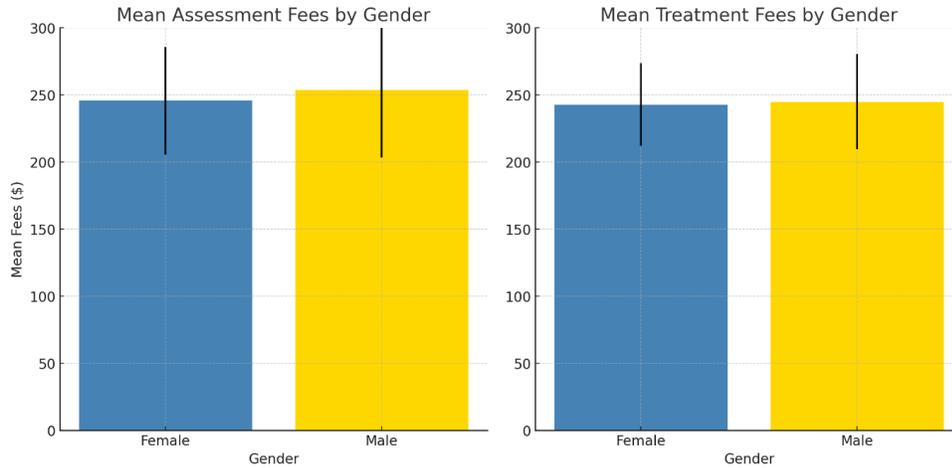


Figure 15. Mean assessment and treatment differences between male and female psychologists

Fee Service Type	Gender	N	Range	Min	Max	Mean	Std. Dev.
Intake	Women	525	350	150	500	247.3	39.3
	Men	119	350	100	450	248.2	40.0
Assessment	Women	409	370	130	500	245.6	40.0
	Men	118	400	100	500	253.5	50.0
ADHD Assessment	Women	178	255	130	385	237.9	37.3
	Men	48	200	150	350	241.4	35.3
Gifted Assessment	Women	145	245	130	375	235.8	38.1
	Men	39	120	180	300	242.1	26.8
Neuropsychological Assessment	Women	30	250	200	450	253.7	49.2
	Men	13	190	210	400	276.2	49.8
Social-Emotional Assessment	Women	225	245	130	375	240.7	35.6
	Men	56	300	150	450	246.4	43.1
Assessment Custody-Access	Women	23	415	135	550	337.4	111.5
	Men	18	265	235	500	315.3	89.1
Treatment	Women	535	255	130	385	242.7	30.9
	Men	127	300	100	400	244.9	35.3
Couples Therapy	Women	117	235	150	385	258.2	41.0
	Men	45	200	150	350	259.8	44.7

Family Therapy	Women	99	235	150	385	248.0	38.8
	Men	34	200	150	350	251.6	43.2
Group Therapy	Women	37	259	41	300	126.5	63.2
	Men	7	200	100	300	191.4	75.4
Child Treatment	Women	261	255	130	385	240.0	30.5
	Men	44	170	150	320	243.0	31.4
Expert testimony (half day)	Women	40	4125	875	5000	1638.0	790.3
	Men	33	4250	750	5000	1651.8	845.9
Expert testimony (full day)	Women	37	4250	1750	6000	3241.6	1217.8
	Men	34	4100	1500	5600	3141.2	1201.2
Consultation (hourly)	Women	270	455	85	540	247.3	48.7
	Men	73	500	150	650	267.2	79.7
Consultation (day)	Women	31	3500	1000	4500	2099.7	898.2
	Men	19	1750	750	2500	1797.4	566.8
Training Programs (day)	Women	35	9250	750	10000	3258.6	2060.8
	Men	19	2800	1200	4000	2309.2	746.8

Table 4. Fee statistics for men and women psychologists

## Exploring the Impact of Psychologists' Age on Fee Determination

This section explored the relationship between age group and fees. We had five age groups (25-39, 40-49, 50-59, 60-69, 70+) and explored Intake, assessment, and treatment fees. Data included Number of records (N), Mean fee, Standard Deviation, Range (Minimum, Maximum).

**Data Analysis:** In examining the association between provider age and various fee types, the data reveals significant age-related differences in fee assessments and structures. Specifically, individuals in the 60-69 age group generally charge lower fees compared to their younger counterparts, particularly those in the 40-49 age group. This pattern is evident across multiple fee categories, including assessment, treatment, and intake fees. Notably, the analysis indicates a trend of increasing fees with age up to the 40-49 age group, after which fees tend to decline. However, the R-squared values for the models are quite low (0.021 for Assessment, 0.022 for Treatment, and 0.029 for Intake), indicating that only a small proportion of the variability in fees can be explained by age alone, suggesting other factors also play significant roles in determining fee structures. The statistical analysis, employing a Tukey HSD test, supports these observations with significant mean differences in several comparisons, underscoring the potential impact of age on fee-setting behaviors.

**Implications for Practice and Policy:** Understanding the age distribution is essential for workforce planning, anticipating future trends in service needs, and ensuring that fee structures are reflective of the collective expertise available within the profession. It also informs targeted professional development, with younger psychologists potentially benefiting from mentorship programs and older psychologists offering valuable insights into the evolution of practice standards, including fee-setting.

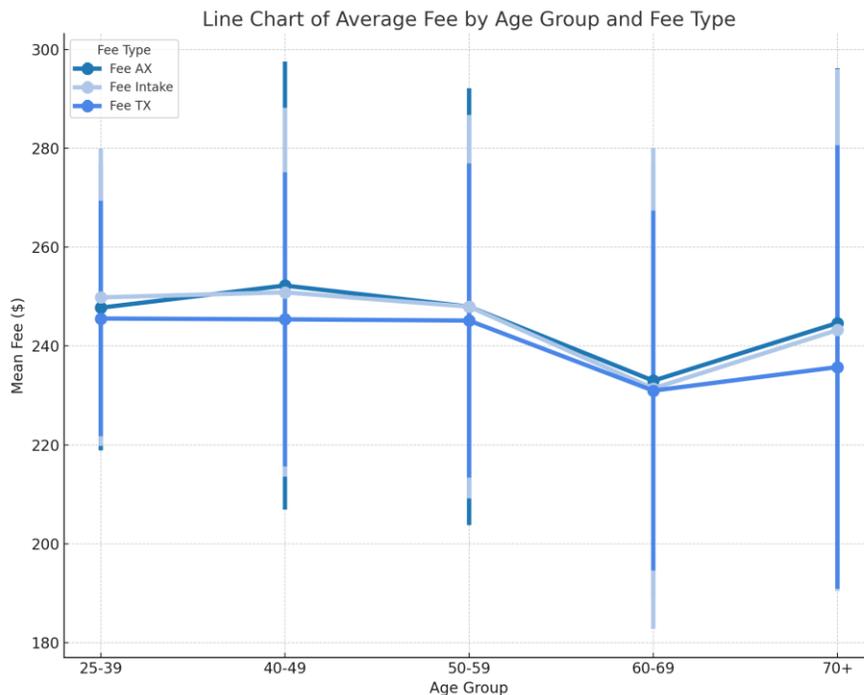


Figure 16. Fees for assessment, treatment, and intake by age group

Service Type	Age group	N	Mean	Std. Dev	Range	Min	Max
<b>Intake</b>	25-39	161	249.8	30.1	240	180	420
	40-49	211	250.9	37.3	275	175	450
	50-59	155	248.0	38.8	280	170	450
	60-69	63	231.4	48.7	350	150	500
	70+	61	243.3	52.8	350	100	450
<b>Assessment</b>	25-39	127	247.8	28.9	240	135	375
	40-49	168	252.2	45.3	350	150	500
	50-59	131	248.0	44.2	370	130	500
	60-69	56	233.0	43.7	255	130	385
	70+	51	244.7	51.6	300	100	400
<b>Treatment</b>	25-39	161	245.6	23.8	135	175	310
	40-49	214	245.4	29.8	225	150	375
	50-59	164	245.2	31.8	180	170	350
	60-69	68	231.0	36.4	255	130	385
	70+	62	235.7	44.9	300	100	400

Table 5. Fee for Intake, Assessment and Treatment by Age groups

## Analyzing the Impact of Years of Professional Experience on Psychologists' Fees

The dataset presents an analysis of fees charged in relation to the years of professional practice, categorized into three primary types: Fees for intake, Assessment, and treatment. Here's a detailed breakdown of data based on these years of experience brackets: 0-5 years, 5-10 years, 10-15 years, 15-20 years, and 20+ years.

### Fee Types and Trends:

- **Fee for Intake:** Reflects the higher range of initial fees charged upon service intake. Generally, the fees remain consistent across different years of practice, showing slight fluctuations but maintaining an average around \$250.
- **Fee for Assessment:** These fees are associated with evaluations or assessments and show an increasing trend as years of practice increase, peaking sharply between 15-20 years before stabilizing in professionals with over 20 years of experience.
- **Fee for Treatment:** Fees related to the treatment services provided, which appear to remain relatively stable across the years, with a slight decrease noted in those with the most experience (20+ years).

### Statistical Observations:

The standard deviation across all fee types indicates variability in the charges, with the greatest variability observed in the assessment fees for those in the 15–20-year category. This suggests a broader range of fee structures.

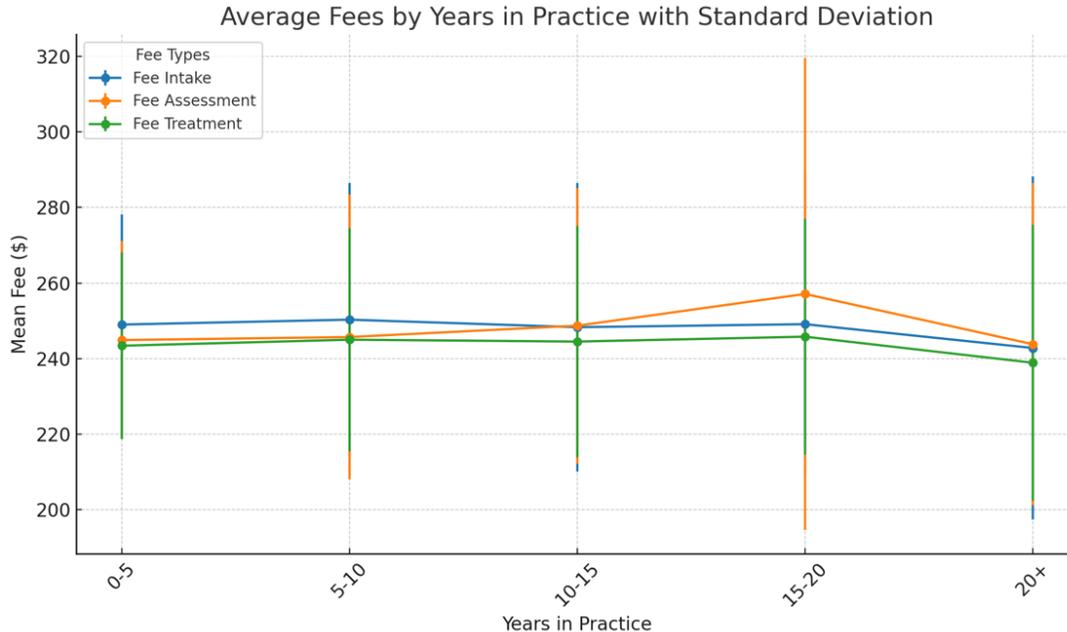


Figure 17. Average fees for Intake, Assessment and Treatment by years of practice

Table of fees by years of experience

Service Type	Age group	N	Range	Min	Max	Mean	Std. Dev
<b>Intake</b>	0-5	85	188	187	375	249.0	29.1
	5-10	139	275	100	375	250.3	36.1
	10-15	137	275	175	450	248.3	38.2
	15-20	101	270	180	450	249.1	40.3
	20+	189	350	150	500	242.8	45.4
<b>Assessment</b>	0-5	74	165	135	300	244.9	26.2
	5-10	103	275	100	375	245.7	37.7
	10-15	116	245	130	375	248.7	36.5
	15-20	80	350	150	500	257.1	62.5
	20+	160	270	130	400	243.8	42.6
<b>Treatment</b>	0-5	86	125	175	300	243.4	24.7
	5-10	138	250	100	350	245.0	29.5
	10-15	143	195	180	375	244.5	30.6
	15-20	105	170	180	350	245.8	31.2
	20+	197	270	130	400	238.9	36.5

Table 6. Fees for Intake, Assessment and Treatment by years of experience

## Financial Flexibility in Care: Sliding Scales and Pro Bono offerings

The data presented in the bar graphs below compares the percentage of caseloads offered under Pro bono and Sliding Scale payment options across various percentage categories. The categories range from offering no Pro bono or Sliding Scale options ("None") to offering these options for more than 36% of the caseload ("36%+").

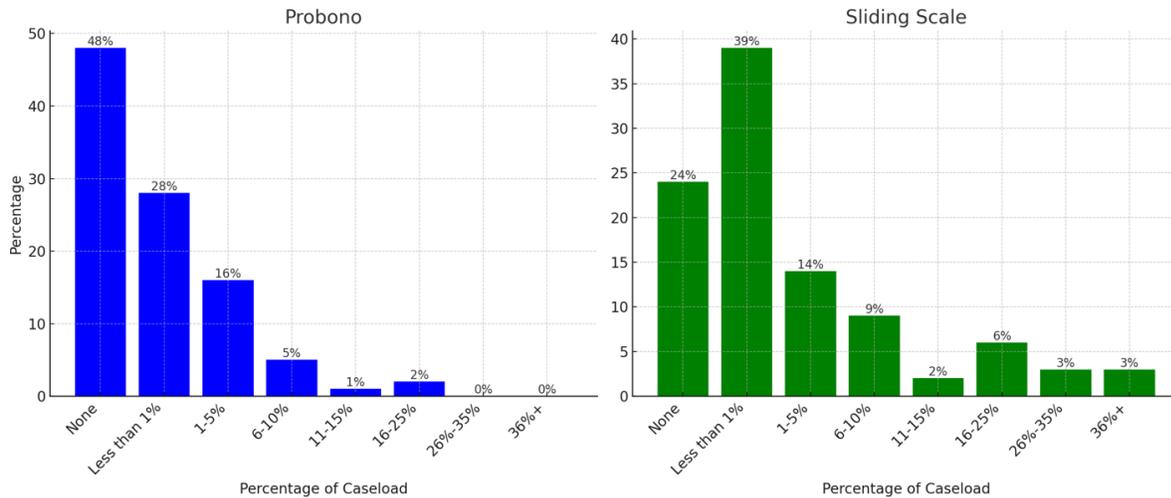


Figure 19. Distribution of psychologists offering pro-bono and sliding scales options.

### Interpretation of the Data

The data reveals that a greater portion of caseloads offer Pro bono services at no cost ("None") compared to Sliding Scale options, suggesting that outright free services is less frequently available than support that still requires some payment (albeit on a sliding scale based on the client's income). On the other hand, the Sliding Scale option is more accessible for a larger percentage of cases in the lower percentage categories (Less than 1% and 1-5%), indicating that more clients are being offered somewhat discounted services compared to completely free services.

The analysis of comments from psychologists regarding factors influencing the decision to include or exclude sliding scale options in their practices reveals a significant emphasis on patients' financial barriers, which account for 67.3% of the considerations. This dominant theme encompasses issues related to financial need, income levels, and patient affordability. Insurance factors, including coverage adequacy or its absence, also play a substantial role, constituting 15.9% of the responses. Other notable themes include resource limitations (5.8%), which reflect the practical constraints of service provision such as time and capacity, and specific populations (4.7%), highlighting considerations for particular groups like students or those experiencing unique circumstances. Ethical considerations and direct patient demand each contribute to around 1.1% of the factors. The data indicates that psychologists consider a range of diverse and complex factors when deciding on sliding scale fees, aiming to balance accessibility, ethical obligations, and operational viability within their practices.

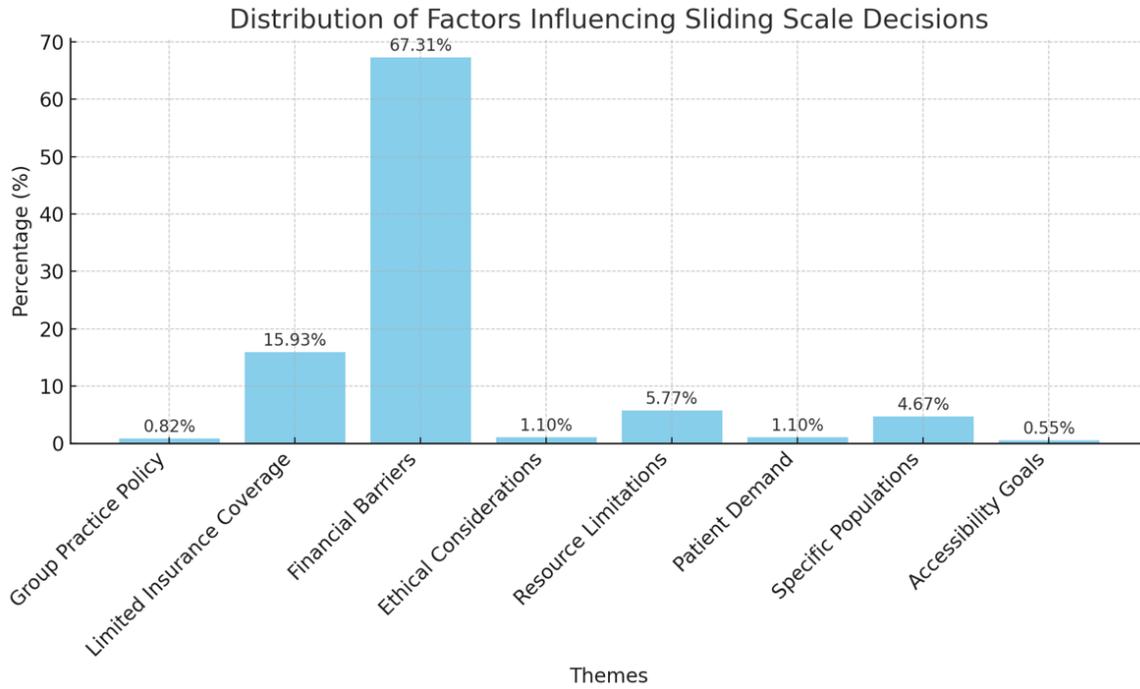


Figure 20. Factors influencing sliding scale decisions.

## Representation of Service-Specific Clientele: Veterans Affairs, WSIB, Auto Insurance, RCMP, and Armed Forces

### Psychologists' Patient Load Distribution by Program

As part of the fee survey, we asked about the percentage of the case load dedicated to known federally funded programs (Veterans Affairs, RCMP, Canadian Armed Forces), WSIB, and Auto Insurance. Psychologists' Participation in these programs may be dependent on several variables including administration burden, set fees, clinical autonomy, patient populations, associated scope of practice and competencies, onboarding requirements, mental health needs and more.

The stacked bar graph below provides a comprehensive overview of the percentage of psychologists who accept patients from five different programs: The patient loads are segmented into six categories ranging from 1% to 100% of their total patient caseload.

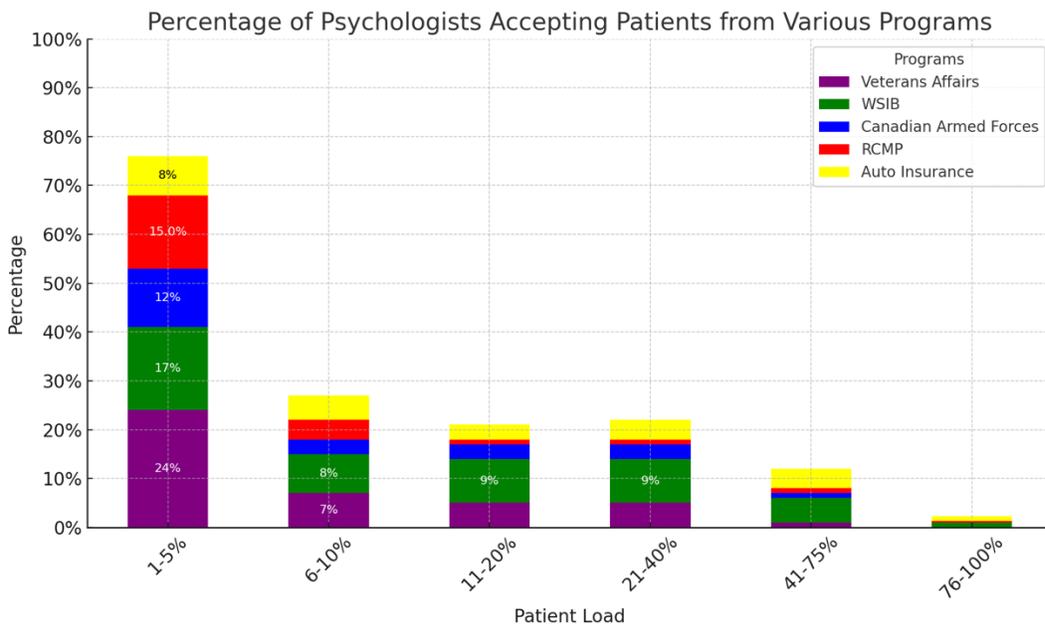


Figure 21. Percentage of psychologists' caseloads by funded program

- **Veterans Affairs:** A significant number of psychologists, 57%, do not accept any patients from Veterans Affairs, while 24% have a small load (1-5%). Smaller percentages are evident in higher patient load categories.
- **WSIB:** About 51% of psychologists reported no WSIB patients. The distribution across the 1-5% and 6-10% load categories is 17% and 8% respectively, indicating a slight preference compared to other small load categories.
- **Canadian Armed Forces:** This program has the highest percentage of non-participation, with 78% of psychologists not accepting any patients. The rest primarily have very light caseloads with this group (1-5% category has 12%).
- **RCMP:** Similarly to the Canadian Armed Forces, a high percentage of psychologists (79%) do not take on RCMP patients, and those who do, predominantly fall into the 1-5% patient load category at 15%.

- Auto Insurance: The majority, 74%, do not handle auto insurance cases. The remaining percentages are fairly distributed across the 1-5% and 6-10% patient load categories.

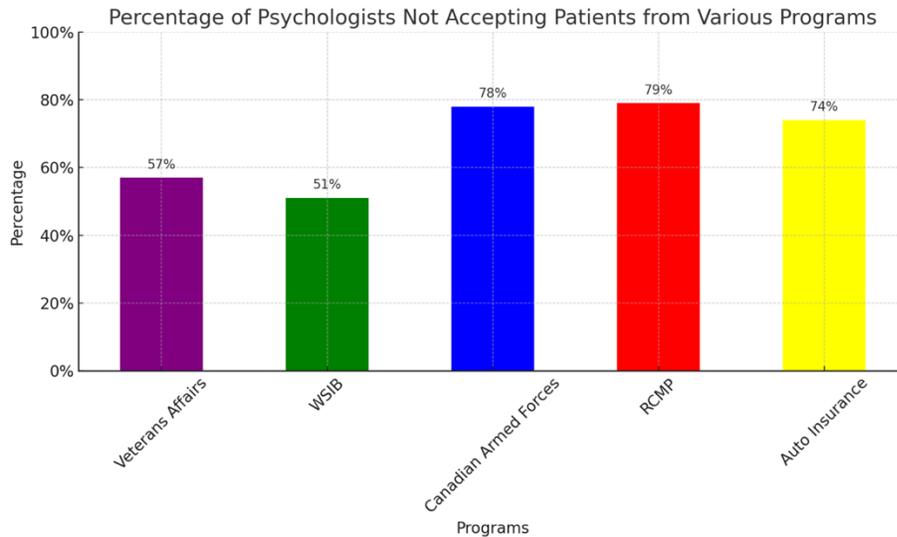


Figure 22. Percentage of psychologists not accepting patients from funded programs

Figure 22 above, reveals that a substantial proportion of psychologists do not engage with these specific programs, with patient acceptance primarily concentrated in the lower load categories across the board. This suggests a possible reticence or limitation among psychologists in taking on patients from these programs, or possibly a lack of need from these patient groups.

These percentages suggest a potential gap in the availability of psychological services for members of these groups. Addressing these gaps may require targeted efforts to increase the capacity of psychologists to serve these populations, possibly through enhanced training, better compensation structures, and simplified administrative processes.

Table 9 below, provide additional information about the set fees and registration process for the programs above, in addition to others that may be of relevance for psychologists.

Funding Source/Program	Population Covered	Treatment Coverage	Assessment Coverage	Psychologist Enrollment, Eligibility Process
Canadian Armed Forces (CAF) - Blue Cross	Serving members	<u>\$225-\$250</u>	<u>\$225</u>	<a href="#">Request Account</a>
Non-insured health benefits (NIHB) for First Nations and Inuit	Indigenous, First Nations, and Inuit peoples	<u>\$191.25 (up to 20 hours, renewable)</u>	<u>First 2 hours at \$191.25/hour</u>	<a href="#">NIHB Program</a>
Public Safety Canada (EAP)	Public Safety Canada employees	\$225 (max 7 sessions per year)	Unsure	<a href="#">Employee Assistance Services</a>
Royal Canadian Mounted Police (RCMP) - Blue Cross	RCMP members	<u>\$300</u>	<u>\$300</u>	<a href="#">Request Account</a>
Veterans Affairs Canada (VAC) - Blue Cross	Veterans, family members	<u>\$235</u>	<u>\$235 (up to 12-15 hours)</u>	<a href="#">Request Account</a>
Interim Health Program for Refugees	Refugees	<u>\$205 (up to 10 sessions)). Must be approved by IFHP</u>	<u>\$205 (up to 4 hours including report)</u>	<a href="#">IFHP Information Handbook</a>
Motor Vehicle Accident Insurance	People injured during the course of normal, legal use of a vehicle in ON	<u>\$149.61/hour (non-CAT); \$179.29/hour (CAT)</u>	\$2,000	<a href="#">Register Facility</a>
Metis Nation of Ontario	Individuals with status as Métis & their families	\$250	Unsure	<a href="#">Metis Nation of Ontario</a>
Ontario Autism Program - Ministry of Children Community and Social Services (Provincial)	Children with ASD	\$65,000 per year (varies by child based on age and severity of needs)	Not covered	<a href="#">OAP Provider List</a>
Ontario's Workplace Safety and Insurance Board (WSIB)	Injured workers in Ontario	<u>\$175.44 to \$200 (up to three blocks of 6 sessions each totaling \$1200 per block)</u>	\$1,680	<a href="#">WSIB Program</a>

Table 9. Sample of services covered by government and non-government program, associated fee schedules, program links.

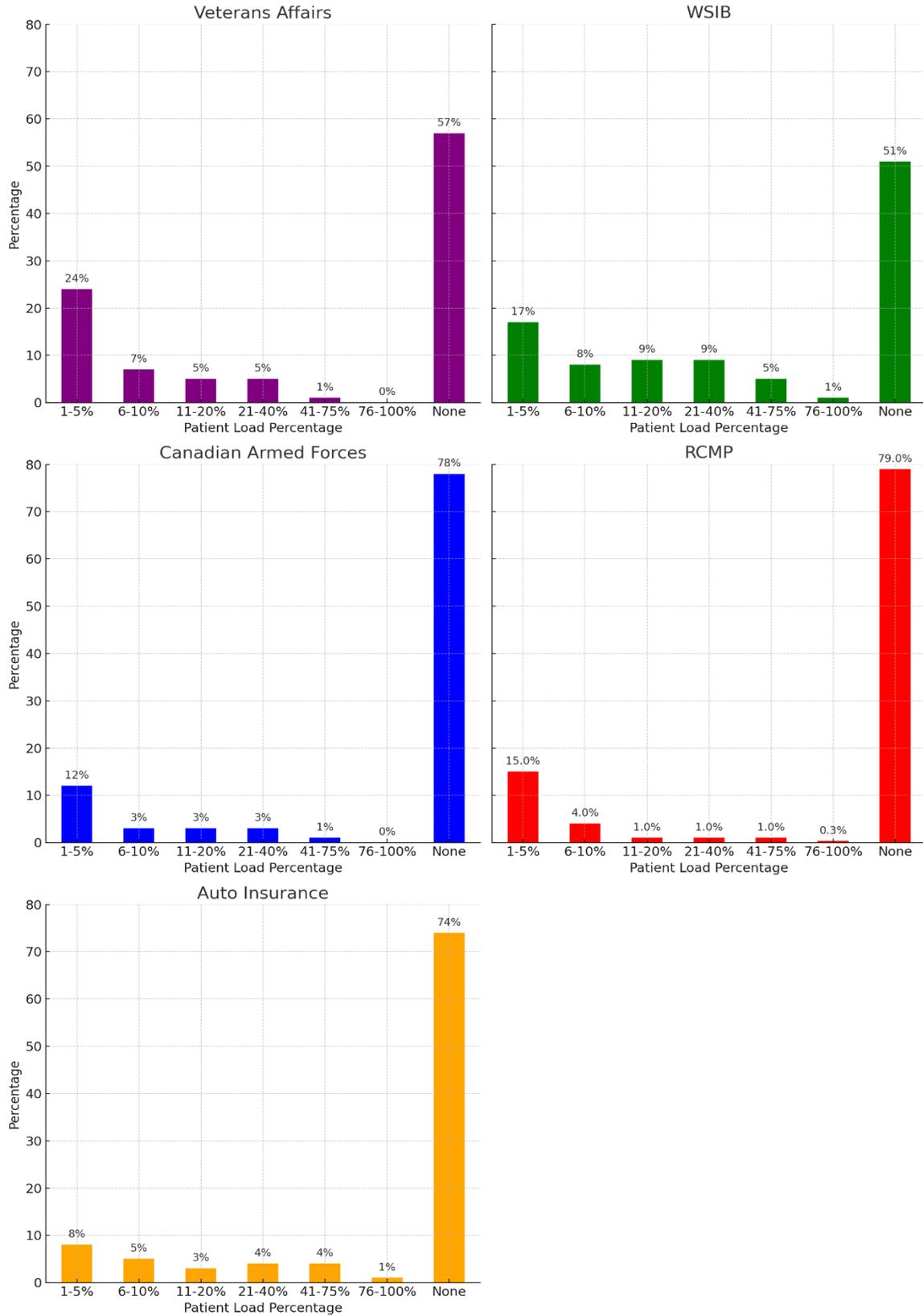


Figure 23. Psychologists caseloads by individual funded programs

## Comparative Analysis of Fees for both Privately and Publicly Delivered Care

In 2018, OPA conducted an examination of service fees and hourly rates in both privately and publicly delivered services in Ontario. The study included a psychologist survey, a review of union bargaining documents, and sunshine list data. We conducted a follow-up examination of the data looking at 2023 sunshine list data and OPA fee survey.

The analysis of the salaries for psychologists on the Ontario Sunshine List reveals a notable increase in average compensation from 2018 to 2023. In 2018, the mean salary was CAD 115,377.80, which rose to CAD 126,223.94 in 2023, marking a 9.4% increase over the five-year period. This increase is statistically significant, as evidenced by the results of an independent samples t-test ( $t(1029) = -10.38, p < 0.0001$ ), indicating that the change in salaries is not due to random fluctuation but reflects a real shift in the salary landscape for psychologists in Ontario. It is important to note that sunshine list salaries reflect full time employment where psychologists often receive employment benefits and do not have overhead costs as in private practice.

The rise in average salary is accompanied by an increase in the standard deviation, from CAD 13,128.45 in 2018 to CAD 20,032.78 in 2023, suggesting greater variability in the salaries paid to psychologists by the end of the period. This could be indicative of a widening gap between the highest and lowest earners within the field, or the introduction of higher-paying roles that skew the average upwards. The analysis provides clear evidence that psychologist salaries in Ontario are on an upward trajectory, which could reflect both inflationary pressures and increased valuation of psychological services within the healthcare and public sectors.

In a closer examination of specific sectors, the data reveals differentiated trends for psychologists working in hospitals & boards of public health and those in school boards. For hospital and board of public health psychologists, the mean salary rose from CAD 119,585.52 in 2018 to CAD 135,786.22 in 2023, with a corresponding increase in salary range and standard deviation, pointing to not only higher average salaries but also a broader spread in the earnings within this sector. This could suggest an expanding scope of responsibilities or heightened demand for specialized psychological services in medical settings. In contrast, school board psychologists experienced a more modest increase in mean salary, from CAD 108,242.40 in 2018 to CAD 111,971.64 in 2023.

Psychologists in Family Health Teams (FHT), though few in numbers, have a set salary of 145,045, though a newly unionized FHT reduced psychologist salary by 29%. On the upper end, psychologists working with the Toronto Police service earn up to 218,000 annually and several psychologists working in hospitals earned over 153,000 last year. At the lower end, we have dozens of psychologists making slightly above 100,000 in school boards or the community contributing to issues with recruitment and retention in those organizations. These salary ranges are consistent with [union documents](#) which sets set ranges for allied health professionals.

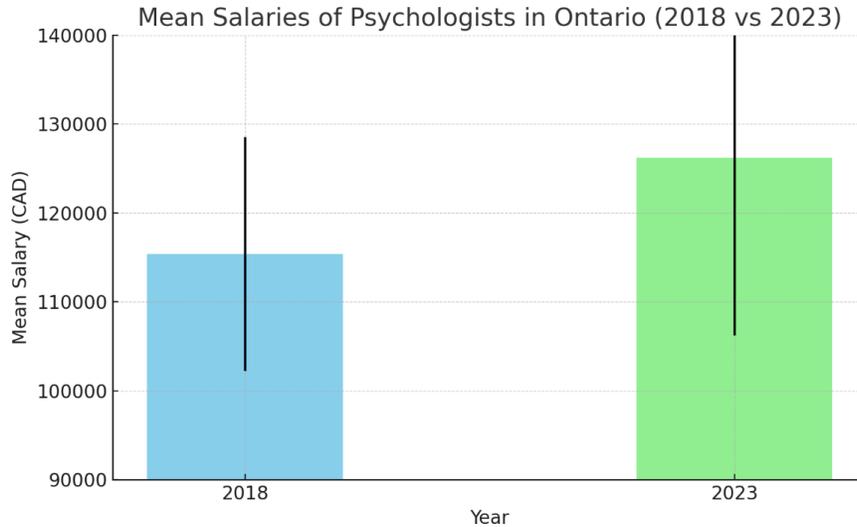


Figure 18. Ontario Sunshine list salary comparison for public sector psychologists by sectors 2018 and 2023

	2018					2023				
	N	Mean	SD	Max	Min	N	Mean	SD	Max	Min
Hospitals	260	119,586	11,406	160,179	100,346	284	135,786	17,389	222,066	100,290
School Boards	168	108,242	8,157	151,006	100,063	184	111,972	7,847	153,561	100,341
Universities	11	112,154	10,246	135,653	101,206	11	117,863	9,857	134,490	105,218

Table 7. Means, Standard Deviations (SD), Maximum and Minimum salaries working in hospitals, school boards and universities between 2018 and 2023 as per Ontario’s Sunshine list data.

### Cost/Benefit Analysis of Privately and Publicly Delivered Care

Comparing public sector to private sector fees is complex, but not impossible. Most psychologists in Ontario now deliver services outside of publicly funded agencies. The trend to leave publicly funded settings started in the 1990s when psychologists were laid off from hospitals. This continued over the years, but in the past few years, efforts to create new positions have been made. Unfortunately, pay has generally not been competitive enough to attract psychologists (i.e., who would need to close their practices and return to public sector jobs). Ontario’s ability to train enough new psychologists who may be interested in these positions is also severely limited. This has contributed to the recruitment and retention issues we are seeing, and as a result, the high wait times in the public sector, among other concerns.

Considering today’s workforce distribution, **advantages** of accessing privately delivered services may include better wait times, allowing for patient choices and preferences to be taken into consideration, and offering a larger, more diverse pool of registered clinicians who can help address the unique needs of patients (e.g. supporting diverse linguistic groups such as francophones). Virtual care also enables convenient and better access to care for thousands of Ontarians who do not have care options in their community. There are also **disadvantages**. From a government perspective, funding privately delivered care may be slightly more expensive due to

market demands, costs of operating clinics, and the risks inherently associated with no-shows, difficulty making payments, etc., costs that are absorbed by the psychologist.

Having a psychologist on staff offers several **advantages** including having direct access to a behavioural health specialist with expertise that can uniquely support the patient population supported by the interprofessional team (e.g., persons who are homeless, under-housed, or persons with disabilities). They are uniquely able to implement comprehensive diagnostic assessment to enhance treatment planning, both for therapists and physicians managing medication regimes. As they are particularly research informed and trained in evidence-based models, they can shape government-funded care accordingly, while also overseeing research that may inform programming changes. These psychologists may be more readily accessible for onsite rapid consultations and training. Unfortunately, recruitment and retention issues are pervasive due to limited funding, small student pools, and non-competitive pay. As a result, publicly funded agencies tend to have longer wait times for psychological services. These psychologists may be more readily accessible for onsite rapid consultations. As a result, publicly funded agencies tend to have longer wait times for psychological services.

There are also **limitations** of having single psychologist care vs. the privately delivered model discussed above. For one, access to the psychologist tends to be tied to a specific team and may not be available to the whole community. The psychologist's scope of practice and the patient population he or she may work with may limit the breadth of patients that can be seen (e.g., the ability to work with a specific age group and not others (kids, teens, adults, or seniors). Finally, these psychologists often need to supervise students, provide consultative services to other team members limiting direct patient care.

On a dollar-for-dollar analysis, the cost of a full-time psychologist in a Family Health Team is approximately \$175,000 when we combine the base salary (\$145,000), benefits, and overhead (split among all employees). If we assume the psychologist completes 90 comprehensive assessments per year, the per-patient cost estimate is \$1933 (assuming all patients show up). The amount increases to \$3240 per patient if 40% of patients don't show up for the assessment (e.g., 54/90 cases seen). No-show rates vary considerably among interprofessional teams and may reach 50% in teams supporting vulnerable, disabled, and under-housed persons. As stated above, a comprehensive assessment in the private sector costs on average \$3000. While it is challenging to compare these setting types, it would be worthwhile to conduct a more comprehensive analysis comparing public and private delivery.

## Interprofessional fee comparisons: An Analysis of Neurology, Pediatrics, Family Practice, and Psychiatry Rates in Ontario

We reviewed OHIP [Physician Services Under the Health Insurance Act](#) (PDF) document provided by the Ontario Ministry of Health and extracted fee data for four medical disciplines including family physicians, pediatricians, psychiatrists and neurologists. These disciplines were chosen due to their similarities to psychologists in terms of length of training, populations served and scope of practice. It excludes physicians who work in teaching hospitals who may be paid a salary, does not address capitation rates for family physicians, and does not address combining billing codes (e.g. psychiatric consultation and MoCA assessment), or premium incentives to work in underserved regions.

### Notable Points:

- Special Psychiatric Consultation: Priced at \$310.45 for 75 minutes, equating to approximately \$248 per hour.
- Neurodevelopmental Consultation: Priced at \$414.35 for 90 minutes, equating to approximately \$276 per hour.
- Group Psychotherapy: Fees range from \$16.15 to \$47.05 per 30 minutes, depending on the number of participants and whether the sessions are for in-patients or out-patients.

**Upper Fee Ranges:** They generally apply to highly specialized and extended consultations.

- Neurology: Extended special neurology consultations at \$401.30 for 90 minutes.
- Pediatrics: Extended special pediatric consultations at \$401.30 for 90 minutes.
- Psychiatry: Neurodevelopmental consultations at \$414.35 for 90 minutes.

Neurology			
Code	Service Type	Fee	Duration
A185	Consultation	\$184.40	
A180	Special Neurology Consultation	\$310.45	75 minutes
A682	Extended Special Neurology Consultation	\$401.30	90 minutes
Pediatrics			
A155	Consultation	\$165.30	
A160	Special Pediatric Consultation	\$310.45	75 minutes
A167	Extended Special Pediatric Consultation	\$401.30	90 minutes
K122	Individual Developmental and/or Behavioural Care	\$89.70	(30 min)
K123	Family Developmental and/or Behavioural Care	\$101.75	(30 min)
Family Practice			
A911	Special family and general practice consultation	\$150.70	50 minutes
A912	Comprehensive family and general practice consultation	\$226.05	75 minutes
A945	Special palliative care consultation	\$159.20	50 minutes
K133	Health visit for adults with Developmental Disabilities (IDD)	\$160.00	50 minutes
Psychiatry			
A190	Special psychiatric consultation	\$310.45	75 minutes
A795	Geriatric psychiatric consultation	\$310.45	75 minutes
A695	Neurodevelopmental consultation	\$414.35	90 minutes

K630	Psychiatric consultation extension	\$117.40	(30 min)
K620	Consultation for involuntary psychiatric treatment	\$94.95	(30 min)
K198	Out-patient psychiatric care	\$89.70	(30 min)
K199	In-patient psychiatric care	\$103.40	(30 min)
K196	Out-patient family psychiatric care	\$101.75	(30 min)
K191	In-patient family psychiatric care	\$117.40	(30 min)
K197	Individual out-patient psychotherapy	\$89.70	(30 min)
K190	Individual in-patient psychotherapy	\$93.95	(30 min)
K195	Family psychotherapy - out-patients (2+ members)	\$101.75	(30 min)
K193	Family psychotherapy - in-patients (2+ members)	\$106.60	(30 min)
K208	Group psychotherapy (2 people, out-patients)	\$44.85	(30 min)
K209	Group psychotherapy (3 people, out-patients)	\$29.90	(30 min)
K203	Group psychotherapy (4 people, out-patients)	\$22.45	(30 min)
K204	Group psychotherapy (5 people, out-patients)	\$17.90	(30 min)
K205	Group psychotherapy (6-12 people, out-patients)	\$16.15	(30 min)

Table 8. Selected Fee codes, service descriptions, and fee by duration for Physicians in Family Practice, Psychiatry, Pediatrics and Neurology.

## Conclusion

The 2024 OPA Fee Survey has provided a thorough exploration of the fee structures and demographic compositions of psychologists operating in Ontario. Our findings underscore the complex interplay between various factors such as age, gender, geographical location, and specialization,

### Key Conclusions:

1. Fee Diversity: The survey has unveiled a wide spectrum of fees, reflecting the varied expertise and service offerings within the field. Specialized assessments and expert testimonies, in particular, command higher fees, highlighting the premium placed on specialized knowledge and skills in the psychological community.
2. Demographic Insights: With a significant representation of mid-to-late career professionals and a predominant female demographic, the field demonstrates both maturity and a continuing trend towards gender disparity. These factors are crucial for future workforce planning and educational outreach to ensure a balanced and diverse field.
3. Regional Variations: The data indicates notable regional variations in fee structures across Ontario, with urban areas like the GTA exhibiting higher fees. This regional disparity suggests that location remains a significant factor in the economic considerations of psychological practice.
4. Professional Development and Specialization: The survey emphasizes the importance of ongoing professional development and specialization. As psychologists enhance their qualifications and services, they not only contribute to the field's body of knowledge but also justify higher fee structures, which in turn can lead to improved service quality and patient outcomes.
5. Future Trends: The increasing adoption of virtual and hybrid care models indicates a shift in service delivery that may influence future fee guidelines and professional practices. This trend offers both challenges and opportunities for the profession, particularly in improving access and affordability of psychological services.

### Moving Forward:

It is imperative that the profession continues to adapt to these evolving trends and demographic shifts to maintain relevance and efficacy in the healthcare landscape. By doing so, psychologists not only uphold the integrity of their practice but also ensure that they meet the diverse needs of their client base in a fair and equitable manner. This report aims to serve as a benchmark for current and future psychologists in Ontario, providing them with the insights needed to make informed decisions about their practice settings, fee structures, and professional development paths. The information can be used by the provincial and territorial associations to advocate for fair and transparent fee schedules with insurance companies. Through continued research and adaptation, the field of psychology can continue to grow and respond effectively to the dynamic healthcare needs of the population it serves.