NZ College of Clinical Psychologists
Te Whare Wānanga o te Mātauranga Hinengaro

Submission to the Petitions Committee

Petition of Lucy McLean: Increase the psychologist workforce in New Zealand.

1 Introduction

Thank you for the opportunity to address the issues raised in the above petition. We note that the petition requests: *"That the House of Representatives urge the Government to invest in doubling the number of clinical psychologists being trained for registration by increasing funding for training programmes and internship placements for this profession across the country, and note that 13,773 have signed a petition in support of this".* We also note that a further 1,594 individuals have since added their names to this petition.

The College of Clinical Psychologists is supportive of the principle of Ms McLean's petition- to increase the number of clinical psychologists trained in New Zealand- and we note that many of our members are signatories. In this submission, we hope to outline the challenges facing New Zealand, related to a lack of clinical psychologists, as well as the challenges that the government and the profession face in responding to the call from Ms McLean and the signatories to the petition.

2 Background Context

2.1 Rise in Demand

It is generally accepted that there has been an exponential rise in demand for mental health services, both in New Zealand and internationally, over the last 10 years (see Box 1). The reasons for this rise are poorly understood, however rising levels of inequality, societal changes and an increased awareness of the importance of positive mental health have all been implicated in this trend. Within the last two years, the COVID-19 pandemic has also been shown to have further increased demand for mental health services- not only overseas, but also, within New Zealand. As the He Ara Oranga Mental Health Inquiry report noted, approximately 1 in 3 New Zealanders are currently experiencing mental distress, with 1 in 5 meeting criteria for a diagnosable mental health condition at any one time.

The cost of the mental health crisis is not just a human one. The He Ara Oranga Mental Health Inquiry report also speaks to the substantial economic costs of poor mental health: "*The economic costs of mental illness are substantial. Recent estimates for OECD countries are that mental illness reduces gross domestic product (GDP) by approximately 5%, through disability leading to unemployment, work absenteeism and reduced productivity, and the additional costs of physical health care among people with mental health problems."* 5% of New Zealand GDP would equate to approximately $17 billion per year.

2.2 The Move Towards Psychosocial Interventions

As the He Ara Oranga report indicated, the current high rates of mental distress amongst New Zealanders is likely to require a 'whole of system' approach, including expanding access to mental health and addiction services. The authors suggest that for every $1 spent on depression alone, "$2.50 of productivity is restored, and $1 of physical health care is saved" (p. 97).

In this context, the He Ara Oranga report speaks to a significant "over-reliance" on medication as a treatment for mental distress (p.56). In contrast, the review speaks to the strong preference of consumers to have access to effective psychological therapies, making over 130 references to the need to increase access in the (219 page) report.

Indeed, research suggests that psychological therapies are typically much more effective than medication in treating a range of mental health conditions, have wider application (e.g. can be applied to relationship difficulties, grief, work-related stress and burnout, etc.), have fewer (if any) side effects and generally cost the same to deliver over the lifetime of treatment (with psychological treatment generally being shorter but more intense). The UK ('improving access to psychological therapies'), Australia ('Better Outcomes in Mental Health Care') and parts of Canada have invested heavily in recent years in the mass delivery of evidence-based psychological therapies, with a corresponding investment in the clinical psychology workforce.

Box 1: Rising Demand for Mental Health Services 2010-2020

- The number of unique MHA service users, or "clients seen" in DHB and contracted (nongovernment organisations) NGO services grew by approximately 40% in the years 2010/11 to 2019/20
- New self or family/whānau referrals to MHA triage teams increased by 128% from 2010/11 to 2017/18. Referrals from GPs have increased by 92%.
- Māori comprise 34% of the number of clients seen (Māori comprise roughly 16% of the total population)
- More than a third of MHA clients are in the poorest 20% of the population.
- The estimated number of adults with anxiety disorder more than doubled between 2011 and 2019. The estimated number of adults with depression grew by 32% over the same period.
- The estimated number of children with anxiety disorder doubled between 2011 and 2019. In 2019, the estimated number of children with depression was 75% higher than in 2011

Source- Association of Salaried Medical Specialists: What Price Mental Health? ASMS, 2021

Unfortunately, unlike the use of psychoactive medications, many of which are prescribed by General Practitioners, access to psychological/psychosocial interventions cannot be increased without a significant investment in the mental health workforce.

3 The Workforce

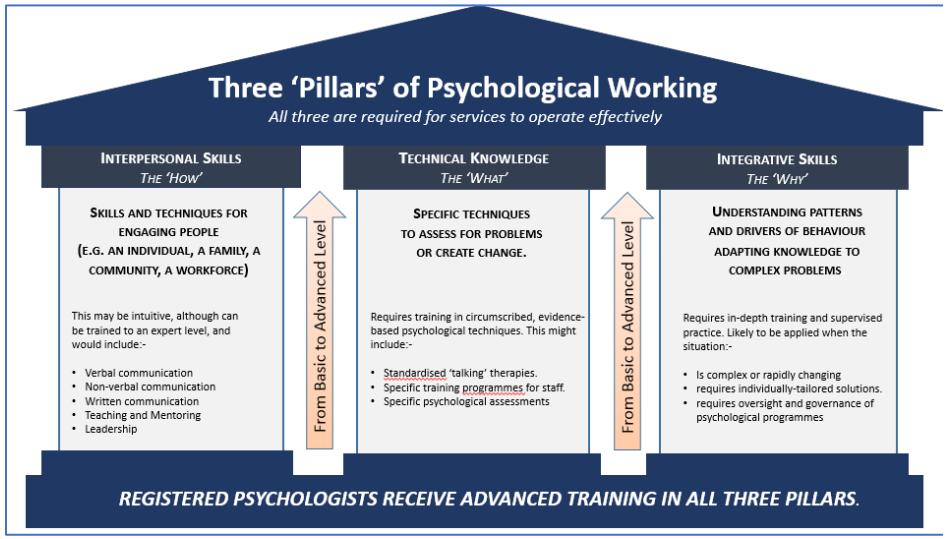
The He Ara Oranga report notes that "*While psychologists are not the only practitioners who can deliver these therapies, an immediate priority is to begin building this part of the workforce"* (page 128). Although shortages in other professions (e.g. psychiatry) cannot be ignored, the move towards a more psychological/psychosocial model of care for mental health is likely to necessitate a greater emphasis on increasing the psychology workforce in particular. A number of professions offer 'talking therapies' to the public (e.g. counsellors), however the most highly-trained of these practitioners are Clinical Psychologists, whose training typically takes between 6 and 12 years and has a strong focus on research and evidence-based therapies.

3.1 Why We Need Clinical Psychologists

Basic psychological skills and approaches can be taught to and utilised by almost anyone, however psychologists have identified three levels or 'pillars' of psychological working, all of which are required for services to operate effectively (Box 2). The first two 'pillars'- *interpersonal skill* and *knowledge of psychological techniques*- are not exclusive to clinical psychologists and can potentially be taught to other professionals. For example, Te Pou currently funds a 1-year certificate in one form of psychological therapy- Cognitive Behavioural Therapy (CBT)- for registered professionals in the mental health field.

Importantly, He Ara Oranga also strongly emphasises the need for the mental health system to be responsive to individual needs and to avoid "a one-size [fits all] approach" (p. 42). In this context, clinical psychologists provide the third 'pillar' of care- the ability to *integrate complex psychological information*, to adapt psychological treatments to the individual, and to support others in delivery of psychological approaches.

Box 2: The Skills Required to Deliver Psychological Interventions



While a number of schemes have been implemented utilising other workforces, including the Access & Choice programme and the Cognitive-Behavioural Therapy training funded by Te Pou, research suggests that outcomes and value for money of these programmes are much poorer without leadership and oversight from clinical psychologists. Where psychologists are employed as leaders, supervisors and educators to support others in delivering interventions, evidence-based 'stepped' approaches to psychology delivery tend to be much more effective and economic.

3.3 The Psychology Workforce 2011-2021

1850 clinical psychologists registered with the NZ Psychologists Board in 2021, representing approximately 1 clinical psychologist for every 3000 New Zealanders. Many of these registered psychologists will not work full-time and some will not be in client-facing roles.

Ministry of Health data suggests that, on average, New Zealand trains approximately 60 clinical psychologists per year, and these numbers have remained largely unchanged for the last decade. The petition indicates that there are approximately 120 students registered as 'interns' with the NZ Psychologists' Board- this is also correct, however many of these may be training in other scopes of practice (e.g. Educational Psychologist) and some may remain registered as interns for longer than a year- until they have completed other academic requirements.

New Zealand has tended to rely heavily on immigration to meet psychology workforce needs. According to Ministry of Health data, approximately 50% of Clinical Psychologists newly registered between 2012 and 2021 were trained overseas.

Ministry of Health data indicates that, of 1850 Clinical Psychologists Registered with the NZ Psychologists' Board, only 97 identified as Māori, although this represents approximately 10% of the NZ-trained workforce.

Ministry of Health workforce modelling in 2017 (prior to the COVID-19 pandemic) suggested that the total number of psychologists in the workforce would neither increase nor decrease in the next 10 years but would not keep pace with population growth. A related, comprehensive analysis in 2017 from the Psychology Workforce Task Group (a cross-agency group convened by the Ministry of Health) suggested that 1000 more psychologists were required at that time to meet the increased demand within the DHB and PHO sectors.

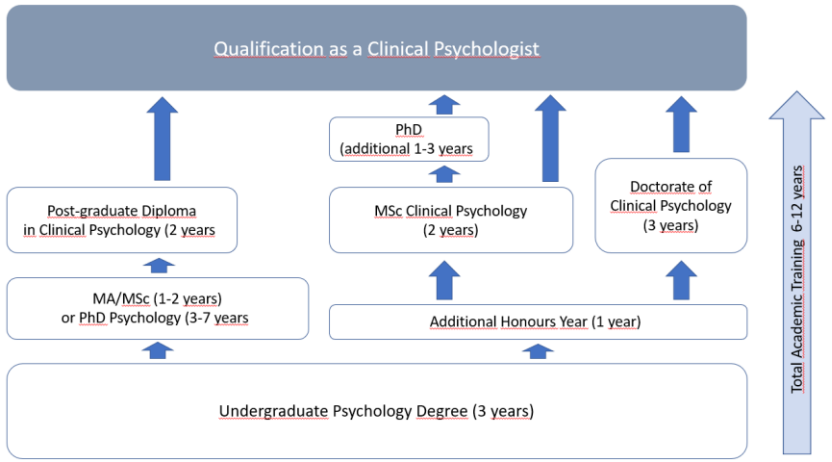
A workforce survey in 2017 indicated that wait times to see a clinical psychologist through a DHB were, on average, 15 weeks in adults' services and 11 weeks in children's services and we understand that services are now facing an even greater demand. A 2021 survey of our members' working in private practice indicated that more than 50% of the 271 respondents had been forced to turn away more than 10

families per month due to the high demand- with some turning away as many as 40 families a month. A number of recent press reports have also indicated significant shortages of psychologists in ACC services.

4 Current NZ Clinical Psychology Training Pathway

Unlike in comparable nations, there is no *single* training route for clinical psychologists in New Zealand, with multiple pathways to registration. Whereas most health professions have a single qualification structure, typically an undergraduate-level training, clinical psychologists are required to have both undergraduate and post-graduate qualifications. The specific qualifications may vary, dependent upon the individual and the academic institution. Clinical Psychologists are required to complete a minimum of masters-level training in psychology, as well as post-graduate vocational training in clinical psychology, however the routes to qualification may vary considerably (Box 3). Including undergraduate study, training typically takes between 6 and 12 years.

Box 3: Typical Pathways to Qualification as a Clinical Psychologist in New Zealand



Clinical training is highly competitive. Due to this competition, only a small number of psychology undergraduates apply for clinical training each year. Of those who do apply, only 10-15% will be offered a training position.

There are currently 6 Universities in New Zealand offering accredited training courses in Clinical Psychology, with one (Massey) offering training courses across three campuses. This represents an unusually large number of training programmes, compared with other Health Professions- for instance, there are 3 training courses for physiotherapy, occupational therapy and speech therapy, which typically produce much greater numbers of graduates.

4.1 Funding for Clinical Psychology Training

The petition calls for an increase in the funding for clinical psychology training. The funding structure for clinical psychology training is also complex, given that funding spans Ministry of Education funding for both undergraduate and post-graduate course, as well as requiring funding from employers in the internship year (see below). At the post-graduate level, Student Achievement Component (SAC) funding through the Tertiary Education Commission has traditionally been set at a relatively low level. In 2019, funding was set at $12,243- less than equivalent rate for postgraduate training in acupuncture ($13,642) and general science ($17,345). In 2020, in response to a request from the Ministry of Health, the TEC increased the rate for clinical psychology training to be equivalent to those for general science ($18,155 in 2022). While this represents a significant increase, training programmes have indicated that the small number of students involved (approximately 60 across 8 training sites) makes significant investment in staff and facilities difficult to justify.

Where training programmes have increased their training numbers in the last 2 years, we have received communication that they have struggled to find suitable training internships (see below) and are considering reducing their numbers if this persists. Under the current system, central government is not able to commission a specific number of training places, as enrolments are set by the training institutions.

Training as a clinical psychologist takes many years, far in excess of the time taken to complete undergraduate medical training (6 years) and frequently exceeds the 7+1 EFTS (Equivalent Full-Time Student) years available for student loans and student allowances. As a result, many students report significant financial hardship, a need to take extra work to maintain their study, and a bias towards students from more affluent backgrounds. A 2021 request by clinical psychology students for the Ministry of Education to raise the EFTS allocation was declined.

4.2 Clinical Internships

The petition speaks explicitly to the need to increase the number of available Clinical Psychology Internships. Clinical Psychologists are required to complete a minimum of 1500 hours of supervised practice as part of a clinical psychology training programme, typically in their final year of training. This typically involves a year-long placement in a District Health Board, Corrections service, NGOs, PHOs, Oranga Tamariki, or privately-owned businesses (often utilising ACC funding). Pay and conditions for internship positions are highly variable- with some offering salaries and annual leave entitlements, with others being unpaid or supported only by a minimal academic ‘stipend’.

As noted above, New Zealand currently trains approximately 60 clinical psychologist per year. However, due to the variability of the training pathways, the precise number of interns seeking placements is not stable year-to-year. Data from the Psychology Workforce Task Group

indicates that there were 65 students seeking clinical psychology internships in 2017, 81 in 2018 and 59 in 2019. This means that some years employers are 'competing' to attract interns, with placements in rural locations frequently missing out (as interns need to travel to University for teaching). In other years, there may not be sufficient placements to accommodate all of the interns.

In contrast with most other health disciplines, internship funding is not through the academic institution and therefore does not "follow the student". Instead, paid internships are typically funded across a large number of individual employers- the 20 DHBs, Corrections, PHOs, NGOs, Oranga Tamariki and private businesses using ACC funding. For this reason, the supply of funded internships can fluctuate significantly- dependent on the financial situation of these individual organisations.

In response to a significant reduction of funded internships within DHBs in 2010, the Ministry of Health centrally funded an initial 8 internships (typically within DHB settings). Later, this figure increased to 12 funded places in 2018 and, in 2019, rose again to 20 funded internship positions. Even with this recent 70% increase, 20 internships remains less than 1/3 of the average required number for clinical psychologists. The Ministry of Health Internships are also not exclusively provided for clinical psychology training, and can also be directed to other (non-clinical) psychology training courses.

Since Ministry of Health internship monies are also allocated through employers (most usually the current 20 DHBs), rather than "following the student", we know that several of these internships have not been utilised in the last 5 years, as they have been allocated to employers (e.g. rural DHBs) who have subsequently struggled to recruit an intern.

Since clinical interns are almost exclusively working either directly or indirectly for government agencies (DHB, Corrections, PHOs, Oranga Tamariki, ACC), several proposals have been made for clinical psychology internships to be centrally funded and co-ordinated over the last 10 years. We have recently been advised that the Ministry of Health is looking again at this proposal.

One potential system for central co-ordination already exists- a similar allocation scheme (Advanced Choice of Employment- ACE) has been in operation for Ministry of Health funded pre-vocational training for doctors (PGY1/PGY2) and new graduate nurses (NETP/NESP) since 2003 and 2012 respectively.

As noted above, funding for clinical psychology internships is currently split across a large number of organisations- including the Ministry of Health, 20 individual DHBs, Corrections, Oranga Tamariki, PHOs, NGOs and ACC-funded services- and are not centrally administered. The Ministry of Health currently funds the largest proportion (more than 80%) of Clinical Psychology internships, either directly or indirectly

through District Health Boards and PHOs. Given that the current DHB and PHO structure will soon be replaced with a single organisation, we believe this provides a significant opportunity to simplify Health funding for Clinical Psychology internships.

5 Summary and Recommendations

The College supports the key message of the petition submitted by Ms Lucy McLean and signed by more 15,367 individuals at the time of writing. The demand for the services provided by clinical psychologists has increased exponentially over the past 10 years, and continues to increase, yet clinical psychology training numbers have not increased during this time. To realise the vision of the He Ara Oranga mental health inquiry, a significant increase in clinical psychology training numbers is required.

The current training pathways for clinical psychologists are complex and varied. A large number of training programmes (6, across 8 campuses) in New Zealand offer a relatively small number of training places (60). New Zealand has tended to rely on recruitment of psychologists from overseas and therefore Māori are poorly represented in the workforce. There is currently no shortage of New Zealand students wishing to train as clinical psychologists, with approximately 85%-90% of applicants not being able to secure a place on training programmes.

The funding for clinical psychology training is also complex, spanning both undergraduate and post-graduate funding from the Ministry of Education. Funding for clinical psychology internships is fragmented and comes from a number of sources- including employers (individual DHBs, Corrections, Oranga Tamariki, NGOs, ACC-funded providers) and centrally from the Ministry of Health. As a result, internship placements are poorly co-ordinated nationally and the availability of internship placements can be limited, yet highly variable. Clinical training programmes report that this is the most pressing barrier to increasing training numbers.

5.1 Our Recommendations

- We do not believe that the traditional reliance on recruitment from overseas is sustainable, nor does it meet the needs of the people of New Zealand- particularly the needs of Māori (see also WAI 2725). Māori clinicians currently represent 10% of the NZ-trained workforce but only 5% of the workforce overall.
- To address this change, and to meet the future needs of New Zealanders, we believe that the NZ government should commit to doubling the number of clinical psychology training places within the next 5 years.
- In the short-term, we believe a further increase in Ministry of Health funded internships would allow clinical psychology programmes to maintain recent (albeit small) increases in training places and to plan for further increases, however the system of internship funding is likely to need significant further reform.

- Centralised co-ordination, similar to that currently operating for postgraduate medical doctors and nurses, has been strongly advocated by the profession for many years. In the short term, we believe this would provide greater certainty for clinical training programmes and reduce unnecessary wastage of funded internships. In the longer term, we believe this would 'future proof' the training system for the upcoming changes to the Health and Disability system.
- Health NZ is set to replace the existing 20 DHBs and 30 PHOs with the next few years. We believe that this represents a significant opportunity to centralise existing internship budgets alongside current Ministry of Health funding. Joint DHB/PHO/MoH funds would represent the largest proportion of internship funding (we estimate more than 80% of current funding), which would allow Health NZ to negotiate training numbers directly with clinical programmes.
- We believe a centrally co-ordinated system would also be attractive to employers outside of Health (e.g. Corrections, ACC, Oranga Tamariki). The equivalent system for new graduate nurses (ACE/NETP) is also utilised by a number of non-DHB providers.
- The complexity and diversity of training pathways for clinical psychologists makes workforce planning more complex, with the number of interns and graduates varying significantly between years. A number of other countries (most notably the UK) have chosen to rationalise the training pathways for clinical psychologists into a single qualification structure and this may be desirable for New Zealand in the longer term. Such a change would need to be driven by the Regulatory Authority, the New Zealand Psychologists' Board.

Many thanks for the invitation to respond to this petition. We hope the above information is useful to members of the Committee in addressing the issues raised.

The New Zealand College of Clinical Psychologists, 5th November 2021
