



The New Zealand Psychological Society

*Te Rōpū Mātai Hinengaro o Aotearoa*

## **Submission on Investing in New Zealand's Future Health Workforce**

### **Post-entry training of New Zealand's future health workforce: Proposed investment approach**

**prepared by the**

**New Zealand Psychological Society  
Te Rōpū Mātai Hinengaro o Aotearoa**

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## **1. Introduction**

- 1.1** The New Zealand Psychological Society (NZPSs) welcomes the opportunity to comment on the “Post-entry training of New Zealand’s future health workforce: Proposed investment approach.”
- 1.2** The NZPSs is the largest professional association for psychologists in Aotearoa New Zealand with over 1700 members and subscribers. The NZPSs aims to improve individual and community wellbeing by representing, promoting and advancing the scientific discipline of psychology and psychology practice. Many of our members are engaged in work across the health sector.

## **2. Alignment with the New Zealand Health Strategy**

- 2.1** We welcome an equitable, transparent funding approach for post-entry training of the New Zealand health workforce that is aligned with the priorities of the New Zealand Health Strategy.

## **3. Challenges for the health workforce**

- 3.1** We note that one of the major challenges of the health workforce is unmet mental health needs. We would like to see health workforce strategy and planning take into account the personal and social costs of mental illness. The social and economic burden of mental illness is well documented internationally.<sup>1</sup>
- 3.2** Research into the mental health needs of New Zealand’s prison population has identified that 91% of those in prison have had a lifetime diagnosis of a mental health or substance disorder.<sup>2</sup>
- 3.3** Research also points to parental mental illness disrupting caring parenting and being associated with abuse and neglect.<sup>3</sup>
- 3.4** The NZPSs would like to see parity of esteem in funding between mental and physical health so that the social and economic benefits of preventing and reducing acute and long-term prevalence of mental illness and addiction can be realized. Central to this is workforce development.
- 3.5** We agree, the shortages of Māori and Pasifika people in most health workforces is a serious issue and needs urgent action.

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<sup>1</sup> Trautmann J., Rehm J., Wittchen, H. (2016). The economic costs of mental disorders: Do our societies react appropriately to the burdens of mental disorders? *EMBO Reports*. 17 (9), 1245-1249

<sup>2</sup>Smith, R. 2016. Investing in better health for offenders.

[http://www.corrections.govt.nz/resources/strategic\\_reports/investing\\_in\\_better\\_mental\\_health\\_for\\_offenders.html](http://www.corrections.govt.nz/resources/strategic_reports/investing_in_better_mental_health_for_offenders.html)

<sup>3</sup> Sommers V. (2007). Schizophrenia: The impact of parental illness on children. *British Journal of Social Work*. 37 (8), 1319-1334

**3.6** We are pleased to see the reduction of social inequalities and a focus on Māori social and health needs in the prioritization framework in the document.

## **4. Proposed investment approach**

**4.1** We agree that decisions regarding the funding of post-entry training need to be based on the robust collection of data that reflects current and projected health needs and other factors noted in the consultation document.

**4.2** We are concerned that an investment approach that requires a return on investment (ROI) does not apply well to the provision of mental health services where health benefits, and savings are less visible. For example, an adult becoming a more engaged and responsive parent after psychological support may not register as a measurable return on investment in the same way as the number of hip operations performed.

**4.3** We have concerns about a competitive model where professional groups submit proposals for addressing priority health needs through post-entry workforce training.

**4.4** HWNZ funding is focused primarily on postgraduate medical and nursing training. In recent years eight psychology internships have been funded by HWNZ. This is a very small proportion of the number of psychology internships offered each year. Intern psychologists have difficulty in locating funded internships and this lack of funding disproportionately impacts on Māori and Pasifika interns. There is an urgent need for increased numbers of Māori and Pasifika psychologists working in health and funded internships would go some way to assist this workforce shortage.

**4.5** The funding inequity that exists between medicine, nursing and allied health appears unlikely to be addressed by the model proposed.

**4.6** We would like to see a model that, instead of promoting competition among medicine, nursing and other health professions, allocates funding for post-entry education (beyond a “rolling proportion”), on evidence-based data of current and projected need in both physical and mental health and on an objective assessment of what each professional group can offer and the projected qualitative and quantitative outcomes.

**4.7** A model based on rigorous data of need and supply will ensure that education providers and professional groups are not wasting precious time and resources developing proposals to justify claims for funding.

**4.8** The fact that HWNZ feels that it will be able to identify candidates for “disinvestment” suggests there will be sufficient data to “invest” without introducing the competitive model proposed.

## **5.0 How an investment approach will be actioned**

**5.1** If the investment approach goes ahead it will be important to ensure that all expert panels

include a mix of both allied health and medical experts to ensure that proposals are viewed from a range of perspectives. This will be particularly important in mental health where non-medical options may be as or more effective.

## **6.0 Summary**

- 6.1** The New Zealand Psychological Society welcomes Health Workforce New Zealand having a transparent funding model for training the New Zealand health workforce based on rigorous current and projected health need and workforce development data.
- 6.2** We would like to see a non-competitive funding model for post-entry education that is equitable and does not, because of historical precedent, privilege particular professional groups and lessen the diversity and utility of the health workforce.
- 6.3** We are particularly aware of the need for a strategy to attract and train greater numbers of Māori and Pasifika health professionals.
- 6.4** We would like to see a funding model that recognizes that health outcomes cannot in many instances be commodified and measured. We have noted mental health outcomes as an example of this.

## **Contact details**

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