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Attention: MPs, Universities and other agencies

The Implications of the Changes to Student Allowance on the Study of Psychology in New Zealand

In 2013 in New Zealand, there was more demand for assessment, diagnosis and treatment of psychological disorders, a "long tail of underachievement" among school-age children, and one of the highest prison population rates per capita in the world. New Zealand does not have enough clinical, educational, and criminal psychologists to meet its needs and Immigration New Zealand has identified these occupations as absolute skills shortages.

To meet the minimum registration requirements as a psychologist in any of these fields requires at least a postgraduate Masters degree (a minimum of five years of study), as well as 1500 hours of supervised (frequently unpaid) practice that is usually part of a three-year postgraduate diploma. In spite of this, just over a year ago, the current government blind-sided students, the academic community, numerous health professional training programmes, and the psychology profession, making it harder for students to become psychologists by denying access to student allowances for postgraduate study. Within the profession, there have been growing concerns over the implications these changes will have for our current students, the training of future students and the long-term consequences to the community.

These concerns have been expressed on a number of occasions by the New Zealand College of Clinical Psychologists (NZCCP) and the New Zealand Psychological Society (NZPsS). In collaboration with Universities throughout New Zealand, two surveys were conducted to investigate the possible consequences these changes will have on our students. The first was completed by 132 psychology students currently enrolled in a Post Graduate Psychology Programme. The second survey was completed by 556 undergraduate students from all Universities teaching psychology in New Zealand.

After analyzing the results of these surveys it became very apparent that the changes to the student allowance **would significantly and adversely impact** the future clinical psychology workforce in New Zealand. The following conclusions have been drawn from these surveys:

1. Psychology student's decision to enter postgraduate study is affected by the cessation of student allowance.

This conclusion was drawn from the undergraduate survey completed by psychology undergraduate students throughout NZ. Encouragingly, current undergraduate students are particularly keen to invest in postgraduate study. Seventy-five percent (389 students) reported that they were intending to enter a postgraduate programme. Specifically 21% (115 participants) intended to apply for a Clinical Psychology training programme (other postgraduate programmes included: masters, 33%, health psychology, 9%, educational psychology 4%, counseling psychology, 5%, child and family psychology, 9%, and PhD, 4%). This is a very promising finding and highlights that, 1) the majority of psychology students *want* to engage in higher levels of tertiary study, building a necessarily highly skilled workforce in a demanding profession, and 2) there is a high demand for clinical psychology training throughout NZ. However, **75% of students** intending to enter a postgraduate programme reported that the changes to the student allowance would affect their decision. This is a significant concern - we could potentially lose 287 future clinical psychologists, researchers, health psychologists, forensic psychologists and educational and developmental psychologists in New Zealand

2. Māori students are the most adversely affected

Māori are underrepresented at postgraduate level, and are among the groups most likely to qualify for student allowances. The Government acknowledges the importance of Māori postgraduate success by double-funding Māori postgraduate completions. The undergraduate survey also revealed that of all the ethnic groups who participated, Māori and Pasifika students are more likely to invest in postgraduate study than any other ethnic group. With such a high proportion of Māori students intending to enroll in postgraduate programmes, this survey suggests that this shortage may be overcome or minimised in the future. However, according to this survey, **82% of Māori** students who are planning to enter postgraduate study reported that the changes to the student allowance would adversely affect their decision. These results suggest that a large proportion of these students will choose not to enter postgraduate study, directly as a result of the changes to student allowances.

Currently, the number of Māori clinical psychologists in New Zealand is low. This is particularly problematic due to clear evidence indicating that Māori and Pasifika are overrepresented in negative mental health statistics. Te Rau Hinengaro: The New Zealand Mental Health Survey has shown that the lifetime prevalence of any mental disorder for Māori is 50.7%, significantly higher than those who do not identify as Māori. Even more importantly, Te Rau Hinengaro found significantly lower rates of service utilisation among Māori with mental illness in comparison with other ethnic groups (Oakley-Browne, Wells & Scott, 2006). Furthermore older data pertaining to admissions to psychiatric institutions are higher for Māori than Pakeha (Plunkett, 2002). In addition, more Māori are committed to hospital involuntarily, under the Mental Health Assessment and Treatment Act. Similar disturbing

rates were evident for Pasifika peoples in the 2006 Te Rau Hinengaro survey with results showing that 25% experienced a mental illness in the past 12 months, a higher prevalence of suicidal ideation and suicide attempts reported, and only 25% of these people with a serious disorder having visited a mental health service compared to 58% of the general population.

In the practice of clinical psychology it is vital that the cultural needs of clients are met. Māori clients will often have a preference for working with a Māori mental health worker (Skogstad, Skogstad & Britt, 2002).

With a shortage of Māori clinical psychologists already evident, removal of student allowances represents a particular barrier to Māori, will exacerbate this shortage. This will have cascading consequences to the treatment of mental health for Māori and Pasifika peoples in New Zealand.

3. Postgraduate students will be under more stress and financial burden, which is likely to have negative effects on students' ability to study and complete course work

An analysis of the response from current post graduate clinical students in New Zealand revealed that many students are restricted or unable to engage in paid work during their postgraduate studies. This is due to the number of hours required to complete their course and the demands of their studies.

Students who are on psychology intern placements, usually in the final year when the academic workload is highest, are expected to work on average 32 hours per week, often unpaid. As a result of these restrictions and the feasibility of engaging in paid employment, clinical psychology students reported that the changes to student allowance would result in increased stress and financial burden during their postgraduate study. Already, 2013 has seen the withdrawal of students from clinical psychology programmes as a result of inability to study *and* make ends meet.

4. These changes will have ongoing and serious consequences for the profession

The response from the psychology students has dramatically highlighted that the changes to student allowance will have ongoing and serious consequence for the profession of Clinical Psychology in NZ. The NZCCP and NZPsS are deeply concerned that these changes will affect the diversity of Clinical Psychologists in New Zealand. Due to the powerful influence that cultural and sub-cultural context has in effective psychological practice, we need to have a workforce that is reflective of the population it serves. The denial of a student allowance to postgraduate students is likely to adversely impact on the ability of people from socially disadvantaged backgrounds to train in psychology. This will make it harder to achieve a representative workforce that can meet clients' needs.

Furthermore, the NZ public will be adversely affected by these changes. Current research has found that the rates of mental ill health are increasing. Between 2001 and 2010 the rate of clients seen by Mental Health Services has increased by 19% (Ministry of Health)¹. Depression is the leading cause of disability as measured by the *Years of Lived with Disability*, and the 4th leading contributor to the global burden of disease in 2000 (WHO). In addition, by the year 2020 depression is projected to reach

¹<https://www.google.co.nz/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCoQFjAA&url=http%3A%2F%2Fwww.health.govt.nz%2Fsystem%2Ffiles%2Fdocuments%2Fpublications%2Fmental-health-addiction-factsheet-2009-10.doc&ei=IZCKUsm1CeX0iAf1rYCQAw&usq=AFQjCNHrii28Wb7HX12Dht9Y3S2EjCR0g&sig2=SUAe1f1rdW97zLgT92T5MA&bvm=bv.56643336,daGc>

2nd place of the ranking of Disability Adjusted Life Years for all ages and both sexes (DALYS). Today depression is already the 2nd cause of DALYS in the age 15-44 years for both sexes combined².

Already, demand for clinical psychologists greatly outstrips supply. As of February 2013, clinical, educational, and criminal psychology remains on NZ Immigration's long-term skills shortage list³. The NZCCP and NZPsS are further concerned that the gap between demand and supply will increase. It is imperative that New Zealand is able to provide mental health services in a timely manner to those who need it, and to provide adequate support for those training to provide this vital service. The data provided strongly suggests that the number and quality of clinical psychologists is going to be dramatically impacted by these changes.

We sincerely hope that you will support our efforts to get the decision to stop provision of allowances to postgraduate students reversed, or at least modified, to ensure that postgraduate courses leading to qualifications recognized as of critical importance to the future development and wellbeing of New Zealand (such as Clinical Psychology) continue to be supported by provision of postgraduate allowances for students undertaking this study.

We look forward to hearing from you shortly.

Yours sincerely

Deb Moore, President

References

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² http://www.who.int/mental_health/management/depression/definition/en/index.html

³ <http://www.immigration.govt.nz/migrant/stream/work/skilledmigrant/LinkAdministration/ToolboxLinks/essentialskills.htm>

