



The New Zealand Psychological Society

*Te Rōpū Mātai Hinengaro o Aotearoa*

## **Submission on the Health Workforce New Zealand Investment Plan Prioritisation Criteria by the New Zealand Psychological Society**

9 June, 2011

### **Introduction**

Thank you for the opportunity to comment on the HWNZ investment plan prioritisation criteria. The Society recognizes the significant challenges in delivering health care and is very supportive of a planned approach to workforce development. We note a number of issues below which we consider need to be taken into account to ensure that the health workforce is deployed and developed in efficient and effective ways.

### **Government Health Priorities**

We are concerned, (and have expressed our concern to the Minister and Associate Minister of Health) that mental health is not deemed by the Government to be a health priority. The recent Gluckman report identifies adolescent mental health issues as needing urgent attention and there are many other mental health areas which also need focussed workforce planning. A lack of attention to mental health needs is likely to lead to greater demand on other health, welfare and justice services. Surveys of our psychologist members working in mental health in DHBs suggest that heavy workloads are common and that follow up of patients is not at a desirable level because of work pressure.

We also note that the Government health priorities do not identify Māori and Pasifika health as a priority. This is concerning given the identified health needs of these groups.

We would not like to see the work of the HWNZ restricted because of these omissions and we are pleased to note the intention of HWNZ to “attend to ethnicity based disparities in the health workforce....”

### **Productivity and Patient Benefit Issues**

The Society is pleased to see that the potential of allied health will be “released”, particularly in primary care. We see potential for psychologists to play a greater part in delivering health services. It is important however that the breadth of the psychology workforce is considered when strategies for this “release” are considered. Clinical psychologists, health psychologists, educational psychologists, counselling psychologists, neuropsychologists and others have skills which can be applied to a range of health areas. (We note that the HWNZ career section of the website notes only clinical psychology as a career option in psychology). Please refer to p3 for further discussion on the breadth of psychologist work roles.

## Health Workforce Education and Training

There are a number of issues which we believe need to be taken into account in relation to the education and training of the health workforce. These are

- Workforce data needs to be collected in a considered, objective and scientific manner. Whilst regulatory bodies, professional associations and others can assist with data, the complex, multi-factorial nature of workforce changes and health needs requires a data collection and analysis strategy that will ensure reliable and valid data. Poor data will lead to poor planning.
- Funding of training schemes not only needs to consider health workforce needs but also the quality of the training programme. Regulatory bodies currently accredit training programmes and this will be a useful quality guide rather than relying on a “good track record” as noted in the paper.
- It is important that any consideration of training funding extends to intern placements. The training of psychologists is currently restricted because of the lack of properly funded intern placements. We are pleased to see the HWNZ has this issue on their workplan. We note also that earlier this year the New Zealand Psychologists Board, the New Zealand Psychological Society, the College of Clinical Psychologists and the Universities submitted a paper to HWNZ suggesting ways to improve the provision of intern placements for psychologists. Whilst this paper had a focus on DHB placements, the Society believes there is scope for a range of innovative approaches related to developing and training the psychology workforce in other health settings. We would be happy to talk with HWNZ about these approaches.
- The Society is supportive of interprofessional training to ensure that doctors, nurses and the allied health workforce understand and respect the contribution that each makes to health care.
- The current bonding scheme which aims to support doctors and nurses to work in hard to staff places needs to be extended to psychologists.
- The service reviews that have so far emerged from HWNZ do not appear to recognize the contribution of allied health professionals. This is not a matter of prestige but one of pragmatism where the continuation in some cases of a doctor or nurse-centred approach will lead to planning strategies which fail to see the potential of psychologists and others to take on more diversified and expanded roles.
- We consider that funding needs to be allocated to accredited training schemes which support and encourage Māori and Pasifika health professionals to become part of the health workforce and gain the skills they need.

## **Matrix for funding**

### *A-priori Assumptions*

We are pleased to see that there is a recognition that current allocation of funding for training is historical with the implication that there is a need for new approach- we agree.

### *Methodological Assumptions*

It is disappointing to see that the focus of funding methodology in this section of the discussion paper is on nursing and medical training and we look forward to seeing how funding strategies will be applied to the allied health workforce. Workforce innovation is unlikely to occur if the historical professional focus of the past is applied to the future.

## **How the New Zealand Psychological Society (NZPsS) can assist**

The NZPsS is very willing to assist HWNZ in its development of effective and efficient workforce planning and funding strategies. We can contribute in the following ways

- Assist HWNZ to understand more fully the breadth of skills offered by psychologists and assist with innovative strategies which would see these skills diversified, expanded and better utilized across the health sector. These skills relate to a range of areas which include but are not restricted to the following
  - Psychologists, mentoring, training and providing professional supervision of other professionals e.g. general practitioners and nurses
  - Assisting with vocational rehabilitation and recovery of people with mental health or physical illness/disability
  - Assisting with the psychological impact of illness and disability to speed recovery e.g. health psychologists working with patients with cardiac and other conditions
  - Neuropsychologists assisting patients with brain injury/medical conditions to reach their potential
  - Educational psychologists assisting children who have behavioural/learning disorders to improve their behaviour and functioning and lessening the possibility of their requiring more intensive medical/rehabilitation or justice involvement in later years
  - Primary mental health care of patients by for example clinical and counselling psychologists to alleviate mental health issues at the earliest possible opportunity alleviating the social and financial cost of further intervention
  - Assisting with trauma recovery work in situations such as the Canterbury earthquake to alleviate the possibility of ongoing mental health disability
  - Kaupapa Māori psychologists working with Māori in a number of mental health and physical health settings
- Assist with the collection of workforce data related to psychologists
- Contributing to service reviews

- Assisting HWNZ to expand its website information on psychology career options.

### **In conclusion**

We value the opportunity to comment on these important issues and as noted above we welcome contact with HWNZ to assist further. With over 1200 members and subscribers the New Zealand Psychological Society is able to access a wide range of expertise on professional and workforce issues.

### **Contact**

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