

Workload Management Resource - Psychology

PURPOSE

- To align the work of psychologists with national strategic directions in health and psychology workforce development plans.
- To provide psychologists and their managers in Districts with a guideline on expected workloads and amount of clinical activity for psychologists.
- To increase current workload transparency and support psychology job planning.
- To assist managers with performance appraisal of psychologists (in conjunction with the Psychology Professional Leader).
- To raise awareness of the role of psychologists in the service, including psychology-specific work that may not be accounted for in current clinical databases.
- To assist in preventing work-related stress and to promote a culture of self-care amongst psychologists.

DEMAND FOR PSYCHOLOGICAL THERAPIES

Psychological therapies are a key component of best practice guidelines for mental health difficulties. He Ara Oranga the National Mental Health and Addictions Inquiry highlighted a huge increase in demand in psychological therapies across the care continuum. Various solutions have been developed to address this increased demand including the development of more group treatments, and the provision of training, supervision and consultation to other professional groups in the delivery of standardised psychological therapy techniques. These solutions have also been widely used overseas to manage the burgeoning need for these evidence-based interventions. As such the role of psychology in Te Whatu Ora has been widening from the historical mainly face-to-face provision of individual therapy to also include consultation, training, and supervisory roles. This has the significant benefit of providing a 'ripple effect', in that psychologists can add considerable value in how they impact other health professionals' practice. When considering the caseload of Psychologists, we need to consider the amount of these other types of work that they are engaged in and factor this into their overall workload plans.

In the broader picture, new integrated models of care are being developed to support primary care in their delivery of psychological interventions. This will involve psychologists and other mental health clinicians supporting primary care to deliver psychoeducation and lower level interventions.

PSYCHOLOGY ROLES

Training: To become a psychologist in NZ requires a *minimum* of a master's degree in psychology and a Post Graduate Diploma or equivalent. It is typical for a psychologist to have a clinical or research Doctorate or other postgraduate qualifications. Most will have studied for at least 7 years. All psychologists get supervised practice experience during their post graduate studies and the final year of study consists of a full-time internship.

Functions: Psychologists fulfil several roles within Districts. The focus of an individual psychologist will depend on their area of specialisation, acceptance criteria in their team or department, service needs, as well as their experience and professional interest. Some of these activities are Service User (SU)-Attributable (of direct benefit to a particular SU or group such as a family/whanau) while others are Non SU-Attributable (of benefit to the service, other health professionals, or in the case of continuing educational activities, undertaken for the benefit of future SUs). Specific functions that psychologists often provide include the following, however, there may be additional functions undertaken by psychologists that are not outlined in this guideline:

Service User-Attributable Functions

- Psychological therapy, including a variety of evidence based psychological therapy models with -
 - Individuals
 - Couples
 - Families
 - Groups
- Psychological testing and assessment leading to formulation and diagnosis, including -
 - Assessment of neuropsychological / cognitive functioning, with recommendations for intervention
 - Formulation and diagnosis of mental health conditions, particularly when presentation is complex, with recommendations for intervention
- Individual assessment and/or screening of suitability for groups and individual treatments. This can include safety planning.
- Consultation to support other health professionals in managing complex presentations -
 - Consultation with other health professionals regarding a particular SU or group of SUs
 - Development of support plans etc. to assist other professionals and agencies
- Crisis assessment and risk management

Non-Service User-Attributable Functions

- Clinical Supervision and Consultation (for both psychologists and clinicians from other disciplines)
- In-service education around psychological issues
- Provision of training on a range of clinical interventions

- Development of service initiatives, e.g., new groups, staff education, workshops to be provided in conjunction with primary care
- Research and program evaluation
- Clinical governance roles
- Continuing competency activities
- Wellbeing and psychosocial support

Time for SU-Attributable Psychologist Activities:

The psychological therapy approaches used in Te Whatu Ora New Zealand can range from brief psychological therapies to longer term interventions, particularly when dealing with complex presentations or service users with multiple comorbidities. Compared with the activities of other health disciplines, undertaking psychological assessment and therapy is often quite time intensive on both a per-contact and a per-SU basis.

Psychologists usually have weekly appointments with their therapy clients, although this may be more or less frequent depending on clinical need. Sessions with psychologists are often longer than those with clinicians from other disciplines. To be effective a talking therapy session usually requires at least 50-60 minutes (90 minutes is typical in some trauma models). This allows time for assessment of current state, any risk issues, progress with goals, therapeutic work and time to properly close the session with the client. Similarly, the time required to complete a comprehensive psychological assessment is often longer than for other types of assessment (usually at least 2 hours is needed with the client, as well as additional time to obtain information from other sources, interpret the data, complete the report and feedback to the SU, whanau and other professionals). Other forms of specialist psychological assessment may take longer to complete. For example, a typical neuropsychological assessment will take 3-6 hours of testing and interview time and an additional 6 - 8 hours of uninterrupted time to score and write up once the testing has been completed and other information gathered. More complex reports will take considerably longer.

Psychological assessment and treatment require a range of other SU-attributable activities both before and after client contact. These include research and preparation for sessions, reviewing assessment information, constructing explanatory formulations and treatment plans, scoring and interpreting psychometric test results, writing notes and reports, and liaising with other professionals, including social service providers. Where groups are being provided there will be time spent on preparation of materials, planning with co-facilitators, co-ordination of attendance, notes for all group attendees, and liaison with other case team members about the SUs progress in the group.

For these reasons, time spent providing clinical services is a better indicator of psychology workload than the number of times a client is seen, particularly if comparisons are made with other disciplines. There is a great variation in the number of clients psychologists are expected to see, which is largely dependent on the services they work in, the types of work engaged in and the other tasks/roles they undertake as part of their work plan. For example, in medical and surgical

settings, the work of a psychologist can be quite varied depending on whether they are participating in general clinics and or attending Ward rounds.

Time for Non-SU-Attributable Activities:

Receiving supervision is an essential part of a psychologist's workload. It helps ensure safe and effective practice. The NZ Psychologists Board recommends that the frequency of supervision be a minimum of two hours per month for psychologists who work full-time and one hour per month for part-time psychologists (0.6FTE or less). The frequency of supervision may need to be increased in some situations (e.g., with intern psychologists or with psychologists moving into a new area of practice), see NZ Psychologists Board Supervision Guidelines for details

<http://www.psychologistsboard.org.nz/best-practice-documents-and-guidelines2>. Senior psychologists often provide supervision to several less experienced psychologists and other clinicians.

Psychologists are required to keep up to date with current evidence-based practices. Participating in the NZ Psychologists Board Continuing Competence Programme (CCP) is a mandatory aspect of a psychologist's workload. This is audited by the board and a requirement for gaining an Annual Practising Certificate. It is useful if psychologists share their CCP learning objectives and plans with their manager and Professional Leader during their annual performance appraisal to enable some consistency between these plans and the professional development plans required for the service.

Other activities commonly undertaken by psychologists in the workplace include in-service training and education; research and program evaluation; and service development (for example, development of group program content, or a quality improvement initiative in service). Using the research skills psychologists have, for service development and evaluation activities, is strongly encouraged.

GUIDELINES

- **A psychologist's time at work is made up of SU-attributable time (time spent on work related to a particular SU or group of SUs) and non SU-attributable time.** The proportion of SU-attributable time will depend on the psychologist's role in the service, as negotiated with their manager.
- **It is beneficial for psychologists to complete a Job Plan in preparation for their annual performance appraisal.** The Job Plan will timetable their SU-attributable and non SU-attributable activities (over a month) to enable discussion on how these fit with service priorities. A template and example Job Plans for a newly graduated and an experienced mental health psychologist are provided in the Appendices. Psychologists may complete a specific job plan, however, there may be other ways of capturing the amount of time spent on the various activities within their role which could be helpful when doing their annual appraisal or when discussing expectations regarding workload. Another way of capturing activities over time is to undertake a time in motion study over a month involving the clinician recording all activities and time spent on these in the workday.

- **Typically, psychologists spend approximately 50% of their SU-attributable time in direct clinical care.** The remaining SU-attributable time is spent on activities such as preparing for sessions, keeping client notes up to date and writing reports. The proportion of SU-attributable time in direct versus indirect clinical care activities will depend on the type of service being provided:
 - ***Psychologists providing a significant number of neuropsychological/cognitive assessments*** will spend less than 50% of their SU-attributable time in direct clinical care due to the time required to score tests, interpret results, develop the formulation, and write reports.
 - ***Psychologists providing mainly therapeutic services*** may spend more than 50% of their SU-attributable time in direct clinical care, depending on the complexity and acuity of the SUs and their individual needs.
 - ***Psychologists providing generic functions, such case management and duty, will have less time available for psychology specific work.*** Services are encouraged to maximise the use of the specific skills psychologists have. Given the significant demand for the provision of complex assessment and therapy, there is a risk that the psychologists time is being diverted to case management/duty functions which reduces their availability for specific psychology skills activities. Furthermore, these generic functions are often directly raised as an issue as to why psychologists leave Te Whatu Ora.
 - ***Time travelling to see SUs*** is included as a direct clinical care activity.
 - ***DNAs*** will be included in direct clinical care time; however, psychologists will be expected to take a very proactive approach to monitoring and reducing DNAs.
- **Non SU-attributable time is spent on activities that are not directly linked to a particular SU or group of SUs.** Activities include attending multidisciplinary meetings, team business meetings, supervision (as a supervisee or supervisor), non-SU specific consultation, professional development (as a receiver or provider), service development, research, and administration activities (e.g., reading and responding to emails).
 - ***Time spent on non SU-attributable activities is often greater in more experienced psychologists.*** They are more likely to provide supervision and increased consultation to other clinicians as well as other service development functions. These activities enable their knowledge and skills to be accessed by the wider service and therefore by a larger group of SUs than would be possible if only involved in direct clinical care.
 - ***To best meet the needs of the service and the individual psychologist, non SU-attributable activities provided by the psychologist will be discussed and agreed on with their manager.*** The Professional Leader (or equivalent) is available for consultation and facilitation of this process as required.
 - ***When considering a psychologist's workload,*** non SU-attributable time should be deducted from the psychologist's working hours, then the amount of direct clinical

care can be calculated as a proportion of the remainder (see examples provided below). Note it would be advisable for psychologists to log their time in non SU-attributable activities for a month prior to this type of discussion.

- **As a guide, Mental Health and Addiction Services psychologists working in a fulltime capacity typically spend between 10 and 15 hours on direct SU clinical care activities each week.** This varies depending on the psychologist's other functions within the service, as well as the type of clinical work provided, the amount of contact and the complexity of their SUs needs. The developmental level of a psychologist needs to be considered to ensure their workload is appropriately balanced (e.g., a newly trained psychologist will need time to develop their knowledge and skills).
- **Psychologists who are responsible for a referral/waiting list** will monitor the length of the list and report on it as requested. They will prioritise clients for allocation in conjunction with the clinical team.

EXAMPLES

These examples are provided in the interests of helping psychologists capture all the activities they undertake in their role. Note that the examples are based on the work of mental health psychologists. The work plan for a psychologist working in other specialties (i.e., Health, Child Development Services, Neuropsychology) is likely to look quite different based on the structure of the service and the tasks these psychologists undertake. These guidelines should be applied flexibly. For example, a psychologist might be involved in a special project (e.g., developing a new therapeutic group) or other activity that will lead to a reduction in SU-attributable time for a period.

Example 1: Full-time Psychologist, recently registered

Step 1 – Calculate time spent on non SU-attributable activities (note these will vary somewhat from week to week, so approximate/average values can be used). It would be advisable for the psychologist to log their time in these activities for a month to enable reasonable accuracy.

Activity	Time per week
Team meetings	4 hours
Other meetings (e.g., monthly Psychology Meeting)	0.5 hours
Admin (e.g., e-mail)	1 hour
Attending clinical supervision	1 hour
Professional Development (e.g., reading, Continuing Competence Programme updates)	1 hour
Service Development (e.g., presentations, agreed projects)	1 hour
Total	8.5 hours

Step 2 – Subtract time spent on non SU-attributable activities from hours available

I.e., 40 hours a week minus 8.5 non-SU attributable activities hours = 31.5 hours

Step 3 – Divide SU-attributable time by two

31.5 hours divided by 2 = **15.75 hours**. This is the approximate amount of time we would expect to see recorded in contact events (e.g., face-to-face, whanau contact, substantial telephone contact, group contact) in the clinical database, assuming a typical balance of assessment and therapy activities as is relevant to the role.

Example 2: Full-time Psychologist, considerable experience

Step 1 – Calculate time spent on non SU-attributable activities (note these will vary somewhat from week to week, so approximate/average values can be used). It would be advisable for the psychologist to log their time in these activities for a month to enable reasonable accuracy.

Activity	Time per week
Team meetings	4 hours
Other meetings	2 hours
Admin (e.g., e-mail)	2 hours
Attending clinical supervision	0.5 hours
Providing clinical supervision	3 hours
Consultation for other clinicians	1 hour
Professional Development (e.g., reading, Continuing Competence Programme updates)	1 hour
Service Development (e.g., development of groups/presentations, agreed projects)	2 hours
Total	15.5 hours

Step 2 – Subtract time spent on non SU-attributable activities from hours available

i.e., 40 hours a week minus 15.5 non-SU – attributable activities = 24.5 hours

Step 3 – Divide SU-attributable time by two

24.5 hours divided by 2 = **12.25 hours**. This is the approximate amount of time we would expect to see recorded in contact events (e.g., face-to-face, whanau contact, substantial telephone contact, group contact) in the clinical database, assuming typical balance of assessment and therapy activities as relevant to the role.

APPENDIX 1 – JOB PLAN TEMPLATE

Name:	
Team:	

Please identify in the tables below a **summary** of the time you spend on the following:

- Team meeting time
- Admin time
- Assessment
- Therapy
- Other responsibilities (Service roles, supervision, liaison etc)

Week One

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30					
10.30 to 12.30					
Lunch					
1 pm to 2 pm					
2 pm to 3 pm					
3 pm to 5 pm					

Week Two

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30					
10.30 to 12.30					
<i>Lunch</i>					
1 pm to 2 pm					
2 pm to 3 pm					
3 pm to 5 pm					

Week Three

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30					
10.30 to 12.30					
<i>Lunch</i>					
1 pm to 2 pm					
2 pm to 3 pm					
3 pm to 5 pm					

Week Four

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30					
10.30 to 12.30					
Lunch					
1 pm to 2 pm					
2 pm to 3 pm					
3 pm to 5 pm					

We would like to capture your strengths and therapy skills. It would be appreciated if you would identify these below:

Please record your qualifications and the specific training undertaken related to your skills and strengths.

Please record specific training gaps/needs that you feel you would like to identify.

APPENDIX 2 – EXAMPLE JOB PLAN TEMPLATES Mental Health & Addictions
A: PSYCHOLOGIST

Name:	
Team:	

Please identify in the tables below a **summary** of the time you spend on the following:

- Team meeting time
- Admin time
- Assessment
- Therapy
- Other responsibilities (Service roles, supervision, liaison etc)

Week One

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30	Group Intervention	Therapy	Therapy	MDT Meeting 9 – 11 am	Psychological Assessment and Report writing
10.30 to 12.30	Therapy	Therapy	Therapy	Staff Meeting 11-12 pm	Psychological Assessment and Report writing
Lunch					
1 pm to 2 pm	Group prep/admin	Supervision	Therapy group	In-service training	Psychological Assessment and Report writing
2 pm to 3 pm	Therapy	Therapy	Therapy group	In-service training	Admin
3 pm to 5 pm	Therapy	Therapy	Therapy	Admin	Therapy

Week Two

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30	Group Intervention	Therapy	Therapy	MDT Meeting 9 -11 am	Psychological Assessment and Report writing
10.30 to 12.30	Therapy	Therapy	Therapy	CAFS Psychology Meeting 11-12 pm	Psychological Assessment and Report writing
Lunch					
1 pm to 2 pm	Group prep/ admin	Therapy	Therapy group	Admin	Psychological Assessment and Report writing
2 pm to 3 pm	Consultation/ Liaison	Admin	Therapy group	Therapy	Admin
3 pm to 5 pm	Therapy	Therapy	Therapy	Therapy	Therapy

Week Three

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30	Group Intervention	Therapy	Therapy	MDT Meeting 9 – 11 am	Psychological Assessment and Report writing
10.30 to 12.30	Therapy	Therapy	Therapy	Staff Meeting 11-12 pm	Psychological Assessment and Report writing
Lunch					
1 pm to 2 pm	Consultation Liaison	Supervision	Therapy group	Admin	Psychological Assessment and Report writing
2 pm to 3 pm	Therapy	Therapy	Therapy group	Admin	Admin
3 pm to 5 pm	Therapy	Therapy	Admin	Therapy	Therapy

Week Four

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30	Group Intervention	Therapy	Therapy	MDT Meeting 9-11 am	Psychological Assessment and Report writing
10.30 to 12.30	Therapy	Therapy	Therapy	Admin 11-12 pm	Psychological Assessment and Report writing
Lunch					
1 pm to 2 pm	Group prep/admin	Therapy	Therapy group	MDHB Psychology meeting	Psychological Assessment and Report writing
2 pm to 3 pm	Consultation/ Liaison	Admin	Therapy group	MDHB Psychology Meeting	Admin
3 pm to 5 pm	Therapy	Therapy	Admin	Therapy	Therapy

B: SENIOR PSYCHOLOGIST

Name:	_____
Team:	_____

Please identify in the tables below a **summary** of the time you spend on the following:

- Team meeting time
- Admin time
- Assessment
- Therapy
- Other responsibilities (Service roles, supervision, liaison etc)

Week One

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30	Group Intervention	Project work	Leadership meeting	MDT Meeting 9 – 11 am	Psychological Assessment and Report writing
10.30 to 12.30	Therapy	Therapy	Therapy	Staff Meeting 11-12 pm	Psychological Assessment and Report writing
Lunch					
1 pm to 2 pm	Group prep/admin	Supervision for Psychologist	Therapy group	In-service training	Psychological Assessment and Report writing
2 pm to 3 pm	Therapy	Supervision for Psychologist	Therapy group	In-service training	My supervision
3 pm to 5 pm	Therapy	Therapy	Therapy	Admin	Therapy

Week Two

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30	Group Intervention	Project work	Leadership meeting	MDT Meeting 9 -11 am	Psychological Assessment and Report writing
10.30 to 12.30	Therapy	Therapy	Therapy	CAFS Psychology Meeting 11-12 pm	Psychological Assessment and Report writing
Lunch					
1 pm to 2 pm	Group prep/ admin	Supervision for Psychologist	Therapy group	Consultation	Psychological Assessment and Report writing
2 pm to 3 pm	Consultation/ Liaison	Admin	Therapy group	Admin	Admin
3 pm to 5 pm	Therapy	Therapy	Therapy	Therapy	Therapy

Week Three

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30	Group Intervention	Project work	Leadership meeting	MDT Meeting 9 – 11 am	Psychological Assessment and Report writing
10.30 to 12.30	Therapy	Therapy	Therapy	Staff Meeting 11-12 pm	Psychological Assessment and Report writing
Lunch					
1 pm to 2 pm	Consultation/ Liaison	Supervision for Psychologist	Therapy group	Consultation/ Liaison	Psychological Assessment and Report writing
2 pm to 3 pm	Therapy	Supervision for Psychologist	Therapy group	Admin	My supervision
3 pm to 5 pm	Therapy	Therapy	Admin	Therapy	Therapy

Week Four

	Mon	Tues	Wed	Thurs	Fri
8.30 to 10.30	Group Intervention	Project work	Leadership meeting	MDT Meeting 9-11 am	Psychological Assessment and Report writing
10.30 to 12.30	Therapy	Therapy	Therapy	Admin 11-12 pm	Psychological Assessment and Report writing
Lunch					
1 pm to 2 pm	Group prep/admin	Supervision for Psychologist	Therapy group	MDHB Psychology meeting	Psychological Assessment and Report writing
2 pm to 3 pm	Consultation/ Liaison	Admin	Therapy group	MDHB Psychology Meeting	Admin
3 pm to 5 pm	Therapy	Therapy	Admin	Therapy	Therapy