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Dear Professor Gorman

### **Mental Health & Addiction Services and Capability**

The New Zealand Psychological Society would like to take the opportunity to comment on the mental health and addiction services and capability review.

We welcome the key ideas contained in the report. In particular we are very pleased to see the thrust towards increased access for those with unmet mental health needs – particularly Maori, Pacific, children, adolescents and the elderly who have mental health needs which have not been adequately addressed in the provision of services. We are also strongly supportive of the shift to a prevention/early intervention model and are delighted to see that the plan is for a more person/whanau-centred and wholistic approach to mental health.

We note the comment (p6) that the suggested changes in the report will require some in the current mental health workforce to assume different roles which will require different skill sets. We note also that psychologists have been identified (p9) as one of the professional groups in which capacity building will be required to meet the goals identified in the report. We agree that psychologists have skills which could be better utilized to meet current and future mental health needs. As noted below these skills are present in psychologists practicing in a range of areas and scopes.

We note some further issues for consideration

1. Psychologists have strong skills in areas such as talking therapies, whanau-centred interventions, strengths based work and the facilitation of self-management plans. They also have skills in professional supervision and consultation that could be usefully harnessed in the development of the mental health workforce. Our profession may be able to contribute to training and consultation in relation to other professional groups (such as GPs,

practice nurses etc.) who have other areas of expertise. The New Zealand Psychological Society has a strong professional development programme that the Society could consider adapting to address some of the training needs in these areas.

2. There are many psychologists working in the education system who are uniquely placed to make a contribution to the well-being of children, adolescents and their families. It would be useful to engage with the Ministry of Education directly on how to utilize their psychological resources more effectively in addressing the mental health needs of children and adolescents. Health and counselling psychologists also have a range of skills which are currently utilized in mental health. Health psychologists in particular are able to address the prevalence of co-morbid physical and mental health issues. Moreover, health psychologists have specialist training in assisting patients, whanau, and health care clinicians with medically unexplained symptoms and other psychosomatic conditions – these problems have been recognized in this report as a priority area.
3. The facilitation of ‘peer support’ also requires particular expertise. Community psychologists (who constitute a portion of our membership) have particular expertise in areas such as empowerment, social support and mutual help which may be helpful in this area. It would be useful to draw on their skills in developing these aspects of the approach.
4. Many psychologists with a range of areas of expertise are working in private practice and represent an underused resource within the broader mental health sector. It would be useful to consider ways in which they can be linked more effectively into proposed systems at the primary care level.
5. There are likely to be training implications for psychologists in the proposals you describe. As you note, psychologists may need to adapt their direct intervention skills to working in primary health care and to consulting in and with multi-disciplinary teams. It would be important to liaise with university training programmes to ascertain what changes may be needed in the skill development of psychologists to facilitate the development of these new skills and to support placements and internships that will enable this. The New Zealand Psychological Society may be able to assist with up-skilling psychologists who have already completed their training.
6. There is an urgent need to address issues related to training placements for intern psychologists that the Society along with the New Zealand Psychologist’s Board and the New Zealand College of Clinical Psychologist has brought to the attention of Health Workforce New Zealand. Addressing these workforce development issues will assist in ensuring that sufficient numbers of psychologists will be available to contribute to the service issues raised in the report.
7. Finally, we would like to also highlight the need for continued research in some of the strategies proposed in the document. For example, while there is positive potential in ‘self management’ interventions, the evidence in this area (e.g. e-therapies, peers’ support) is

still fairly limited. We suggest that until there is more evidence, these approaches be used as an adjunct to, rather than a replacement for professional support.

In summary, the Society welcomes this workforce service review and congratulates the Review Working Group on the extensive analysis which has clearly informed this review. We share the vision of the Working Group of an increased role for psychologists in future mental health delivery and offer our support and expertise in further defining this vision and bringing it to fruition.

Yours sincerely

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Executive Director