

The Aotearoa New Zealand Psychology Workforce Survey



Psychology Workforce Task Group

November 2016

Source: Prepared by participants in the Psychology Workforce Task Group, convened by the Ministry of Health. Presented in November 2016.

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- Caroline Greig of the NZ College of Clinical Psychologists for substantial input into each stage of the development, implementation, review, and reporting of this survey.

Thanks also to all the psychologists who participated in the survey.

The Aotearoa New Zealand Psychology Workforce Survey

May 2016

Executive Summary

Introduction

This document summarises the findings of a survey of psychologists that was undertaken to gather information about the psychology workforce in Aotearoa New Zealand. This survey was undertaken for the Psychology Workforce Task Force.

The Psychology Workforce Task Force was established by the Ministry of Health (MOH) and Health Workforce New Zealand (HWNZ). It is chaired by Dr John Crawshaw, Director and Chief Advisor of Mental Health, and involves staff from MOH and HWNZ and representatives from various psychologist stakeholder groups including: the New Zealand Psychologists Board, District Health Boards, ACC, primary health, university psychology departments, university clinical psychology training programmes, the New Zealand Psychological Society, New Zealand College of Clinical Psychologists, Le Va, and the Department of Corrections.

The purposes of the survey are to better understand the psychology workforce and to assist with future psychology workforce planning.

Method

- A brief online survey was distributed to all financially current psychologists by the Psychologists Board on behalf of the Psychology Workforce Task Force. In April-May 2016.
- Data was provided by 1359 psychologists, representing 50% of all financially current psychologists.ⁱ
- The survey was designed to improve knowledge about:
 1. Workforce Profile: Description of the currently practising psychology workforce.
 2. Workforce Activities: Description of the areas of practice of psychologists.
 3. Workforce Dynamics: Description of findings related to likely future trends in the psychology workforce.
- This report describes analyses of the results of this survey, and where appropriate integrates it with information derived from other sources such as information obtained from the Psychologists Board records.
- The first part of the report largely focuses on all psychologists with current Annual Practising Certificates (“currently practising psychologists”).
- The second part focuses on psychologists who reported currently working at least part-time in the health sector (including primary, secondary, and tertiary health services).ⁱⁱ

Results: All Currently Practising Psychologists

Workforce Profile

- The psychology workforce is 77% female.
- The psychology workforce is 90% Caucasian, 3% Māori, and 1% Pacifica.
 - 24% of all Caucasian psychologists were born overseas
 - The ethnic mix of Psychology Interns and Trainees shows increasing diversity compared to the psychological workforce as a whole. However, it is not yet reflective of the demographics of New Zealand.
- 26% of all practising psychologists have previously practiced overseas
- 44% of practising psychologists are aged 50 years or older, and 18 % are 60 years or older.
- 26% of practising psychologists held a doctoral degree, and 72% held a masters level qualification. In addition to these qualifications, 64% held a post-graduate diploma related to their specific area of practice.
- Although there is a tendency for psychologists to be in urban areas, psychologists are widely distributed around the country and there is scope for them to be geographically accessible to much of the population.

Areas of Employment

- Health was the most frequent employer, with 48% of respondents reporting at least some employment within the health sector.
 - 33% of psychologists working in health also worked in private practice.
 - Many psychologists who work in health also work in other sectors.
- Therapy for mental health issues was the most common therapeutic activity reported by psychologists, with family and relationship therapy being the second most common area.
 - Therapy for physical health difficulties, disability, rehabilitation, and neuropsychology were frequent activities reported by more than 10% of practising psychologists.
- Supervision of psychologists and other professionals was the most common non-therapy activity reported by practising psychologists
 - Leadership and teaching were frequent activities were frequent activities for more than 10% of practising psychologists.

Workforce Dynamics

- The ratio of trainees and interns compared to all staff is high for health and non-health government departments (eg Corrections, CYFS, and Education) and low for ACC and private practice, indicating the role that health and other government services continue to take in training psychologists.
- 11% of all practising psychologists reported the intention to stop working in psychology in the next 5 years. Many of these were people in the 60+ age group intending to retire, but 10% of those in the 20-29 age group also expressed the intention to leave. For non-retirees, travel, changing career, taking a break, and parental leave were the main reasons for leaving.

- 4% of currently active participants were interns or trainees. As not all interns or trainees graduate each year, these results may suggest a relatively close balance between those entering the workforce through training, and those leaving the workforce.
- Detailed work on modelling the psychological workforce indicated that there are approximately 190 psychologists who enter the workforce and approximately 90 who leave the workforce every year, giving a net increase in the psychological workforce of approximately 100 psychologists a year.

Results: Psychologists in the Health Sector

Workforce Profile: Health

- The psychology workforce in health shows a very similar gender, ethnic, and qualification profile to all practising psychologists.
- The psychology workforce in health is somewhat younger and has fewer years of experience than all practising psychologists.
- People in the health sector were proportionately more likely to hold the Clinical Vocational Scope of Practice or be Interns/Trainees, and were less likely to hold the Educational or Counselling Vocational Scope of Practice, or the Psychologist Scope of Practice, compared with all practising psychologists. Health Psychologists trained in clinical competencies are currently registered under the Psychologist Scope of practice, although consultation is underway regarding establishing a Health Psychologist Vocational Scope of Practice.

Areas of Employment: Health

- 72% of psychologists working in the health sector work in the DHBs (although they may also work in other services and sectors).
- 15% of psychologists working in the health sector work in primary health care.
- Many psychologists working in health also worked in other sectors (E.g., other government, business, Corrections, CYFS, education, universities, etc.), indicating the potential for psychologists to be a natural catalyst towards joined-up working between health and other social services.

Workforce Dynamics: Health

- The relatively younger health workforce compared with the total workforce reflects its training role but also reflects a loss of older psychologists from this area.
- Intentions to leave the psychological workforce for the health workforce are comparable to the whole workforce. The intention to leave the psychological workforce for younger people in health is slightly lower than for the total workforce. However, these results assess intention to leave the psychological workforce rather than the health workforce.

The Aotearoa New Zealand Psychology Workforce Survey

May 2016

Introduction

The Significance of Psychology and Psychologists in Health

The importance of psychological interventions for addressing physical and mental health issues and improving wellbeing is widely recognised. It has been argued that, along with addressing the social determinants of health (Marmot, Friel, Bell, Houweling, & Taylor, 2008), more fully addressing the psychosocial dimension of both physical and mental health conditions may be key drivers of a more efficient and cost-effective health system in the future (Prince, Patel, Saxena, Maj, Phillips, & Rahman, 2007; Te Pou, 2012).

Several countries have established systems of ready access to psychological intervention, including the Netherlands (Derksen (2009), Australia (Purkis, Harris, Hall, & Ftanou, 2011) and the United Kingdom (UK Department of Health, 2008). Such programmes have shown positive outcomes indicative of promoting considerable social and financial benefit (e.g., reduced healthcare costs, increased return to work) as well as substantially improved wellbeing for users of the services (UK Department of Health, 2013). Therapy services within these programmes are often provided by a range of disciplines, but in each case psychologists are key participants as therapy providers, service leaders, and/or to supervise and guide therapeutic services provided by others.

The Involvement of Psychologists in the Health Sector

Psychologists have been involved in the New Zealand health and disabilities sectors and other social services since the late 1960s. Academic psychology has been present in New Zealand since the 1890s but the first applied psychology programmes were clinical psychology and educational psychology programmes that developed in the late 1960s and early 1970s (Evans & Fitzgerald, 2007). These were primarily influenced by British training models and following behavioural, and later cognitive behavioural approaches. By the late 1970s all New Zealand universities except Lincoln University had clinical psychology programmes. Other applied psychological sub-disciplines that contribute to the health sector will be discussed below.

Beyond the direct therapeutic intervention within the health sector, it is important to acknowledge the positive health impacts of psychologists who work in direct therapeutic roles in other sectors (e.g., Corrections, CYFS, etc) and the contribution of applied psychologists working in non-therapy roles (e.g., primary prevention, organisational psychology, etc.) .

Until recent decades, the direct therapeutic role of psychologists within the health sector has been primarily through the secondary health services (in the DHBs), and through private practice (Stewart, 2001). Tuck (2007) found that in 2006 there were 541 psychologists employed throughout the country by DHBs. Stewart (2008) found quite rapid growth rate in the number of psychology positions in the DHBs, with positions in mental health services having increased by approximately 26% and positions in physical health services having increased (from a lower base) by approximately 80% in the last five years. The momentum of this growth seems to have faltered in recent years (Stewart, Fontanilla, Morunga, & McGuigan, in press), although there is still some growth in the number of physical health services with psychological input.

In the last decade there has been a solid growth in the numbers of psychologists working in primary care settings as part of PHOs (e.g., Lyons & Low, 2008; Wynands & Gawith, 2009). There also appears to be some growth in the use of psychologists within the NGO sector. This is consistent with several aspects of the vision for the future of mental health services in New Zealand outlined in Blueprint 2 (Mental Health Commission, 2012).

Training Pathways for Applied Psychologists in New Zealand

In the decades following the development of the clinical and educational psychology, other programmes have been established to train psychologists in a variety of other sub-disciplines relevant to physical and mental health enhancement. The typical training model has reflected the scientist-practitioner philosophy underpinning much of psychological practice and involves an integrated programme of study leading to acquisition of science/research skills (involving Masters or Doctoral level research) and coursework and practical work in clinical skills development spanning several years. Typically this training programme involves a minimum of seven years of university study. The requirement for registration is 1500 hours of supervised practical experience in an approved setting. However there is some variation in the training structure for different programmes.

A community psychology programme was established in the 1980s at Waikato University (Robertson, Thomas, Dehar, & Blaxall, 1989) and in addition to those working for community-level change, graduates have been employed in more direct social service provision, and in some cases health service provision. In the 1990s a health psychology programme to train psychologists with clinical competencies and a particular focus on working with people with physical health difficulties, was established at the University of Auckland. In the 2000s, a Counselling Psychology programme was established at the Auckland University of Technology. This also produces graduates who contribute to health and social services.

Training programmes leading to registration as a psychologist in Applied Behavioural Analysis are operated by the Universities of Auckland and Waikato. A small number of psychologists are also trained through programmes run by specific employers (eg the Military). A Massey University course established in recent years provides a pathway to registration for people who have already undertaken a postgraduate degree in psychology by providing additional coursework, oversight of appropriate practicum work, and final assessment of competencies work.

Some specialist training pathways available in other countries are not currently available in New Zealand. For example, Australia, Britain, and the US have programmes that specifically train neuropsychologists. In New Zealand some, but not all, clinical psychologists receive training in neuropsychology as part of their professional training, and many go on to develop additional expertise in such areas post-qualification.

Psychologist Workforce Data

Quality workforce data is a prerequisite to good workforce planning. However, there is relatively little consistently collected data available regarding the psychological workforce. Routine data was collected through the Psychologists Registration Board by the Analytical Services of the Ministry of Health up until 2009, but similar data has not consistently been kept since that time. We understand there is a project underway to establish consistent data across health professions, and the survey this document reports on has been partially modelled on that project. This survey is an attempt to acquire information that can be used to assist with workforce planning and development of the psychological workforce into the future.

Method

- An online survey was developed with input from the NZ Psychologists Board, members of the Psychology Workforce Task Force and Psychology Workforce Group, and representatives of the NZ Psychological Society and the NZ College of Clinical Psychologists.
- The survey was based on, but somewhat extended, a standard annual data collection protocol developed collectively by several professional regulatory authorities and HWNZ for future use as a workforce data collection tool.
- All financially current psychologists were contacted by the Psychologists Board and invited to participate in an online survey. The survey was available from 24th April – 11th May 2016.
- The survey took participants an average of 7 minutes to complete.
- This report describes the preliminary analysis undertaken for the Health Workforce Task Force meeting on May 2016, particularly focusing on psychologists with current APCs and largely focusing on psychologists in relation to the health sector.ⁱⁱⁱ
- Some data was provided by 1359 psychologists, representing 50% of all financially current psychologists. The sample who provided full information consisted of 1156 currently practising psychologists and 92 non-practising psychologists
- The following analyses are presented in two sections:
 1. All currently practising psychologists
 2. All psychologists indicating at least some employment in health services
- Analyses in each of these sections are presented in three sub-sections:
 1. Workforce Profile: Description of the currently practising psychology workforce.
 2. Workforce Activities: Description of the areas of practice of psychologists.
 3. Workforce Dynamics: Description of findings related to likely future trends in the psychology workforce.

Results: All Currently Practising Psychologists

Workforce Profile: All Currently Practising Psychologists

This section reports on the results for the 1159 (93%) of respondents who completed the survey and who were currently practising as psychologists – that is, either they held a current Annual Practising Certificate or were currently an intern or trainee psychologist.

Gender

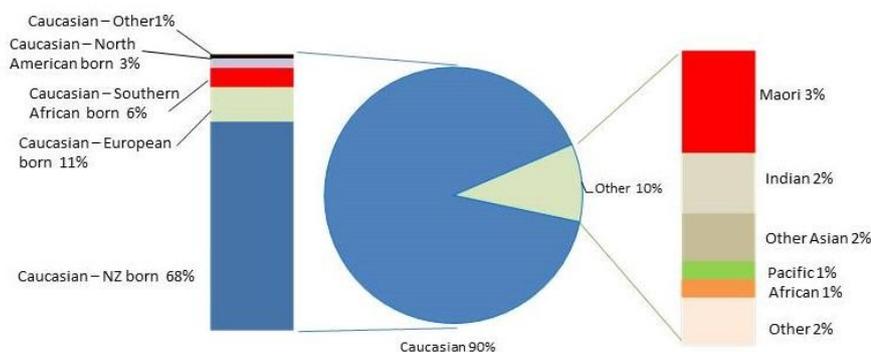
77% Female 23% Male

No respondents identified as transgender, non-binary, etc

Ethnicity of the Psychological Workforce

90% Caucasian

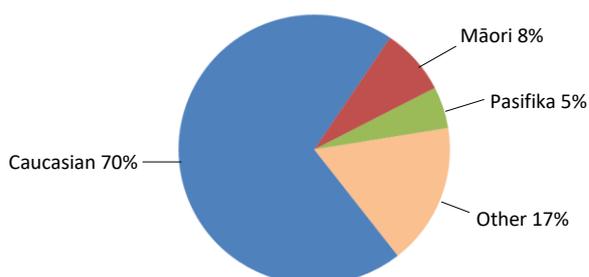
68% NZ born Caucasian
22% Caucasian born elsewhere.
3% of respondents were Māori



Ethnicity of Interns and Trainees

Increasing diversity amongst new psychological workforce.

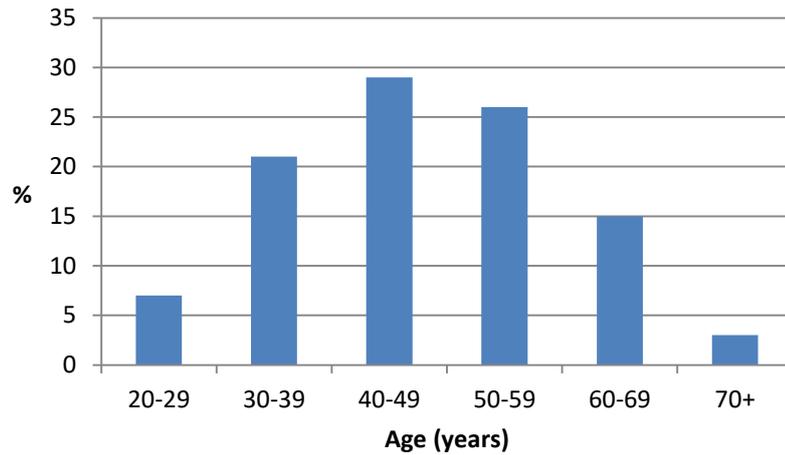
The most reliable ethnicity data for interns and trainees, from a 2016 survey of Programme Directors, shows increasing diversity, although not yet matching the national population profile.



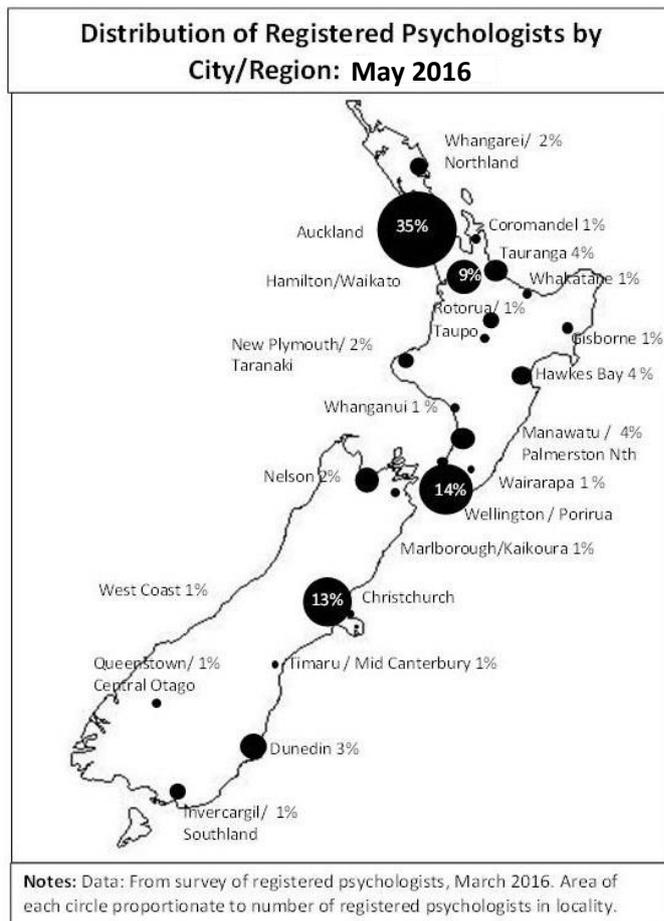
Source: Dougal Sutherland. Victoria University of Wellington.

Age Distribution

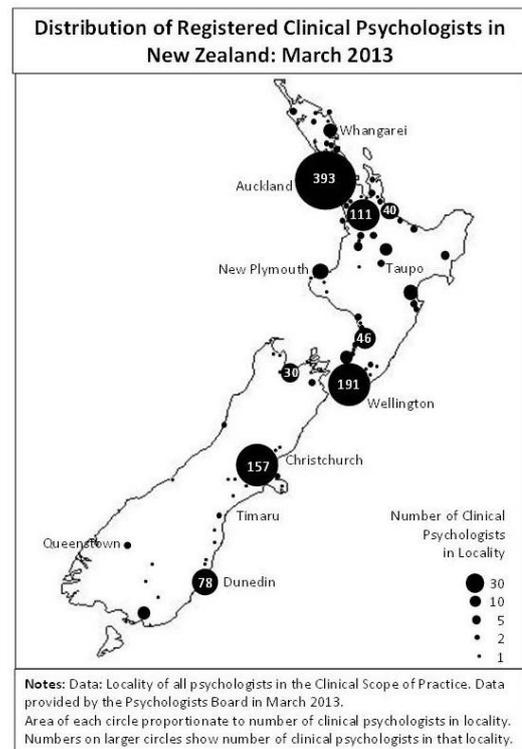
18% of respondents over the age of 60.



Location of Registered Psychologists In New Zealand



This shows the distribution of currently active registered psychologists around New Zealand, based on the current survey.

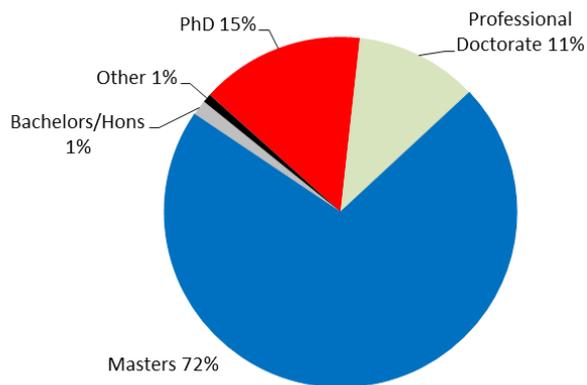


Source: Stewart (2013).

Previous analysis of the location of all clinical psychologists showed that, while frequently located in larger centres, smaller centres and rural areas also had access to clinical psychologists.

Academic Qualification

72% Masters
26% Doctoral

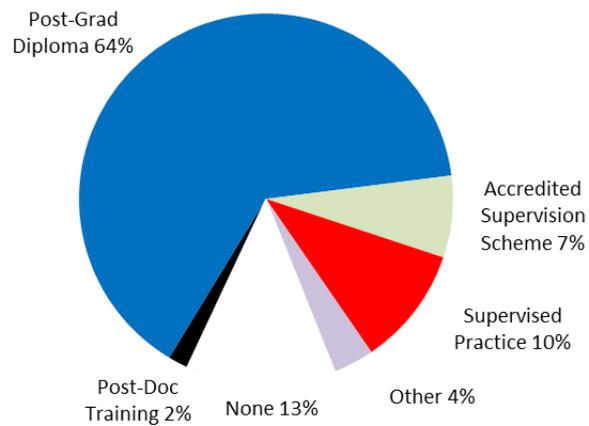


Additional Professional Qualifications and Training

64% Post-Graduate

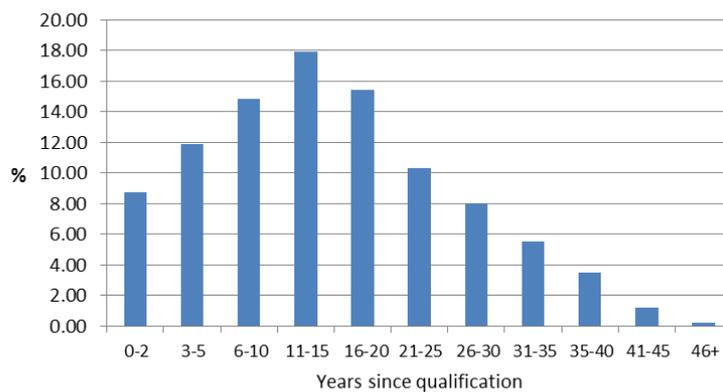
Diploma

Undertaken subsequent to or alongside Masters/Doctoral qualification. Professional doctorate incorporates this training.



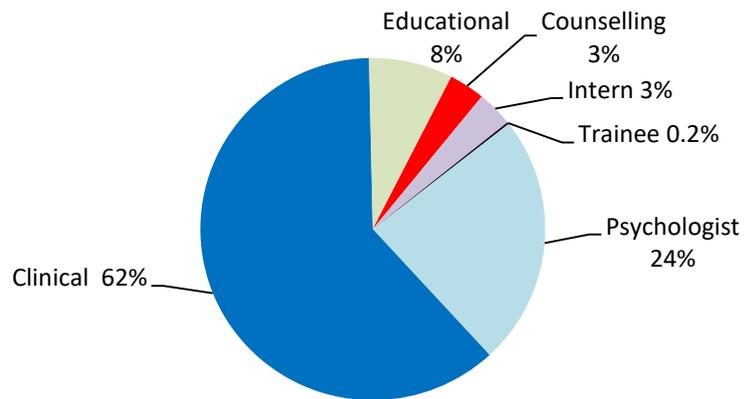
Experience: All Registered Psychologists

This graph shows the time since qualification for all psychologists



**Scope of Practice
Clinical Psychologists
the largest single
group.**

Many people in the Psychologists Scope of Practice also provide direct therapeutic services.



**26% have practiced
overseas**

This graphic shows the number reporting having been previously registered overseas by the area they report having previously practiced.



Workforce Activities: All Currently Practising Psychologists

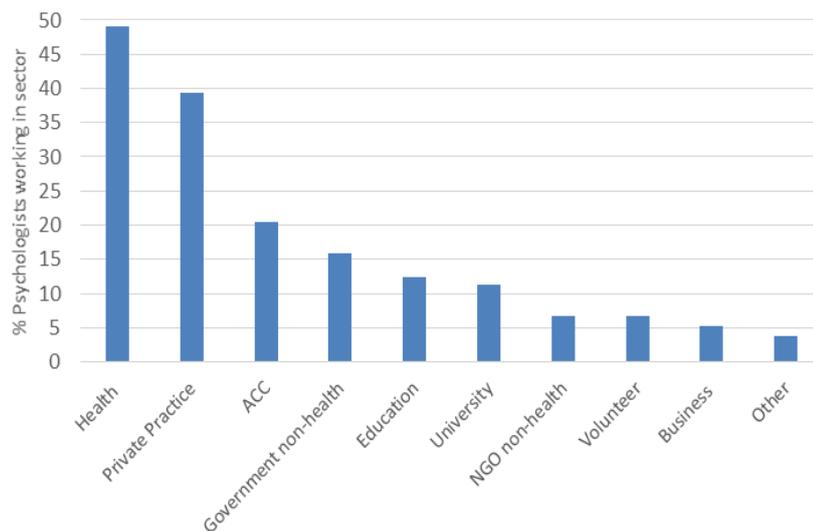
Areas of Employment

Health the most frequent employer.

This shows the percentage of respondents reporting employment in each sector.

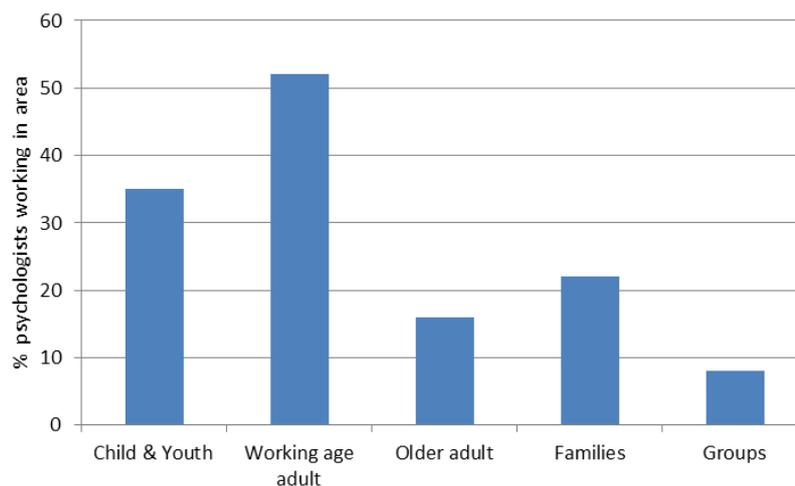
Psychologists frequently reported working in more than one sector.

33% of psychologists working in health also worked in private practice.



Age of Client Groups

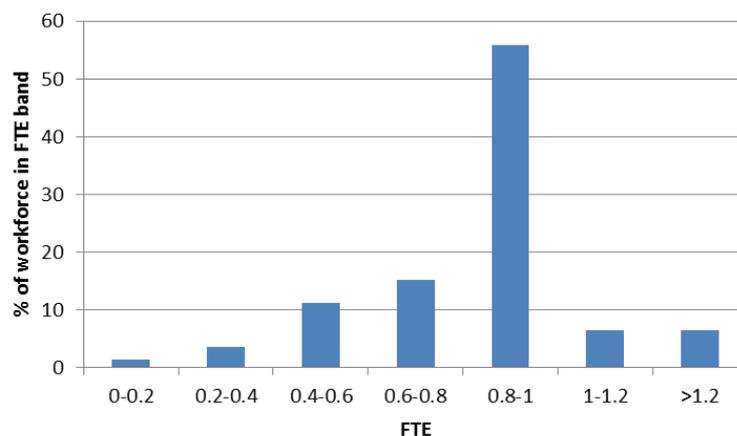
This graph shows the percentage of psychologists reporting working at least 10% of their time with client groups of different ages



Full-Time Equivalent Employment of Psychologists

This graph shows psychologists' employment patterns in terms full-time equivalents (FTEs). One FTE equals 40 hours per week of employment.

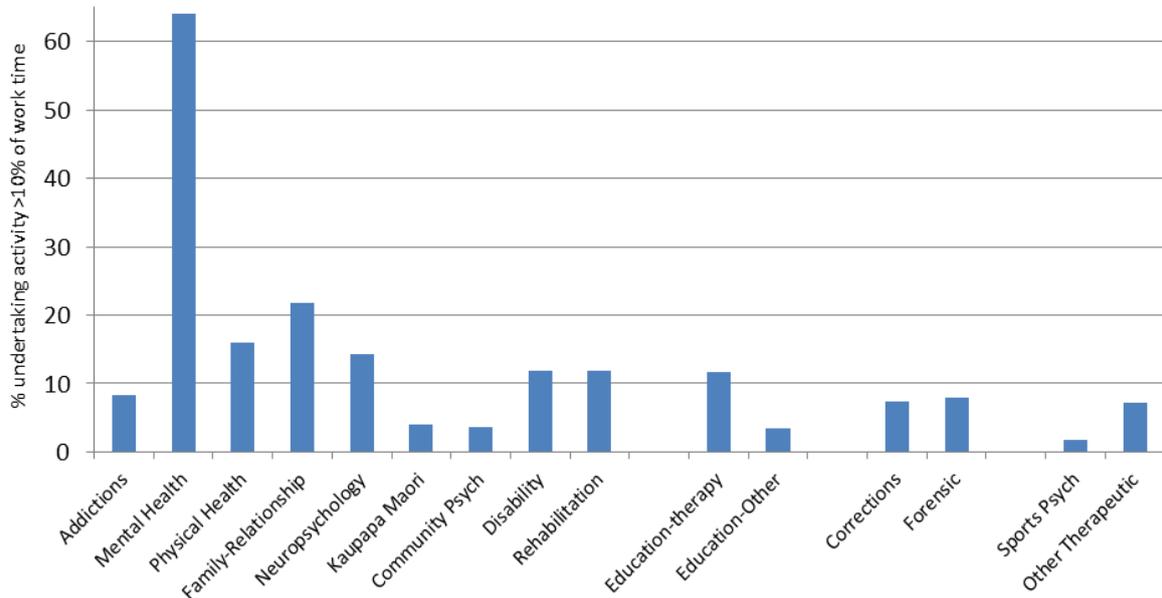
46% of psychologist reported working a 40 hour week and 13% reported working longer than a 40 hour week.



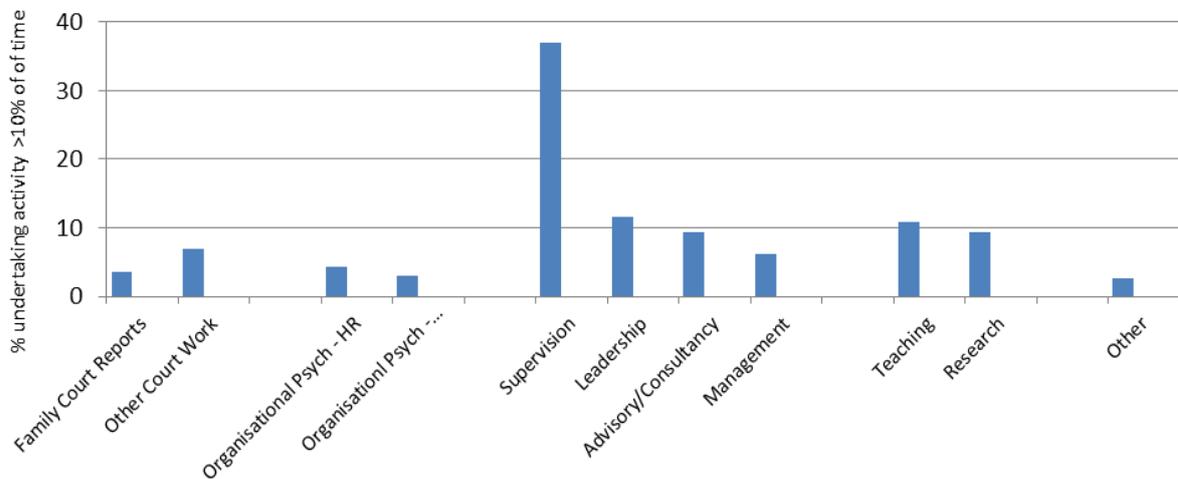
Activities Undertaken By Psychologists

The following two graphs show the proportion of psychologists who reported undertaking each specified activity for at least one tenth of their work time.^{iv}

% Reporting Activities Involving At Least 10% of Work Time: Primarily Therapy-Related



% Reporting Activities Involving At Least 10% of Work Time: Not Therapy-Related



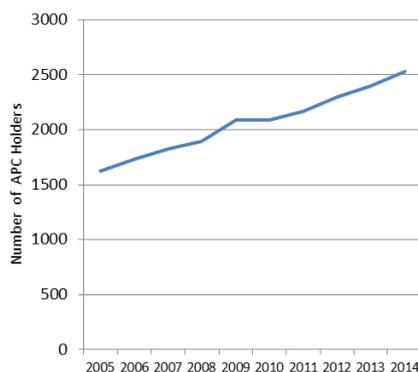
Workforce Dynamics: All Currently Practising Psychologists

Change in Total Psychology Workforce

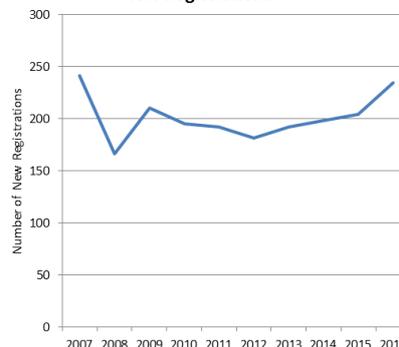
Consistent growth in Registrations and APC Holders over time, indicating growth in the psychological workforce.

There is a relatively consistent pattern of approximately 200 new registrations and 100 additional APC holders each year.

APC Holders



New Registrations



Source: NZ Psychologists Board

Interns and Trainees: Current Numbers

Notes:

Not all interns complete their internships in one year.

These figures do not include ABA, PG Dip

Psych Practice, or

employer-based trainees.

Type of Programme

Clinical

Educational

Counselling

Health

Other

Total

Current Interns

72

48

14

14

?

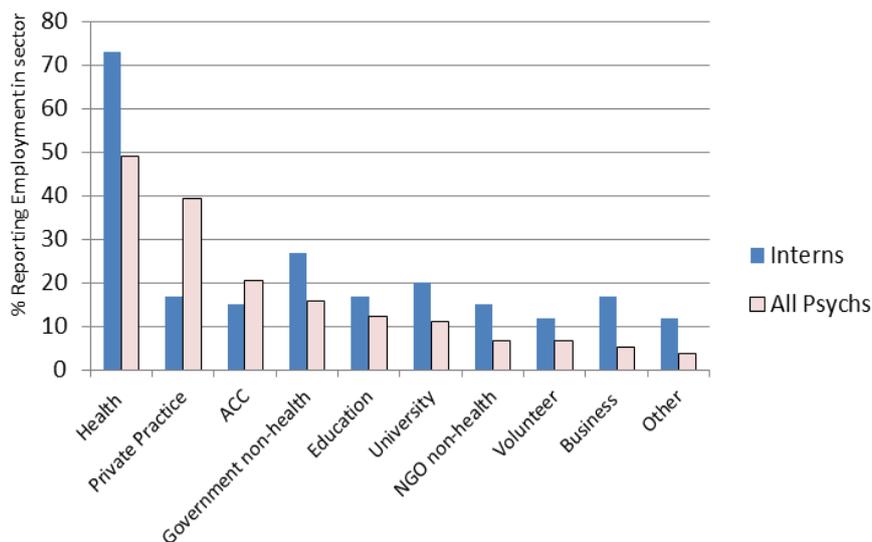
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Source: Dougal Sutherland. Victoria University of Wellington.

Interns and Trainees: Areas of Employment

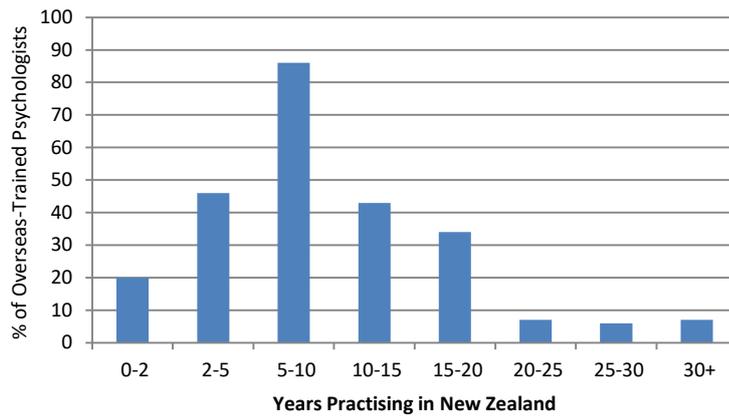
Health biggest employer of interns/trainees.

This shows the proportion of interns and trainees reporting employment in each sector, compared with all practising psychologists. It shows a high ratio of interns to all staff in health and government non-health, and a low ratio of interns to all staff in ACC and private practice.



Arrival of Psychologists From Overseas

This shows how long overseas-trained psychologists have been working in New Zealand. It suggests an average arrival rate within this sample of approx. 13 per year in the last five years and 17 per year in the five years prior to that.



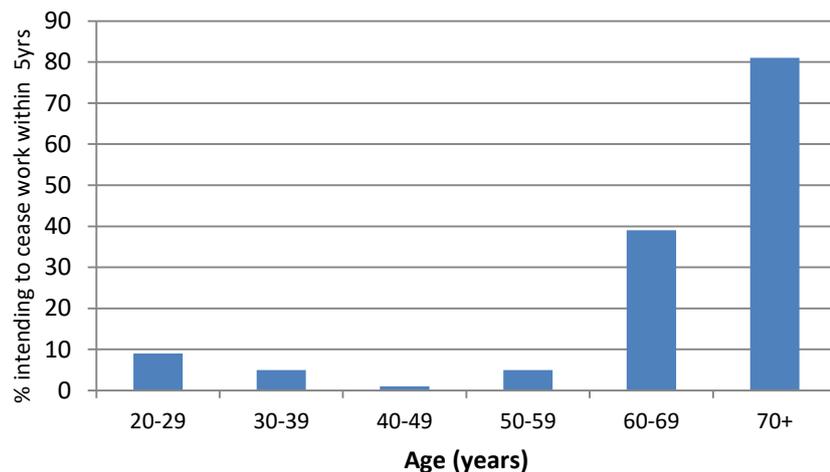
N for each period: 20, 46, 86, 43, 34, 7, 6, 7

Intention to Stop Working as a Psychologist within 5 years

11% intend to stop within the next 5 years

An average of 28 participants per year expected to leave the psychology workforce.

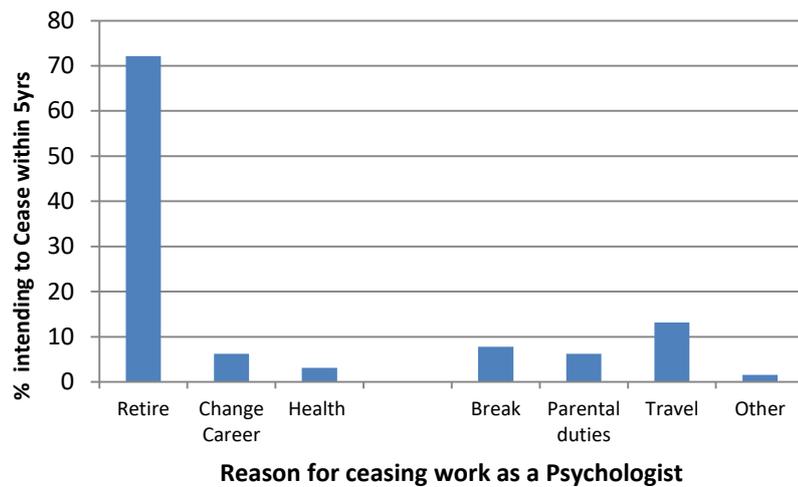
9% of psychologists aged 20-29 years expect to leave the workforce within five years.



N in each age group: 7, 13, 4, 15, 65, 35

Reasons for Stopping Work as Psychologist within 5 years

This shows the reasons for psychologists intending to leave the NZ psychology workforce within 5 years. With the first three reasons later return to the psychology workforce is less likely. With the next four reasons later return to the workforce is possible.

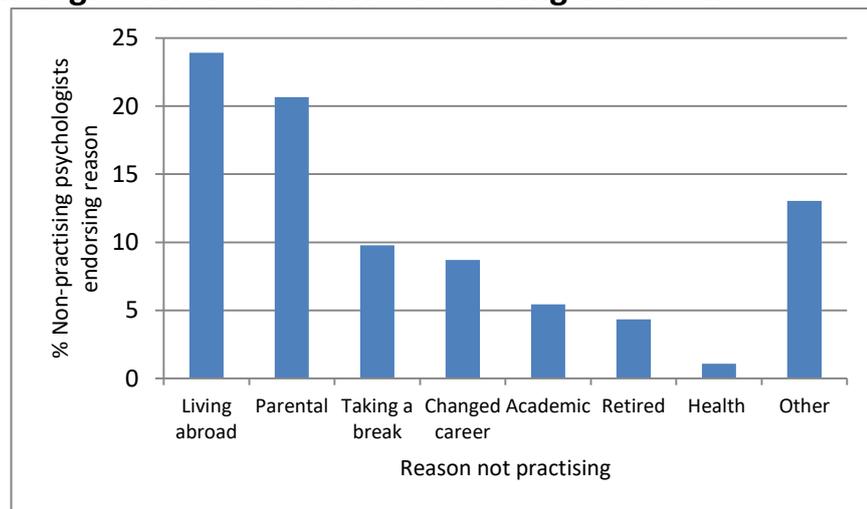


N for each reason	93	8	4	10	8	17	13
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Non-Practising Psychologists: Reasons for Not Practising at Present

Living Abroad and Parental Duties were the most common reasons for not practising.

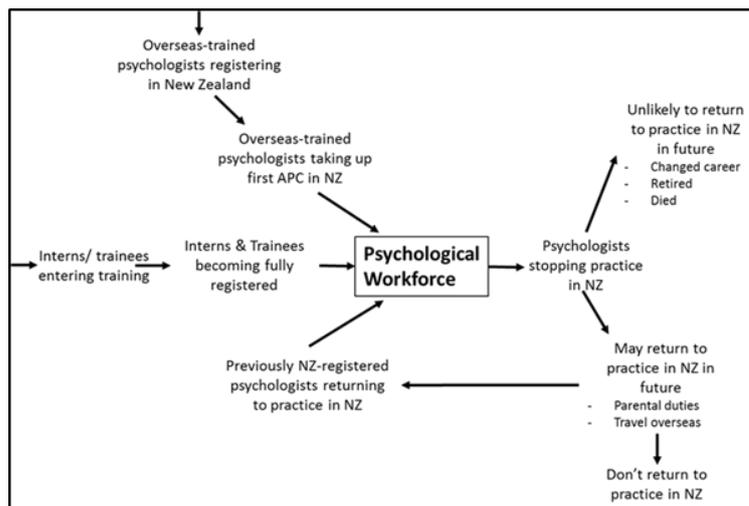
Most common "Other" reasons were difficulties finding work, newly arrived in NZ, and transitioning out of training.



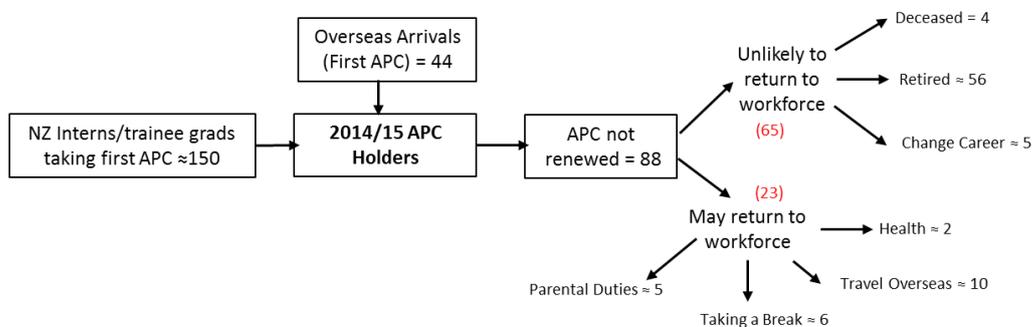
Modelling the Psychology Workforce

The model to the right was developed to model movements in and out of the psychology workforce in New Zealand.

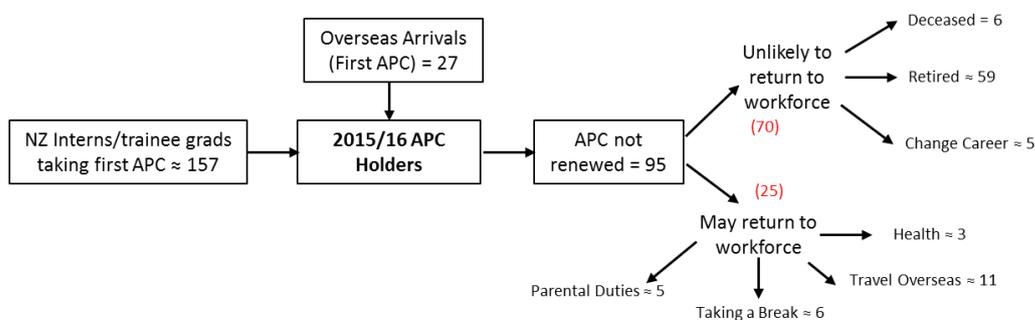
Annual Practising Certificate (APC) and trainee registration data from the Psychologists Board (augmented by data from the current survey) was used to populate the model for two years. These are shown below



2014-15 Year



2015-16 Year



Source: New Zealand Psychologists Board and data from this survey.

These results indicate:

- Approx. 190 psychologists enter the workforce each year
- Approx. 90 psychologists leave the workforce each year.
- Giving a net gain of approx. 100 active psychologists per year.
- Approximately 80% of psychologists entering the workforce have just completed training in NZ.
- Approx. 25% of those who leave the psychological workforce could potentially return (e.g., on returning from overseas, after taking a break) but there was no evidence of many doing so.

Equivalent data for the health workforce is not available so specific modelling of the health sector psychological workforce was not possible.

Results: Psychologists Working in the Health Sector

Workforce Profile: Psychologists working in the Health Sector

This section reports the results for the 567 psychologists in the study who identified themselves as being employed in the health sector for at least part of their work time.

Gender

Very similar to all Practising Psychologists

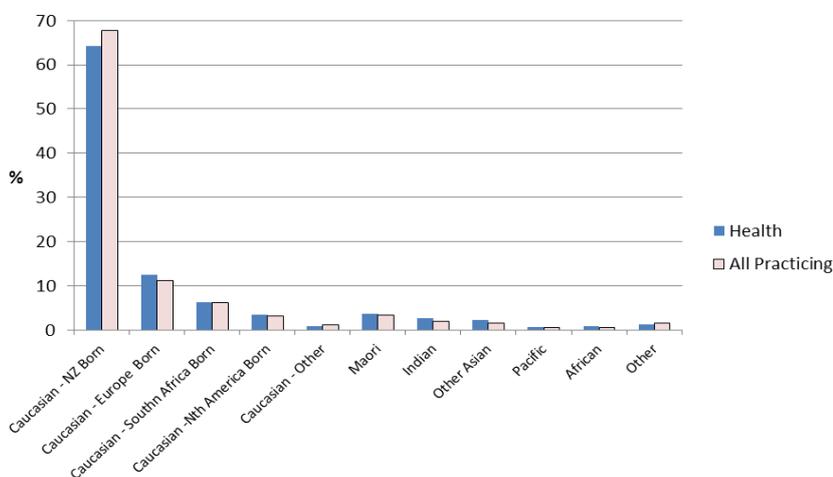
78% Female 22% Male

Almost identical to the gender balance for all practising psychologists

Ethnicity

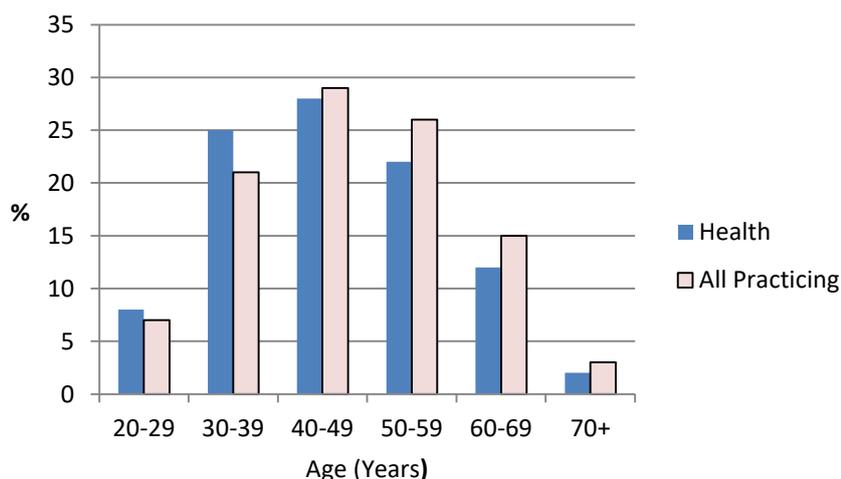
Very similar to all Practising Psychologists

87% Caucasian
64% NZ-born Caucasian
4% Māori



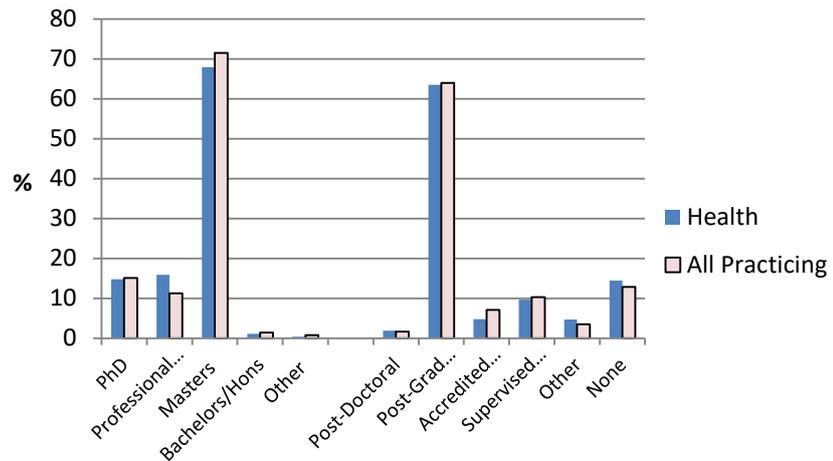
Age Distribution

Health workforce somewhat younger than total workforce.



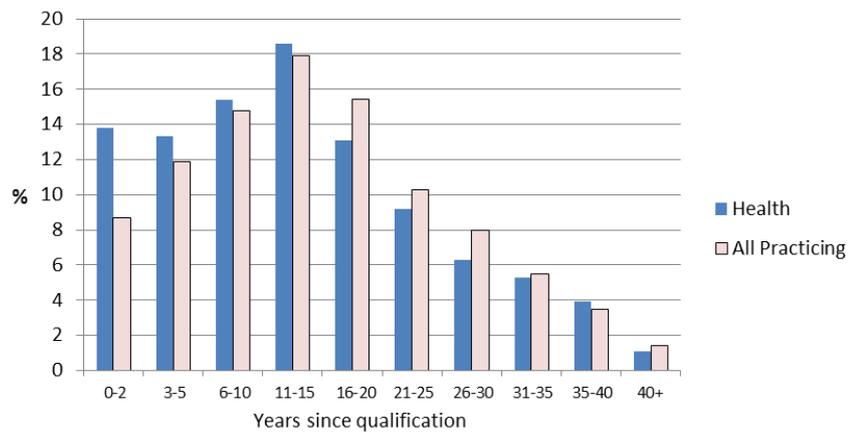
Academic Qualification

Very similar to all Practising Psychologists



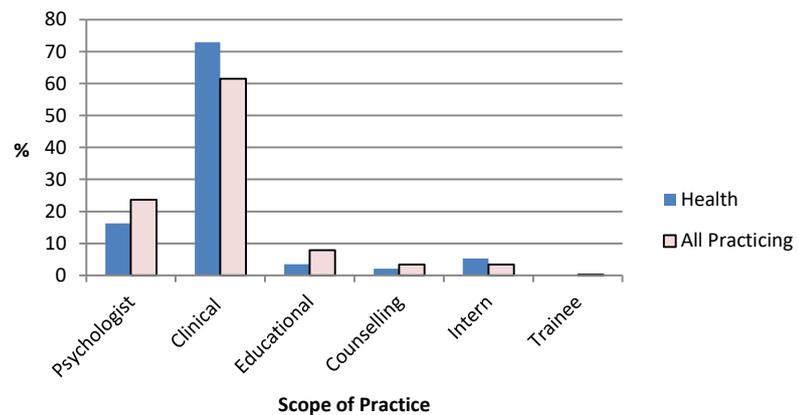
Experience as a Psychologist

Health workforce substantially less experienced than All Practising Psychologists



Scope of Practice

In Health sector, relatively fewer psychologists in the Psychologist Scope and proportionately more in the Clinical Scope

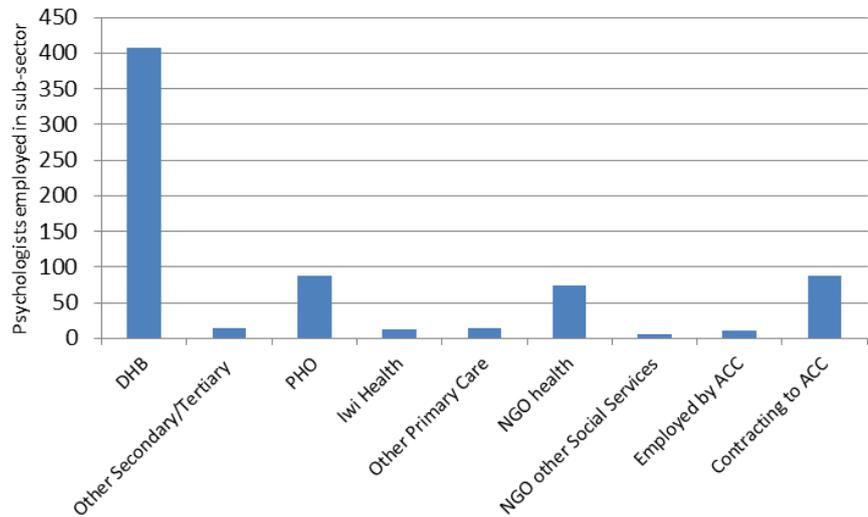


Workforce Activities: Health Workforce

Areas of Employment within Health

- 72% DHB**
- 18% ACC**
- 15% Primary Care**
- 14% NGO health**
- 7% Other**

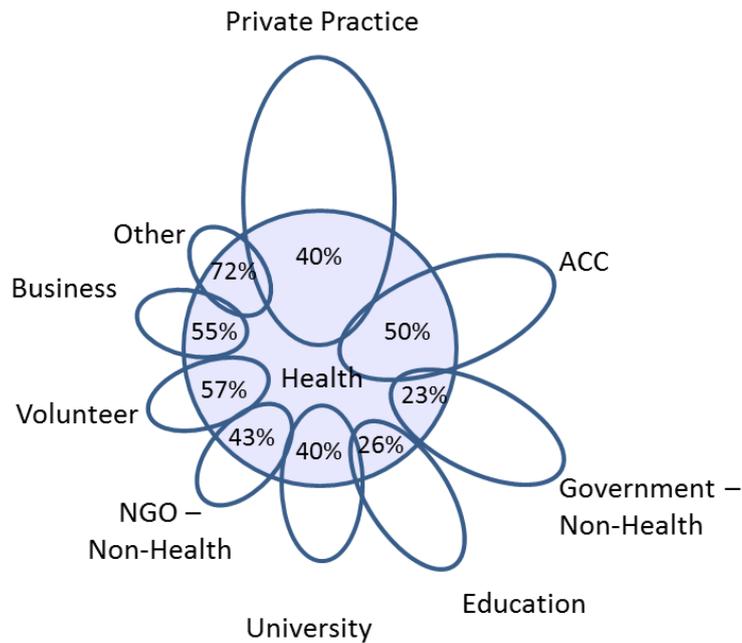
Many psychologists who work in health work in more than one health-related setting.



Cross-Sectoral Engagement

Many psychologists working in Health already work cross-sectorally

This graphic shows the proportion of psychologists who work in other sectors and who also work in health. For example, 23% of psychologists working in non-health government sectors are also employed in health-related activities. The area of each oval is proportionate to the number of psychologists working in that sector.



Workforce Dynamics: Psychologists Working in Health

Intention to Stop Working as a Psychologist within 5 years

10% of Health Service Psychologists intend to stop working as a psychologist within 5 years

Age of Psychologists Intending to Stop Work as a Psychologist within 5 years

In most age groups, a large proportion of the workforce intend to remain as psychologists.

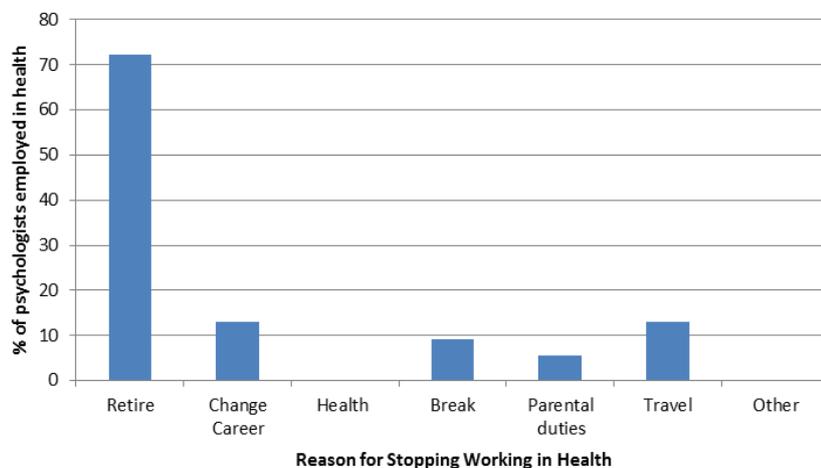
This does not necessarily mean they will continue working in health.



Reasons for Stopping Work as Psychologist within 5 years

Very similar to the Total Workforce

This shows the reasons for psychologists working in health who intend to leave the NZ psychology workforce within 5 years.



DHB Psychologist Vacancies

The DHB Psychology Leadership Council provided data on long-term vacancies in 14 DHBs.

Almost all DHBs also reported having many shorter term vacancies.

Long-Term Vacancies (Greater than 12months)

Service type	Vacancy Rate
Forensic MH Service	3 of 5
Acute Adult Inpatient Service	3 of 9
Child and Adolescent MH	3 of 12
Kaupapa Māori Services	2 of 5
Oncology Services	2 of 7
Child Development Services	2 of 8

Note: The Vacancy Rate shows how many DHBs had vacancies compared to the number of DHB with that type of service. For example, 5 DHBs had Forensic MH services, and of these 3 DHBs had vacancies that had not been filled for more than a year.

DHB Services with Psychology Service Provision Substantially Below Recommended Levels

The DHB Psychology Leadership Council also provided data on services in which levels of psychology service provision was substantially below recommended levels.

Lack of suitable candidates was seen as related to: lack of people with the specialist skills required for some services, uncompetitive salaries in the health sector, and service location

Service type	Sub-par Rate	No psych input
Adult Community MH Teams	6 of 13	
Older Persons MH Services	5 of 12	1
Child Development Services	6 of 11	2
Chronic Pain Services	7 of 11	2
Paediatrics	6 of 11	3
Oncology	6 of 11	3
Crisis Resolution Teams	6 of 12	5

Notes: The **Sub-par Rate** shows how many DHBs provide less than the recommended psychological input compared to the number of DHBs offering that kind of service.

No psych input indicates the number of services offering no psychological service in that service area.

Some Implications for the Psychology Health Workforce and Workforce Development

Recruitment/Training

- Given that more psychologists work in the private practice and for ACC than are trained in these areas, exploring mechanisms by which training positions and internships can be set up in private practice and ACC settings may be valuable. This may provide a valuable alternative or supplementary source of new internships to allow expansion of the pool of potential internship positions.
- Movement towards a psychological workforce more reflective of the New Zealand population is evident in the comparison of the ethnic composition of the interns and trainees compared to that of the current psychological workforce. However, further work may be required to extend this goal. Michelle Levy's (2002) document regarding the barriers and incentives for Maaori in entering the psychological workforce, and similar documents, may assist with guiding further work in this area with respect to Maaori and potentially other groups.

Retention/Sustainability

- The psychology workforce in health is younger and less experienced than the psychology workforce as a whole. This may reflect its role in training, but may also reflect loss of experience mid- and later- career workers to other sectors. Consideration of factors that may assist retention of experienced staff would be of value for maximising sector psychological capacity, both in provision of psychological services and in supporting other professionals to provide talking therapy interventions.

Role Development/Contribution

- Many psychologists who work in the health sector also work in other social service and related sectors. This may mean that psychologists are in a good position to be able to assist to achieve government objectives around "joined-up services" (Mental Health Commission, 2012) that work in integrated ways to offer broad-based rather than silo-ed solutions to challenges for clients. It may require workforce development activity to ensure that psychologists have the skills and approaches to optimise their ability to contribute in this way.
- The proportion of psychologists working in primary care has grown substantially, so that now 15% of psychologists working in health work at least part of their time in primary care. This input has been shown to make significant differences for client outcomes and also system integration (Dath, Yang Dong, Stewart, & Sables, 2014; Fitzgerald, Galyer, & Ryan, 2009; Wynands & Gawith, 2009) Throughout the country, patterns of PHO engagement are inconsistent, varying from extensive to non-existent. Developing a more consistent utilisation of the psychological workforce in PHOs across the country would improve the access of the population to mental health care.
- This has shown that psychologists are widely spread throughout the country, indicating that psychological services are geographically accessible to much of the population. Previous

research has shown that clinical psychologists are more widely spread than suggested by this survey (due to methodological issues). This indicates that, if other access issues (e.g., cost of receiving psychological assistance) can be resolved, psychologists could assist with providing improved mental health care to people who have difficulty accessing other specialist mental health services.

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Notes

ⁱ More Detail Regarding the Response Rate

Total number of psychologists contacted 2719
Total Sample for which some data received: 1359 (50% response rate)

Total sample who provided full responses: 1248
Currently active psychologists 1156
Psychologists not currently active 92

	Full sample		Currently Active Respondents	
	N	%	N	%
Psychologist	810	29	274	24
Clinical	1446	52	711	62
Counselling	86	3	39	3
Educational	204	7	91	8
Intern/Trainee	234	8	41	4
	2780		1156	

ⁱⁱ Preliminary data for all respondents is also available as a QuestionPro Infographic report. It should be noted that extensive cleaning of the dataset was needed to improve its validity, and this is not reflected in the QuestionPro document, so some findings in this document may be inconsistent with that report.

ⁱⁱⁱ Preliminary data for all respondents is also available as a QuestionPro Infographic report. It should be noted that extensive cleaning of the dataset was needed to improve its validity, and this is not reflected in the QuestionPro document, so some findings in this document may be inconsistent with that report.

^{iv} Appendix 1 presents all practising psychologists' self-description of their major areas of activity.