Briefing

Developing an Associate Psychologist Workforce in New Zealand

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To:	Hon Matt Doocey, Minister for Mental Health		
Consulted:	Health New Zealand: ☐ Māori Health Authority: ☐		

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Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

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Purpose of report

1. This briefing responds to your request for advice on the potential for progressing an "associate psychologist" or equivalent workforce in New Zealand. This advice includes parameters, international comparisons, desirable features, potential barriers, and next steps to investigating development of this workforce.

Summary

2. There is both need and potential to develop an associate psychologist workforce within New Zealand to increase access to psychology services. Previous stakeholder discussions have indicated support, subject to further development of the concept within the New Zealand context (eg, inclusion of kaupapa Māori models).

3. It is proposed that robust engagement and consultation be undertaken with a wide range of stakeholders to ensure broad agreement on the focus and requirements for this workforce. Health New Zealand | Te Whatu Ora is developing a project scope that will outline the benefits of the roles and detail the work plan that will be required to advance this initiative.

Recommendations

We recommend you:

a)	**note** that developing an associate psychologist role would expand the mental health and addiction workforce by drawing on the untapped potential of psychology graduates	
b)	**note** that Health New Zealand | Te Whatu Ora is developing a project scope to progress the associate psychologist concept	
c)	**agree** that Health New Zealand | Te Whatu Ora lead the engagement and consultation required to establish the associate psychologist workforce, with support and input from the Ministry of Health	**Yes/No**

d) **note** that if you agree to c), we will provide further details and timeframes for the work to establish this workforce.

Robyn Shearer
Deputy Director-General, Clinical, Community and Mental Health - Te Pou Whakakaha
Date: 12 April 2024

Hon Matt Doocey

Minister for Mental Health

Date:

Martin Chadwick
Chief Allied Health Professions Officer, Clinical, Community and Mental Health - Te Pou Whakakaha
Date: 11 April 2024

Developing an Associate Psychologist Workforce in New Zealand

Background

The reasons for considering creation of an associate psychologist workforce

1. Ongoing substantial gaps in our mental health and addiction workforce present a significant barrier to increasing access to services and providing optimal models of care. In September 2023, the vacancy rate for psychologists in Te Whatu Ora was 19%.
2. Due to current demands on services, many people are waiting for psychological services or are missing out altogether. Establishing effective, appropriate frameworks/models of delegation would enable registered psychologists who are employed in mental health and addictions settings to most effectively utilise their full scope of practice.
3. The proposed establishment of an associate psychologist role will allow individuals with a suitable undergraduate qualification to enter a further period of training (proposed to be a one year post graduate diploma) so they may be registered with the New Zealand Psychologists Board (the Board) and employed in roles that provide support to the delivery of psychological services.
4. The proposed approach would draw on the large numbers of psychology undergraduates who are interested in working in health but who do not achieve entry into the currently available highly restricted training that leads to registration as a psychologist. In 2022 there were just 156 new New Zealand trained registrants across all five scopes of practice. While there were a further 70 overseas applicants registered (most with conditions), the Board has reported that overseas trained applicants struggle to demonstrate the skills and knowledge required to provide culturally safe services to Māori.
5. The associate psychologist qualification is envisaged to provide both a career option, and a stepping stone to further training toward other registered scopes of psychology. Previous reports by the Psychology Workforce Task Group have indicated that less than 10% of applicants are accepted onto clinical psychology training programmes. Many psychology graduates do not apply due to the limited number of places available, leaving them unable to enter the mental health and addiction workforce.

Population impact

6. Māori experience significantly higher rates of mental illness than non-Māori. However, Māori practitioners are under-represented in the psychology profession. In developing the associate psychologist qualification there is an opportunity to establish training pathways that provide cultural worldviews and models of health and wellbeing which will benefit populations with the greatest need and provide a pathway to other registered scopes of practice for Māori practitioners.

What is a 'psychology associate'?

7. There are a range of titles which describe similar roles internationally, including 'clinical associate psychologist,' 'psychological wellbeing practitioner' and 'assistant psychologist.'

8. An associate psychologist is typically a qualified mental health professional who, under the supervision of a registered psychologist, undertakes assessment, interventions, and case management tasks for a specified range of conditions.
9. It is envisaged that it will be a condition of registration that individuals registered in this scope are not permitted to work in sole practice but are required to work under supervision of either a registered psychologist or a mental health and addictions multi-disciplinary team.
10. Other countries with similar health systems such as Australia and the United Kingdom have implemented a variety of similar roles across different models of care. A summary of these roles, the models they operate within, and measured outcomes is provided in **Appendix 1.**

Work to-date on the potential for this workforce

11. Developing an associate psychologist workforce has previously been under consideration in New Zealand. In 2019, members of the Ministry of Health-led Psychology Workforce Task Group developed a proposal for a similar role of "psychological wellbeing practitioner," based on a United Kingdom model. This model was consulted on and received mixed reviews from the sector, particularly from Māori health leaders who had significant concerns that the English model did not include a Mātauranga Māori approach and would not be fit-for-purpose in New Zealand.
12. In 2022, the Ministry of Health (later Health New Zealand | Te Whatu Ora) commissioned Allen+Clarke to provide a feasibility analysis for a Psychological Wellbeing Practitioner Workforce. They interviewed a variety of stakeholders across mental health and related sectors regarding the feasibility of establishing this workforce and reported:
    - cautious support for the development of this workforce
    - the need to clarify whether the role would be employed to clinical or non-clinical FTE
    - the need for the role to be registered through the Board in order to work in clinical roles
    - the need for further work to identify training pathways that could support this workforce
    - the importance of exercising caution in considering the application of similar overseas models within New Zealand
    - well executed engagement and consultation is essential in moving forward with developing this workforce.

Potential training pathways

13. University of Canterbury (UC) and Victoria University of Wellington (VUW) have both recently introduced new Psychological Science bachelor's degree programme's which have potential to support career pathways into the associate psychologist role as well as the traditional registered scopes of practices. Both programmes offer a focussed psychology curriculum that allows students to choose psychology as both their major and their minor subjects. This foundation of skills and knowledge may provide an entry point to the role of associate psychologist, although a factor to clarify is whether a further year of practical training is required. Further consultation is required to establish the core components of this training pathway.

Desirable characteristics for the role

14. If this role is to be introduced, some desirable factors (below) would need to be ensured.

- **The role attracts new people into the mental health and addiction workforce**

  Competition between agencies and the private sector for the mental health and addiction workforce often sees the same people revolving between positions, with insufficient new entrants. Focusing on psychology graduates would ensure this proposed new workforce draws from a pool of people who often do not find an entry point into the health sector.

- **It is clearly distinguishable from and supportive of registered psychology roles**

  This workforce needs to be readily distinguishable from other mental health and addiction workforces. A clear scope of practice and associated competencies would be needed, and information about the role would need to be widely promoted.

  In particular, it needs to be clear how it differs from, but can support, the role of a registered psychologist, e.g. supporting the less complex aspects of a psychologist's work by:

  - triaging and undertaking screening assessments to support registered psychologists in prioritising clients
  - providing aspects of evidence-based talking therapies for people with mild to moderate mental health and addiction conditions
  - providing behavioural strategies for anxiety, depression and emotional distress
  - providing or supporting group therapy, which can be more efficient than one-on-one
  - undertaking therapeutic case management and coordination, including helping people to navigate the system and making referrals to other services.

- **It is clearly distinguishable from the other mental health roles**

  It is important that the public, health professionals and associate psychologists themselves, know where this role fits in the wider landscape. **Appendix 2** provides a comparison of the associate psychologist role to other mental health and addiction roles within New Zealand.

  With a registered scope of practice and employment into clinical positions, associate psychologists will occupy roles that are distinct from other newly created/expanded roles such as health coaches, peer support/lived experience workforce. Clarification around the distinction from other workforces that engage in therapeutic case management and talking therapies for mild to moderate presentations will also be required.

- **The level and type of training is suitable for the focus of the role**

  It is envisaged that this role would draw from students who have completed specified prerequisite undergraduate papers via a bachelors degree in psychology. Our current view, to be confirmed through further consultation, is that acceptance to post graduate training for associate psychologists would be via limited entry to a post graduate diploma. It would be essential to ensure the necessary theoretical and practical learning are provided to achieve the competencies that will be defined by the scope of practice. As this workforce will require registration by the Board, other undergraduate degrees are not considered as prerequisite for entry.

  Appropriate training in assessment and intervention will be essential for psychology associates. Most undergraduate psychology programmes only cover this in a limited way, but (as described earlier) there are moves to introduce more practically tailored

undergraduate degrees. Allen+Clark, writing before these new university developments, concluded that:

- a bachelor's degree would be a minimum requirement, desirably with practical exposure at any early stage of training
- specified papers may be necessary to ensure those with a psychology degree come equipped with the necessary theoretical foundation
- undergraduate training in kaupapa Māori and Pacific models would be essential, along with understanding of how to practice in a culturally appropriate way
- an additional 12 months of targeted practical training would be necessary (noting this was prior to development of the newly tailored undergraduate training programmes).

- **There is strong oversight and ongoing development**

  Allen+Clark found that most sector leaders believed it would be necessary for this workforce to be registered to ensure quality and safety of care, and appropriate role parameters. Logically registration would fit with the Board, which would prescribe qualifications, define the scope of practice and competencies, and ensure ethical and legal standards.

  Ongoing professional development would be necessary to maintain high standards of care, drawing on the Board's existing models.

  Pathways for ongoing progression through the pipeline of training for registered scopes of practice would require development and articulation.

15. In summary, this points to a workforce that draws on psychology graduates with suitable training, who would work under the supervision of a registered psychologist or a multi-disciplinary team. They would have clinical roles that support registered psychologists, and would be registered with and have oversight from the Board.

Further development of this concept

16. The assumptions and considerations outlined above draw on overseas experience and the results of consultation to-date. There are many aspects that require closer examination and detailed targeted discussions with robust stakeholder consultation including with the Board, potential employers across multiple sectors, tertiary education providers, peak professional bodies such as the New Zealand College of Clinical Psychologists and New Zealand Psychological Society, He Paiaka Tōtara (Māori Psychologists), Pasifikology, and others.
17. Considerations and potential barriers to be explored include:

- Education system implications – need to:
  - determine financial and staffing capacity of tertiary education organisations to deliver training
  - design and implement appropriately accredited training programmes
  - engage early with Te Ao Māori training programmes

- Existing registered psychologist workforce implications – need to:
    - determine capacity to supervise placements as a requirement of the associate psychologist training practicum
    - establish effective frameworks for delegating tasks to psychology associates
    - manage ongoing supervision requirements for psychology associates
- Mental health and addiction service implications – need to:
    - ensure supervision of trainees and registered psychology associates under a registered psychologist
    - identify where psychology associates would work and integrate this role into service design and delivery
- Regulatory implications – need to:
    - define the role of the Board, including training programme accreditation, registration and oversight
    - confirm the capacity for the Board to regulate this profession
- Implications for Māori – need to:
    - ensure the training for, and the practice within, this role is culturally safe and responsive
    - ensure these roles do not perpetuate inequitable access or outcomes for those who require mental health and addictions services
    - explore the development of Te Ao Māori training pathways to ensure this new role supports equitable workforce representation and the provision of culturally safe and responsive services.

18. Health New Zealand | Te Whatu Ora is currently developing a project scope that will outline the benefits of the role and detail the work plan that will be required to advance this initiative and develop project stakeholder engagement, consultation and governance processes.
19. Ongoing collaboration with the Ministry of Health will support this process and ensure that regulatory responsibilities are considered and managed appropriately. We understand that the Board supports progression of work and engagement on this.
20. The process will explore and seek to address the considerations and potential barriers outlined above, including education system implications, mental health and addiction service implications, regulatory implications, implications for Māori, and implications on the existing registered psychology workforce who would be responsible for providing supervision.

Next steps

21. We propose that Health New Zealand | Te Whatu Ora progress with engagement with stakeholders with support and input from the Ministry of Health. If you agree with this, we will provide further details of timeframes to you, along with details of other steps required to create this new workforce.

ENDS.

Appendix 1: International Roles

Comparable role	Programme/model description	Outcomes, if known
Psychological Wellbeing Practitioners (PWPs) were specifically developed to work within IAPT services in the UK. They provide assessment and low intensity interventions for people with mild to moderate depression and anxiety. Training through an apprenticeship model (PWP trainees are employed through IAPT services) combined with an accredited post graduate qualification	**Improving Access to Psychological Therapies (IAPT) – UK:** Designed for the treatment of depression and anxiety. It is a stand-alone programme with a purpose-built workforce. It includes low-intensity practitioners and high-intensity therapists who together deliver the full range of NICE-recommended interventions for people with mild, moderate and severe depression and anxiety.	Retention has been a reported issue with IAPT PWPs. Suggestions to improve retention include working to create a diverse workforce, supporting part-time training and working, effectively integrating PWPs into the team, ensuring a wide range of development opportunities, receiving adequate support, and providing career development opportunities such as senior, lead, and supervisor PWP positions.
Assistant Psychologists Assistant Psychologists work in the healthcare field, often for the NHS, however other opportunities for employment can also be found in human resources, education, forensic settings, and the non-profit sector. They work under supervision and complete tasks such as: • Preparing/administering psychological tests and assessments • Observing and recording behavioural observations • Implementing specific treatment and intervention programmes • Research and information gathering	Assistant Psychologists are not part of a specific delivery model in the UK.	No specific reported outcomes. The British Psychological Society reports that may Assistant Psychologists use their experience as a steppingstone Mtowards becoming fully registered psychologists.

Assistant Psychologists must hold an undergraduate degree in psychology. They work under the supervision of a registered psychologist.		
Clinical Associate in Psychology Clinical Associates in Psychology are specialist mental health professionals whose duties include assessing, formulating, and treating clients within specified ranges of conditions and age, either in primary care/adult mental health settings or in a range of areas involving children, young people, and their families. Unlike registered psychologists, Clinical Associate practitioners are able to operate only within certain specialised areas and are required to work under the supervision of a fully qualified practitioner psychologist. Clinical Associate Psychologists must complete a BPS-accredited undergraduate degree (or conversion course) in psychology, followed by an MSc in either *Psychological Therapies in Primary Care* or *Applied Psychology for Children and Young People*.	This role was designed to support he **NHS Five Year Forward View** which called for a transformation of services for people with complex psychological needs seen in secondary care mental health services. Greater access to quality care for those with moderate to severe mental health difficulties was advised in community and inpatient settings. The plan also called for more patient choice in care and a reduction in waiting times.	No specific reported outcomes.
Access Coaches Access Coaches are trained in low-intensity CBT (LiCBT) to guide problem solving and skills building for those with low to moderate depression and anxiety. Coaches undertake	**NewAccess early intervention programme – Australia** Australia has adapted the UK's IAPT model and established a NewAccess early intervention programme. Adaptation to the	An evaluation of NewAccess in 2015 found that the programme was appropriate and effective in the Australian service delivery environment. It showed that evidence-based guided self-help for anxiety and depression could be delivered by trained

twelve months of training, starting with a six-week intensive that then moves to practical learning. This involves managing clients and an ongoing curriculum under specialist supervision. A clinical supervision framework sits across the service and workforce, ensuring that NewAccess Coaches are never without clinical supervision.	Australian context included aspects such as geographical isolation and infrastructure of the healthcare system. Access Coaches were developed to support this model.	and supervised community members, who were not necessarily mental health professionals. The programme was designed to fit within a system of stepped care, so that there was a clear process to step up those requiring more intensive services. A more recent evaluation published in 2022 highlighted concerns about equitable access. Better Access serves some groups better than others, and these gaps are widening. Of most concern, increases in utilisation over time disproportionately favour people on relatively higher incomes in major cities.

Appendix 2 – Comparisons between psychology associates and related roles in New Zealand

Role	Summary of scope & applied settings	Key differences from proposed associate psychologist role
Health coach	Health coaches are part of a non-registered workforce from diverse backgrounds although some will likely have certification or qualifications. They may have lived experience of mental health and addiction issues although this is not essential. Core components of the role are: supporting wellbeing; accessibility and responsiveness; seamless delivery; and training, skills and knowledge. They focus on behavioural change for their clients. Health coaches mostly work in primary care and can also work in the community as part of an integrated team.	Health coaches do not have a psychology degree, or a grounding in behavioural psychology. They are not able to undertake formal assessments or triage referrals.
Health Improvement Practitioner (HIP)	HIPs work in general practices as part of an integrated team, providing support for patients with mental health and addiction challenges. They mostly provide brief CBT interventions and group sessions. HIPs must already be registered under the Health Practitioners Competency Assurance Act 2003, Dapaanz, the Social Work Registration Authority, or or a Health New Zealand approved category within the New Zealand Association of Counsellors register.	HIPs are from a range of disciplines and are often used to do mental health and addiction work, however, they do not necessarily have a psychology background in their training, or a grounding in behavioural psychology.

Registered counsellor	Counsellors are a non-regulated workforce. The New Zealand Association of Counsellors (and NZ Christian Counsellors Association) register this workforce and provide oversight. They work in public and private settings. Counsellors assist clients to increase their understanding of themselves and their relationships with others, and develop more resourceful ways of living, to manage and overcome problems with wellbeing and mental health, and to bring about change in their lives.	Counsellors do not undertake formal diagnosis of mental health conditions and their accredited training does not cover the psychology curriculum. Registered counsellors are required to have a counselling degree, and their training has a strong focus on practical interventions. The range of therapeutic interventions counsellors may train in is very wide.
Peer support and lived experience worker	Peer support and lived experience workers provide services in two main types of roles: 1. Person-to-person roles where they work directly with people who have mental health and addiction needs 2. System-based roles where they use lived experience and skills strategically to build services, policies, systems and evidence. In these roles they lead, partner and inform governance, development and evaluation of services, policies and systems to better reflect people's needs and views.	Peer support and lived experience workers utilise their own experiences with mental health and addiction to support the needs of others accessing these services. Currently there are no formal qualification requirements for this workforce, and they do not undertake psychological assessment or intervention with individuals.
Mental health & addiction support worker	Mental health and addiction support workers provide emotional support and encouragement to individuals experiencing mental health difficulties. They undertake tasks such as: • Assisting clients in developing coping strategies and life skills to manage their mental health effectively	Mental health and addiction support workers may hold relevant level 3 or 4 qualifications related to health & wellbeing, or they may receive training after starting in a support worker role. They are not required to hold formal psychology qualifications.

	• Setting and achieving agreed goals and activities of daily living • Assisting with housework, meal preparation and personal care • Monitoring and documenting client progress and communicating to an appropriate supervisor	They provide wellbeing support to individuals experiencing mental health difficulties, however, they do not undertake psychological assessment

Minister's Notes