



The New Zealand Psychological Society

*Te Rōpū Mātai Hinengaro o Aotearoa*

# Briefing to the Incoming Minister of Health 2017

## On behalf of The New Zealand Psychological Society

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## Executive Summary

We extend a warm welcome to the new Minister of Health. We offer our expertise, knowledge and support to you in your role of improving the health of all those who live in Aotearoa/New Zealand.

The main issues raised in this briefing are:

- We see mental health and wellbeing as a public health issue and inextricably linked to the sociocultural and economic circumstances of people's lives.
- We see as a priority, the need for policies and programmes to bring about a more equitable and inclusive Aotearoa/New Zealand to ensure access to resources and the elimination of child poverty.
- We support an urgent review of mental health services.
- We see the enhancement of mental health and addiction services for Māori and Pasifika as a priority.
- We support more equitable access to mental health services including bringing services to the people using schools and other appropriate hubs.
- Psychologists have the potential to make a greater contribution to primary care and GP practices. They can reduce the reliance on pharmaceutical treatments by supporting and delivering talking therapies and brief intervention for health and lifestyle change.
- We see a need for Health Workforce New Zealand to expand its vision beyond the medical and nursing workforces. We would like to see strategic leadership that goes beyond implementing a competitive funding model to ensure the health workforce can meet the health and disability needs of our country.
- We are concerned about the shortages of psychologists in New Zealand, particularly Māori and Pasifika psychologists and the lack of opportunities for psychologists to utilize their full range of skills.
- We outline the breadth of clinical, leadership, policy and service development skills that psychologists possess and seek policies and processes that will better utilize these skills to the benefit of all those who live in Aotearoa/New Zealand.

## 1.0 Introduction

**1.1** The New Zealand Psychological Society (NZPS) is the largest national professional association for psychologists in New Zealand with more than 1800 members and student subscribers. Our collective aim is to improve individual and community wellbeing by supporting and advancing the rigorous practice of psychology. Our members apply psychology in a wide range of practice and academic contexts to health, education, corrections, young people's services and nongovernmental organisations.

**1.2** The purpose of this briefing is to provide you with an overview of the challenges and opportunities we see in delivering mental health services that meet the needs of children, young people and adults in New Zealand.

## 2.0 The context of mental health and wellbeing

**2.1** We are aware that mental health and wellbeing is influenced by the sociocultural and economic environment we live in and we see great benefits accruing from viewing mental health and wellbeing

as a public health issue. Our research indicates that poverty in childhood can negatively influence mental health throughout adulthood.<sup>1</sup> Young people and adults who do not have access to resources and opportunities to contribute to society are also more likely to suffer poorer mental health. Māori and Pasifika people are disproportionately affected by poor mental health. There is a need to focus on both the socioeconomic issues and the disadvantage rooted in current and historical events.

**2.2** We know that the personal, social and economic costs of mental health problems is high in New Zealand and we see opportunities to influence the context of people's lives by

- introducing a living wage for all New Zealanders as speedily as possible
- supporting families/ whānau with parenting and relationship issues, alcohol and drug addiction and violence
- facilitating access to safe, healthy and affordable homes
- changing the culture of social welfare support from blaming and punitive to supporting and enabling.

### **3.0 Access to prevention and treatment services**

**3.1** We are aware that funding and development of mental health and addiction services has not kept up with need. Our psychologist members in DHBs tell us of long waiting lists, large caseloads and the lack of follow up for clients. Our private practitioner members indicate they are seeing more seriously disturbed clients who are unable to access services elsewhere.

**3.2** We are pleased to hear that a review of mental health services is imminent. We believe this is long overdue.

**3.2** We understand the challenges of meeting mental health and addiction services needs but we believe that innovative service and workforce planning will assist the situation. Over three-quarters of all mental health problems have emerged by the age of twenty making childhood determinants a crucial focus for support and intervention.<sup>2</sup> We also know there is a link between poor mental health and physical health and that poor mental health increases the prevalence of heavy alcohol consumption, smoking and poor food choices

We would like to see the following implemented

- Schools and other appropriate centres being mental health hubs where students and their parents can access mental wellbeing services and supports before difficulties escalate
- Given the high rates of sexual and other forms of violence and high rates of suicide in New Zealand we believe that teaching children, young people and their whānau

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<sup>1</sup> Child poverty and mental health: A literature review (2016) – prepared on behalf of the New Zealand Psychological Society and Child Poverty Action Group <http://www.psychology.org.nz/wp-content/uploads/CPAGChildPovertyandMentalHealthreport.pdf>

<sup>2</sup> Better Mental Health For All - A public health approach to mental health improvement. (2016) Mental Health Foundation & Faculty of Public Health. United Kingdom

emotional regulation strategies, resilience, gender equality and relationship skills is central to a public health approach to mental health and wellbeing.

- Increased access to free or low-cost mental health and addiction services including tikanga Māori and Pasifika services
- More psychologists positioned in primary care and GP practices to support the application of talking therapies and brief intervention for health and lifestyle change reducing reliance on pharmaceutical treatments.
- Greater ring-fenced funding for mental health for DHBs
- More mental health services for those in Corrections facilities
- Decriminalisation of currently illegal drugs and treatment, and support for those with addictions similar to the model implemented in Portugal and other countries.

## 4.0 Workforce planning

**4.1** We have been concerned for some time about the ad hoc approach to health workforce planning in New Zealand. We do not believe that the contestable model proposed by the previous Government and now accepted by Health Workforce New Zealand (HWNZ) is appropriate for health workforce education and training. We believe that central government has an important role in bringing together those involved in workforce education and training with those in service-delivery using evidence-based data of current and future need to find solutions for workforce gaps and to introduce rigorous forecasting methodology. We do not believe that health workforce education should be reduced to a competitive market-place.

**4.2** We are aware of shortages of psychologists in many service areas particularly Māori and Pasifika psychologists. This has been compounded by the loss of student allowances, lack of funding for psychology internships and university funding issues which limit the number of postgraduate psychology students they can train. Health Workforce New Zealand currently funds 12 internships per year which is a small proportion of the total internships required to train psychologists each year. Greater investment in the provision of internships is urgently required to grow and diversify the psychology workforce. As noted in the news recently New Zealanders are more likely to see a psychologist in prison because of the shortages in mental health.<sup>3</sup>

**4.3** We would like to see HWNZ and employers in DHBs take a more strategic view in ensuring that the professional skills of those working in the mental health sector can be efficiently and effectively matched with need. We are aware, for example, that in some instances, psychologists are prevented from using the full range of their expertise. Reducing the paperwork demands in DHBs would free up psychologists to deliver more direct services to clients. Many psychologists working in the education sector, for instance, are not able to make use of the broad range of skills they possess and could be assisting children and young people to gain skills in resilience, mood and behaviour regulation as well as supporting their parents. It is a concern that children and young people are not receiving the level of support they need during their education. We believe that it would be in the interest of young people if the Minister of Health worked closely with the Minister of Education on this matter.

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<sup>3</sup> Meyer, C. (2017) Kiwis more likely to see a psychologist in prison than the mental health system. Stuff News. 29 October 2017. <https://i.stuff.co.nz/national/health/98338836/kiwis-more-likely-to-see-a-psychologist-in-prison-than-in-mental-health-system>

**4.4** Psychologists could be much better utilized in the health and education sectors. We are keen to work with the Minister of Health to assist in more effective workforce planning in the health sector.

## **5.0 How psychologists can assist**

**5.1** Psychologists are experts in the promotion of health, both physical and mental health and wellbeing and in the assessment and treatment of mental health problems. There are shortages of psychologists within the health sector and in other sectors such as education and corrections.

**5.3** The skills and services that psychologists bring to health include:

- Providing leadership in physical and mental health services
- Education, training, consultancy and supervision of staff working in psychology related areas
- Design and evaluation of mental health programmes that are evidence-based
- Research into evidence-based solutions to mental health disorders
- Designing and providing culturally competent practice/services
- Undertaking complex client assessment and therapeutic intervention for clients with addiction and mental health issues
- Assisting at-risk children, youth and their parents to gain skills to increase levels of wellbeing, participation in education and the workforce, and to reduce offending and increase parenting skills
- Providing interventions to address mental health and wellbeing in workplaces
- Assisting those with illness and disability to recover, rehabilitate and gain wellbeing and return to work
- Providing mental health policy advice

## **6.0 Conclusion**

**6.1** The NZPsS offers its support to create the necessary change in the health sector that is not yet meeting the needs of all those who live in our country. We support strategies that address socioeconomic inequalities that lead to poverty, hunger and a lack of housing as these disadvantages are inextricably linked to poor mental health.

**6.2** We offer our expertise in assisting the new Minister to make a positive difference in mental health and wellbeing for all our citizens, and in using precious health funding more cost-effectively.