

MORE THAN  
NUMBERS

Matua Raki  
National Addiction Workforce Development

Te Pou  
o Te Whakaaro Nui

# Adult mental health and addiction psychologist roles

2014 survey of Vote Health funded services



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# Introduction

In 2014, Te Pou and Matua Rāki undertook the *More than numbers* organisation workforce survey of adult mental health and addiction services. The survey aimed to identify the size and configuration of the Vote Health funded workforce in these services and to identify specific workforce challenges faced by organisations.

This report presents survey results for the psychologist workforce in mental health and addiction services surveyed through the *More than numbers* survey. It describes the size and distribution of this workforce by provider and services delivered. It also includes information about the number of vacancies and perceived recruitment issues.

The work of psychologists involves the application of psychological knowledge and methods to understand, predict and influence thoughts, feelings and behaviour. Psychologists are bound by a range of ethical, legal and vocational standards. Under the 2003 *Health Practitioners Competence Assurance Act*, to use the title of ‘psychologist’ individuals require specific qualifications and registration with the New Zealand Psychologists Board. In addition to registration, those using the title ‘clinical psychologist’ are subject to additional qualification requirements.<sup>1</sup>

Within mental health and addiction services psychologists are involved in assessment, diagnosis, research, talking therapies and a range of other tasks. These psychologists typically work in multi-disciplinary teams alongside nursing, medical and other allied health staff. Psychologists also work in other settings (eg primary care, education, private practice) that were not covered by the *More than numbers* survey.

## Existing workforce information

The New Zealand Psychologists Board reported that for the year ended 31 March 2014, 2,398 psychologists applied for an annual practising certificate (New Zealand Psychologists Board, 2014, p. 15).<sup>2</sup> In 2013, 1,286 clinical psychologists were registered with the New Zealand Psychologists Board (Stewart, 2013, p.20).

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<sup>1</sup> To register as a clinical psychologist individuals must meet the minimum standard of a Master’s degree in Psychology from an accredited institution, hold an accredited Postgraduate Diploma in Clinical Psychology, or equivalent qualification, and have completed a New Zealand Psychologists Board approved practicum or internship involving 1,500 hours of supervised practice. More information about the registration process is available from the Board’s website: <http://www.psychologistsboard.org.nz/>.

<sup>2</sup> The information in this section relates to psychologists across all areas of practice including, but not limited to, mental health and addiction.

The 2010 Health Workforce annual survey reported on 1,345 actively practicing psychologists. The survey found the following demographic characteristics of this workforce group.

- 71 per cent were female.
- The median age was 48 years old.
- 73 per cent had trained in New Zealand.
- 4 per cent identified as Māori (Health Workforce New Zealand, 2010, pp. 1-4).

## The *More than numbers* organisation workforce survey

The 2014 *More than numbers* organisation workforce survey profiled the size, distribution and configuration of the Vote Health funded workforce in adult mental health and addiction services. In addition, the survey explored perceptions of current and future workforce development needs and challenges.

Organisations invited to participate in the survey included the 20 district health boards (DHBs) and 231 non-government organisations (NGOs) contracted by DHBs or the Ministry of Health to provide adult mental health and addiction services during the year ended 30 June 2013. All 20 DHBs and 169 NGOs (73 per cent) completed the survey, giving an overall response rate of 75 per cent.<sup>3</sup>

The survey requested information that team leaders and service managers could reasonably report on, as at 1 March 2014. Among other things, respondents were asked to report the size of their Vote Health funded workforce for each role in their service using a pre-set list with the option to add other roles. This report focuses on the workforce in psychologist roles. Most of the information provided here is based upon full-time equivalent (FTE) positions including both employed and vacant positions.

## Overview of the reported total adult mental health and addiction services workforce

The Vote Health funded workforce reported to the survey by adult mental health and addiction services totalled 8,929 FTE positions (employed plus vacant). Figure 1 shows that the workforce was unevenly distributed across the three main service groups, with most (79 per cent) reported by mental health services, followed by addiction services (15 per cent) and combined services (6 per cent).<sup>4</sup>

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<sup>3</sup> The survey did not collect information from services whose primary focus was Whānau Ora, primary health, youth, disability support, health promotion, policy, quality improvement, research activities and workforce development, or that did not employ any mental health or addiction staff.

<sup>4</sup> For this report results from combined services include those surveys that self-identified as providing both mental health and addiction services, which were received from organisations funded to deliver both types of services. The method for identifying this group is described in the national and regional reports available on the Te Pou website.

### Distribution of total reported workforce by service groups

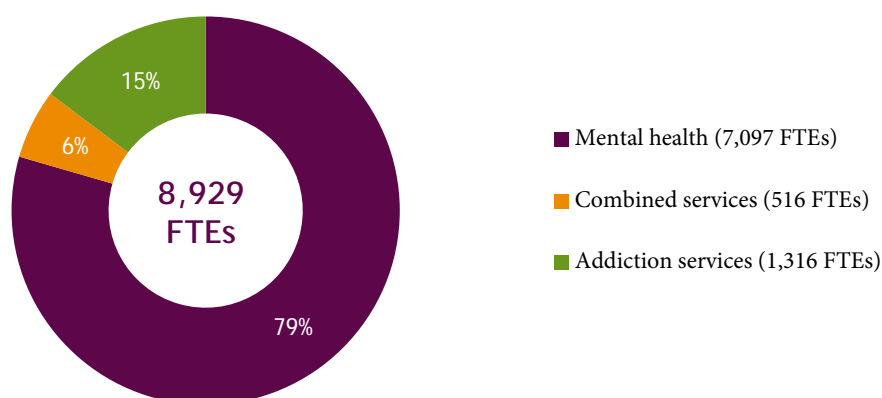


Figure 1. Proportion of the total reported workforce in each of the three service groups

In terms of the organisations reporting to the survey:

- DHBs reported a total workforce of 5,657 FTEs (63 per cent of the total workforce)
- NGOs reported 3,273 FTEs (37 per cent).

## What can the survey tell us about psychologist roles?

The *More than numbers* survey captured information about most of the Vote Health funded psychologist positions in the adult mental health and addiction workforce. The results improve our understanding of the psychologist workforce in the context of services delivered and in relation to the size and composition of the total workforce surveyed.

The survey identified the following psychologist roles:

- clinical psychologist (257 FTEs employed plus vacant)
- psychologists – other scopes (21 FTEs).<sup>5</sup>

However, the number of psychologists in the workforce will likely be larger than that reported here, for the following reasons.

- Approximately one-quarter (27 per cent) of NGOs that were invited to participate in the survey, did not return completed surveys.<sup>6</sup>
- Some participating DHBs and NGOs may have under-reported their workforce.
- There may be qualified psychologists employed in other roles reported to the survey, for example as counsellors, psychotherapists, family therapists and managers; but these roles are not exclusive to psychologists.

<sup>5</sup> Roles in this group included registered psychologists, educational and organisational psychologists.

<sup>6</sup> The *Adult mental health and addiction workforce: 2014 survey of Vote Health funded services* report estimates that the NGO workforce is likely to be 18 per cent greater than that reported to the survey. This report is available on the Te Pou website.

- Some psychologist roles may be funded from sources of income other than Vote Health. This report does not include the non-Vote Health funded workforce.

## Workforce in psychologist roles

The Vote Health funded workforce in psychologist roles reported to the survey totalled 278 FTE positions (employed plus vacant). This was 3 per cent of the total workforce reported to the survey (8,929 FTEs) and 18 per cent of the allied health workforce (1,541 FTEs).

The psychologist workforce included:

- 312 people in clinical psychologist roles (257 FTE positions employed plus vacant, which was 93 per cent of the total workforce in psychologist roles)
- 41 people in other psychologist roles (21 FTE positions, 7 per cent).

Figure 2 shows the psychologist workforce as a proportion of the total adult mental health and addiction workforce reported to the survey.

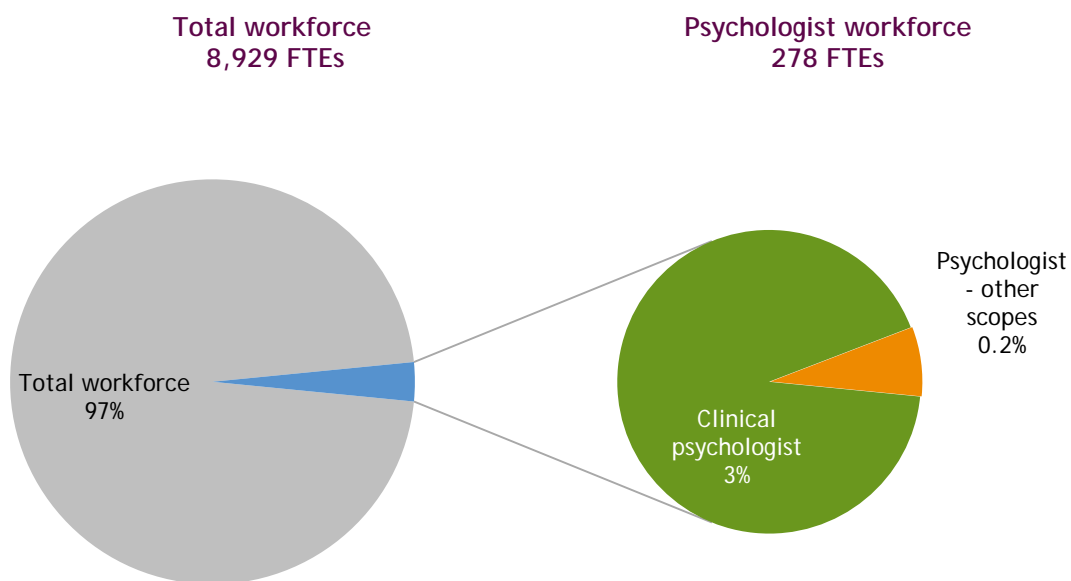


Figure 2. Proportion of the workforce (FTE positions employed plus vacant) in psychologist roles

Figure 3 shows the distribution of the psychologist workforce (FTE positions employed plus vacant) across the mental health, addiction and combined service groups, including each group's relative proportion of the psychologist workforce. Mental health services reported most (84 per cent) of the psychologist workforce, addiction services reported 10 per cent and combined services reported 7 per cent.

### Distribution of psychologist roles across service groups

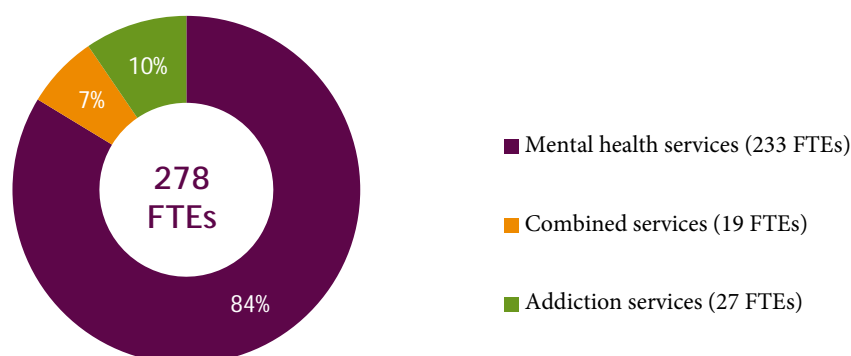


Figure 3. Distribution of psychologist workforce across sector groups with total workforce for each group

In addition to having very different sized workforces across the three service groups, this workforce also differed in terms of the service types<sup>7</sup> that have dedicated psychologist roles. As shown in Figure 4, most of the psychologist workforce reported by addiction services (right) was in community services (98 per cent), with the remainder in residential services. In contrast, mental health services (left) reported three-quarters of their psychologist workforce in community services with the rest distributed across a number of different service types including inpatient, residential, forensic and other services.

The entire psychologist workforce reported by the combined services group was in community services.

### Psychologist workforce by service types

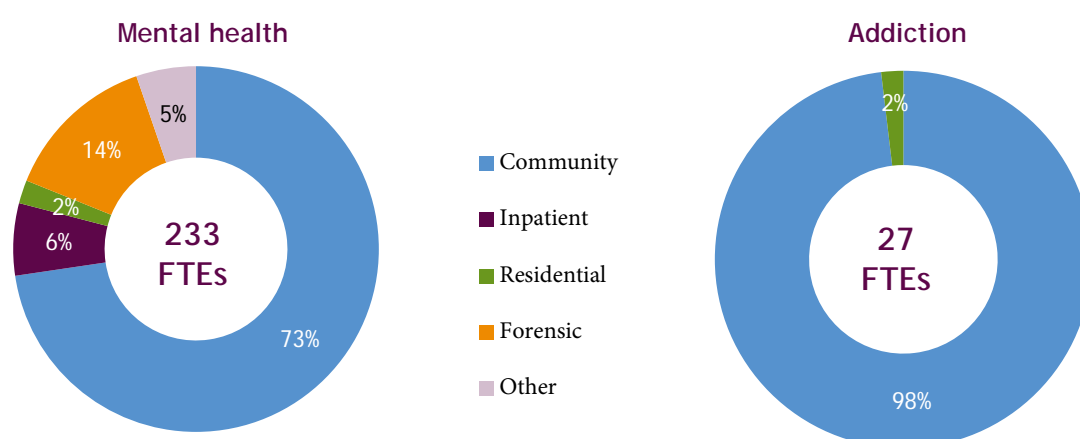


Figure 4. Proportion of the workforce in psychologist roles by service types within mental health and addiction services (shared legend)

<sup>7</sup> The types of services reported to the survey have been grouped into community services, inpatient services, residential services, forensic services (community and inpatient), administration and management and all others. More information about service type categories and grouping is available from the national and regional reports on the Te Pou website at [www.tepou.co.nz/morethannumbers](http://www.tepou.co.nz/morethannumbers)

## Psychologist roles in DHBs and NGOs

All 20 DHBs and 17 out of 169 (10 per cent) NGOs reported psychologist roles in their Vote Health funded workforce.

DHBs reported 92 per cent of the Vote Health funded workforce in psychologist roles comprising the following composition.

- 310 people working in 257 FTE positions:
  - 236 FTE positions were employed
  - 21 FTE positions were vacant (8 per cent of the psychologist workforce in DHBs).
- 244 FTE positions in clinical psychologist roles.
- 13 FTE positions in psychologist - other scopes roles.
- The workforce was divided among the three sector groups as follows.
  - 214 FTE positions (employed plus vacant) were reported by DHB mental health services (83 per cent).
  - 24 FTE positions were reported by DHB addiction services (9 per cent).
  - 19 FTE positions were reported by DHB combined services (7 per cent).

NGOs reported the remaining 8 per cent of the Vote Health funded workforce in these roles, comprising the following composition.

- 43 people working in 21 FTE positions:
  - 17 FTE positions were employed
  - 4 FTE positions were vacant (19 per cent of the psychologist workforce in NGOs).
- 13 positions in clinical psychologist roles.
- 8 FTE positions in psychologist - other scopes roles.
- The workforce was divided among the three sector groups as follows.
  - 18 FTE positions (employed plus vacant) were reported by NGO mental health services (87 per cent).
  - 3 FTE positions were reported by NGO addiction services (13 per cent).
  - There were no FTE positions reported by NGO combined services.

DHBs and NGOs differed in the distribution of their psychologist roles across different service types identified by the survey. Figure 5 shows that in DHBs community services reported 79 per cent of the workforce and forensic services reported 12 per cent. In contrast, for NGOs community services reported 55 per cent of the 21 FTE psychologist workforce and residential services reported 25 per cent.



### Distribution of the psychologist workforce across services

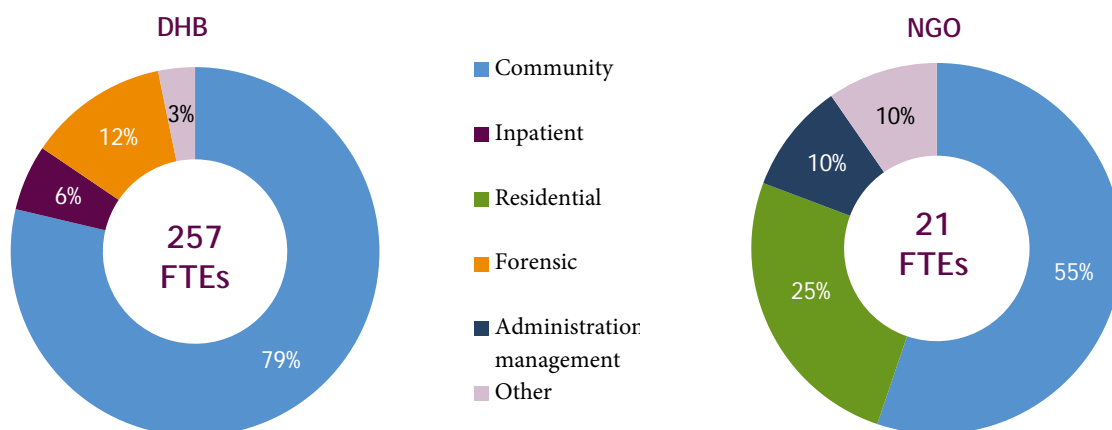


Figure 5. Distribution of the DHB and NGO workforce in psychologist roles across the different service types

These results reflect the different service scopes for DHBs and NGOs, with DHBs providing most forensic and inpatient services to the sector. In contrast, NGOs more commonly provided residential services than DHBs.

## Clinical psychologists

Clinical psychologists use research-informed therapeutic interventions to assist people with emotional, psychological, developmental or behavioural problems. Their practice is undertaken within the individual's area and level of expertise, prescribed by ethical and legal standards, and subject to registration with the New Zealand Psychologists Board.<sup>8</sup> In 2013 there were 1,286 clinical psychologists registered in New Zealand (Stewart, 2013, p. 20).

The *More than numbers* survey found that the Vote Health funded workforce in clinical psychologist roles comprised 312 people working in 257 FTE positions (employed plus vacant), as at 1 March 2014.

DHB services reported 95 per cent of the clinical psychologist roles (244 FTE positions). Figure 6 illustrates the distribution of the workforce across DHBs and NGOs, and across the three service groups. DHB and NGO mental health services reported the majority of the clinical psychologist workforce (215 FTE positions, 84 per cent).

### Distribution of the clinical psychologist workforce across providers and service groups

<sup>8</sup> A fuller description is available from the website of the New Zealand Psychologists Board at <http://www.psychologistsboard.org.nz/scopes-of-practice2>

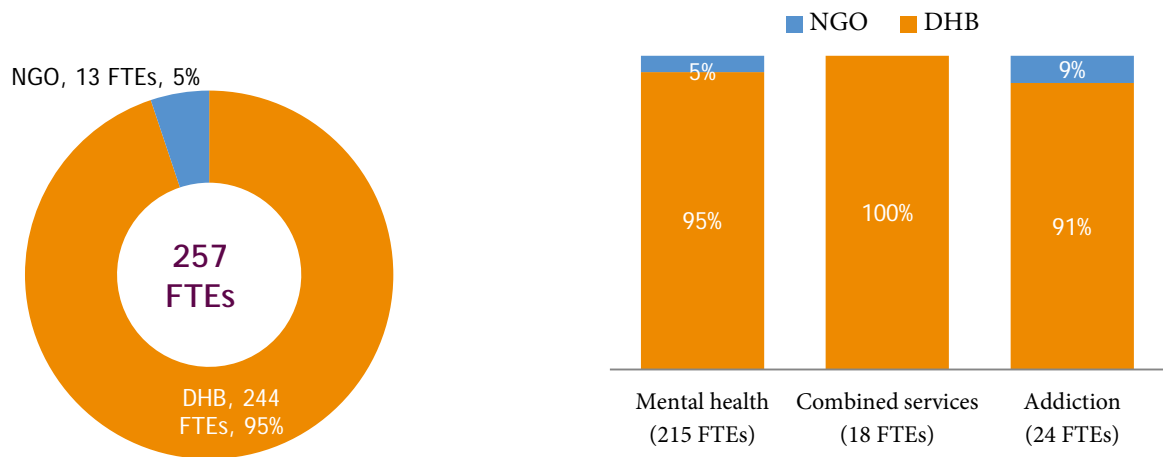


Figure 6. Distribution of the workforce in clinical psychologist roles across DHBs and NGOs, and across the three service groups

Nationally, the clinical psychologist workforce in adult mental health and addiction services comprised nearly 10 FTE positions per 100,000 adults in the population, see Figure 7. Most of these positions were in DHB services (9 FTEs per 100,000 adults). It is important to remember these calculations relate to the clinical psychologist FTE positions in adult mental health and addiction services, not the number of people who are clinical psychologists working in these services.

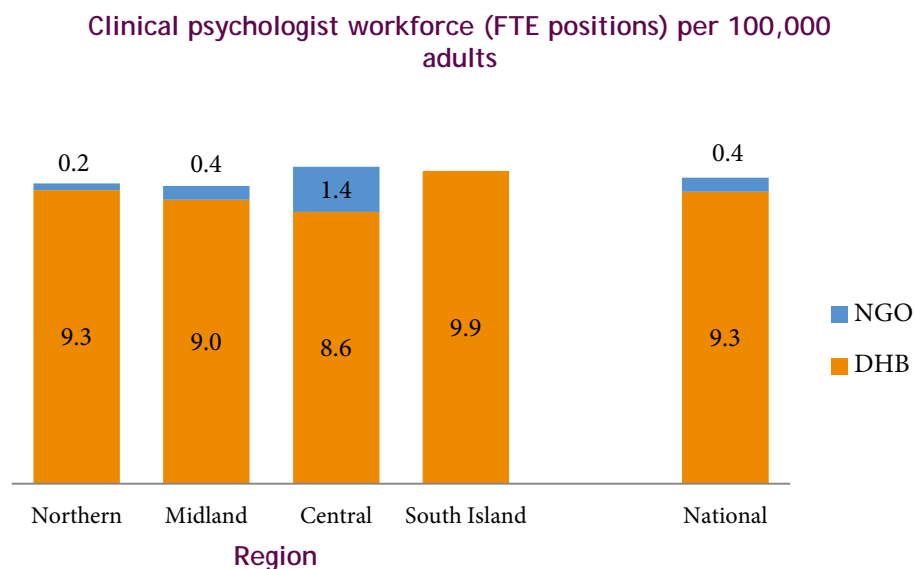


Figure 7. Clinical psychologist workforce per 100,000 adults by region and national average<sup>9</sup>

Figure 8 compares the distribution of the workforce in clinical psychologist roles across the different service types reported by DHBs and NGOs. While both providers had most of their clinical

<sup>9</sup> The national average includes 18 FTE positions working across multiple regions.

psychologist workforce in community services, DHB inpatient, forensic and other services also reported clinical psychologist FTEs. The clinical psychologist workforce in NGOs was limited to community, residential, administration and management, and other services.

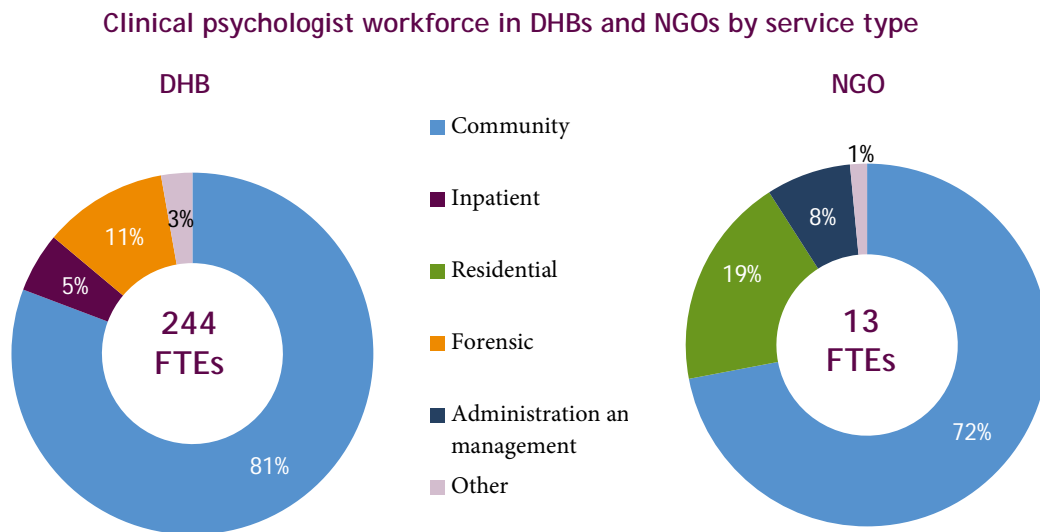


Figure 8. Distribution of the workforce in clinical psychologist roles across services provided by DHBs and NGOs

As shown previously in Figure 6, mental health services (across DHBs and NGOs) reported most clinical psychologist roles (215 FTEs). Addiction services reported 24 FTEs and combined services reported 18 FTEs.

Figure 9 shows the distribution of the workforce in clinical psychologist roles across the different service types in the mental health and addiction services groups. Compared to addiction services, the clinical psychologist workforce in mental health services was spread across a wider variety of services, including inpatient and forensic. These differences reflect the distinct compositions of mental health and addiction services.

### Distribution of clinical psychologist workforce by service types

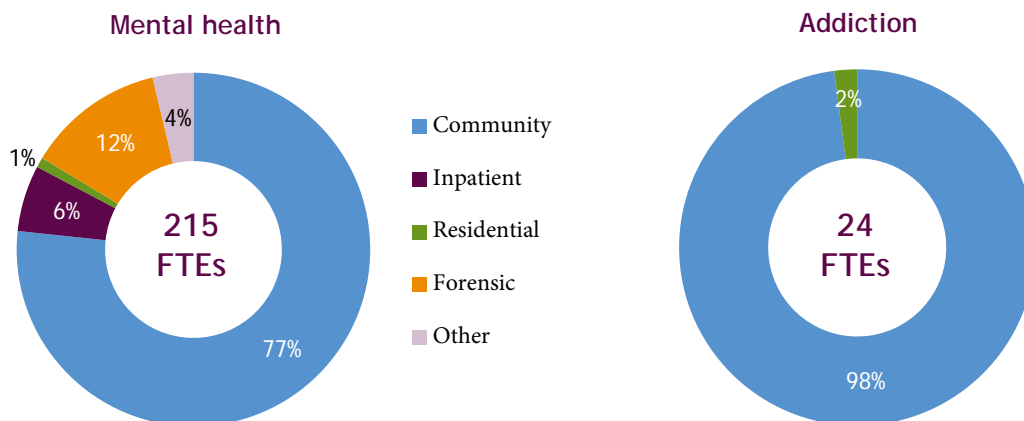


Figure 9. Distribution of the clinical psychologist workforce across service types in the mental health and addiction service groups

There were 23 FTE clinical psychologist positions vacant (9 per cent). This vacancy rate was higher than the total workforce vacancy rate across all roles reported to the survey by DHBs (5 per cent) and NGOs (4 per cent).

DHBs reported the majority of clinical psychologist vacancies (19 FTE positions). The DHB vacancy rate for this role was lower than that of NGOs (8 per cent compared to 28 per cent), however, the high vacancy rate for NGOs is based on a total of 4 FTE positions vacant.

The survey asked respondents to identify perceptions of future recruitment issues for each of the roles they currently employed. This question was answered for clinical psychologist roles by 105 DHB respondents and 13 NGO respondents.<sup>10</sup> Figure 10 shows the proportion of these respondents who indicated potential future recruitment issues including oversupply, about right numbers, some shortage (quantified by the question as less than 20 per cent) and large shortage (20 per cent or more).

Of the 105 DHB respondents more than half thought there would be some or large shortage of staff for clinical psychologist roles over the next 2 years (37 and 14 per cent respectively). A higher proportion of NGO respondents indicated some or large shortage of clinical psychologist roles compared to DHB respondents, however this result is based on 13 responses from NGOs.

<sup>10</sup> The number of respondents is greater than the number of organisations surveyed because the survey was completed for the workforce in a specific DHB locality and by service type, so each organisation could submit more than one response.

## DHB and NGO respondents perceptions of recruitment issues for clinical psychologists

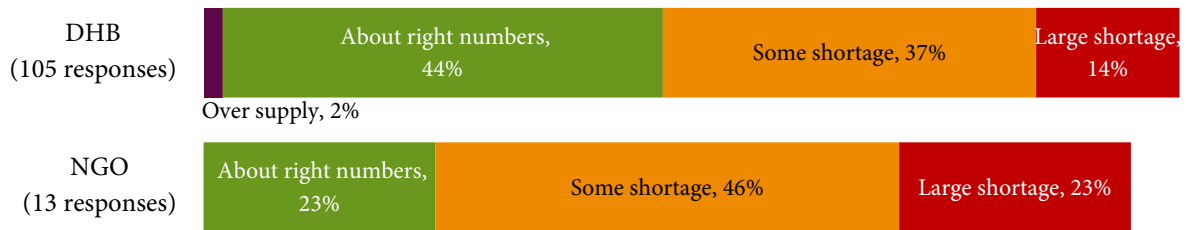


Figure 10. Proportion of respondents from DHBs and NGOs respondents identifying future shortages or oversupply for clinical psychologist roles

## Psychologist roles – other scopes

*More than numbers* collected information about ‘other scope’ psychologist roles as one group. These roles included registered psychologists (excluding clinical psychologists), educational, organisational and psychologist - other scopes.<sup>11</sup>

The psychologist ‘other scopes’ workforce comprised 41 people working in 21 FTE positions. DHB services reported 63 per cent of these roles (13 FTEs). Mental health services reported the majority (85 per cent) of the DHB and NGO workforce in psychologist - other scopes roles (17 FTE positions).

Figure 11 illustrates the distribution of the workforce across DHBs and NGOs, and across the three sector groups.

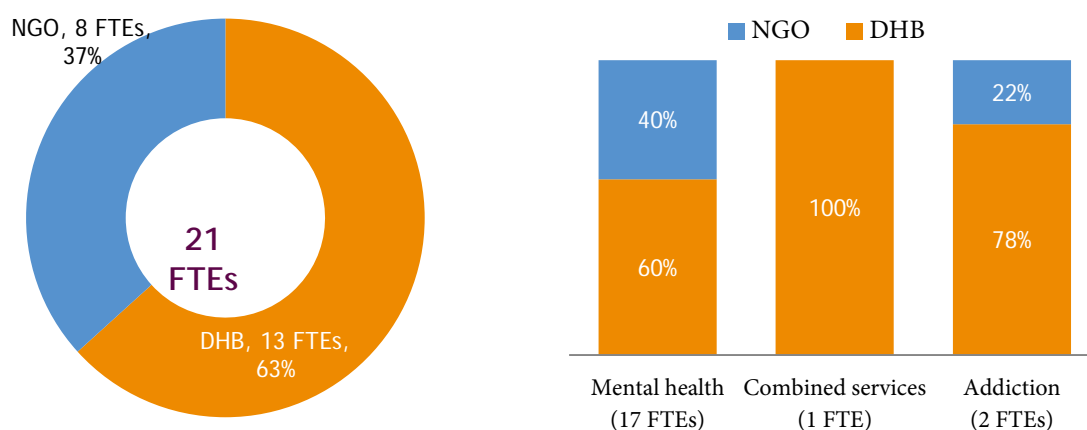


Figure 11. Distribution of the workforce in psychologist roles – other scopes across DHBs and NGOs, and across the three service groups

<sup>11</sup> Psychology scopes of practice are available on the New Zealand Psychologists Board website at <http://www.psychologistsboard.org.nz/scopes-of-practice2>

Nationally, the other scope psychologist roles reported to the survey represented 0.7 FTE positions per 100,000 adults in the population. Most of these were in DHB services (0.5 FTE positions per 100,000).

Six per cent of the workforce in other scope psychologist roles was vacant as at 1 March 2014 (1.3 FTE positions). DHB mental health services reported all of the vacancies. The vacancy rate for this group was slightly higher than the total DHB workforce vacancy rate across all roles reported to the survey (5 per cent).

The survey asked respondents to identify perceptions of future recruitment issues for each of the roles they currently employed. This question was answered for psychologist – other scopes roles by 12 DHB respondents and five NGO respondents.<sup>12</sup> Figure 12 shows the proportion of these respondents who indicated potential future recruitment issues including oversupply, about right numbers, some shortage (quantified by the question as less than 20 per cent) and large shortage (20 per cent or more).

Of the 12 DHB respondents, about one third thought there would be some or large shortage of staff to fill these roles over the next 2 years (34 per cent). In contrast, four of the five NGO respondents indicated some or large shortage of staff for psychologist - other scopes roles.

DHB and NGO respondents perceptions of recruitment issues for other scope psychologist roles

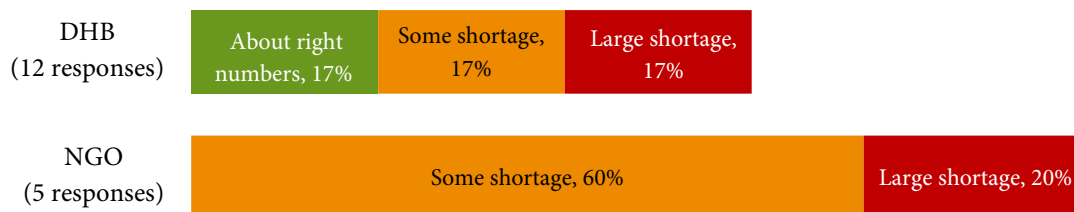


Figure 12. Proportion of respondents from DHBs and NGOs respondents identifying future shortages or oversupply for other scope psychologist roles

## Comparison with other surveys

This section compares the *More than numbers* findings for specific psychologist roles with the following recent workforce surveys.

<sup>12</sup> The number of respondents is greater than the number of organisations surveyed because the survey was completed for the workforce in a specific DHB locality and by service type, so each organisation could submit more than one response.

- 2014 *Stocktake of infant, child and adolescent mental health and alcohol and other drug services in New Zealand* (Werry Centre, 2015)
- 2011 *Addiction Services: Workforce and service demand survey 2011 report* (Matua Raki, 2011)
- 2007 *Future Workforce* survey of DHB services allied health workforce (Future Workforce, 2007)
- 2007 *NgOIT workforce survey* of NGO mental health and addiction services (Platform Trust, 2007).

The Werry Centre's 2014 *Stocktake of infant, child and adolescent mental health and alcohol and other drug services in New Zealand* identified that psychologist roles comprised a larger proportion of their workforce compared to adult services surveyed by *More than numbers* (13 per cent compared to 3 per cent, The Werry Centre, 2015, pp. 29-30). In child and adolescent services, the psychologist role (220 FTE positions) was the third largest role in the workforce surveyed, behind mental health nurses and social workers. The proportion of the psychologist workforce reported by DHBs was similar for both the Werry Centre and *More than numbers* surveys (94 and 92 per cent respectively, The Werry Centre, 2015, p. 29).

Combining the psychologist workforce reported here with the 220 FTEs (employed and vacant) from the Werry Centre's 2014 results, indicates there were around 498 FTEs in dedicated psychologist roles working in child, adolescent and adult mental health and addiction services.

The findings of the *More than numbers* survey differed from those reported by the 2011 *Addiction Services: Workforce and service demand survey 2011 report* (Matua Raki, 2011).

- The *More than numbers* survey found that psychologist roles comprised a larger proportion of the addiction sector workforce (2 per cent compared to 1 per cent, Matua Raki, 2011, p. 9).
- The relative size of the psychologist workforce identified by the *More than numbers* survey was also greater (27 FTE positions compared to 9 FTE positions, Matua Raki, 2011, p.9).
- There were differences in the distribution of the psychologist workforce across DHB and NGO addiction services, with DHBs reporting 90 per cent of the workforce identified by *More than numbers* compared to 100 per cent for the Matua Raki survey (Matua Raki, 2011, p.9).

The differing results between *More than numbers* and the 2011 *Addiction services* survey may be explained by *More than numbers* receiving surveys from a greater number of NGOs providing addiction services, or an increase over time in the size of the psychologist workforce employed by NGOs.

The 2007 *Future Workforce* survey of DHB services identified that psychologist roles were 10 per cent of the allied health workforce across all DHB provider arm services, including but not limited to mental health and addiction services (Future Workforce, 2007, p. 7). The *More than numbers* survey reported here found that these roles comprised 18 per cent of the DHB adult mental health and

addiction services' reported allied health workforce. These different results are likely to be due to the prominence of the psychology profession in the mental health and addiction service workforce relative to the overall health workforce.

In the NGO workforce, *More than numbers* identified that a similar proportion of people occupied psychologist roles as was identified by the 2007 *NgOIT workforce survey* of mental health and addiction services,<sup>13</sup> (1 per cent of people compared to 0.7 per cent, Platform Trust, 2007, p. 13). However, this similarity may be influenced by differences in the survey methodologies or number and type of organisations surveyed. For example, the *NgOIT* survey included more organisations (232 NGOs) than the *More than numbers* survey (169 NGOs) because *NgOIT* was not specifically limited to Vote Health funded organisations.

Of interest, the *NgOIT* survey identified the workforce contained twice as many people registered with the New Zealand Psychologists Board as there were people employed in psychologist roles (21 people compared to 12 people). This finding supports the earlier caveat that the workforce in psychologist roles reported to *More than numbers* will not completely capture registered psychologists working in adult mental health and addiction services as some may be working in other roles, particularly in NGOs.

## Concluding comments

The *More than numbers* organisation workforce survey results provide a platform to support future workforce planning. The results describe the size, configuration and location of the current psychologist workforce in the context of the wider Vote Health funded adult mental health and addiction workforce. The survey provides an important starting point for identifying the changes needed to meet future service delivery goals outlined in *Rising to the Challenge* (Ministry of Health, 2012). The information may also assist workforce development strategies for psychologists in New Zealand, which have been identified in 2010 as an urgent need by the New Zealand Psychological Society (New Zealand Psychological Society, 2010, p. 6).

As services are re-oriented to deliver the goals expressed in *Rising to the Challenge*, there will be greater emphasis on the delivery of brief and psychological interventions by frontline staff, including support workers. To implement these changes successfully, service delivery staff will need ongoing access to support and mentoring that may be provided by the workforce in psychologist roles, among others.

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<sup>13</sup> The *NgOIT* survey covered mental health and addiction services including child and youth, adult, and older adult services. *NgOIT* identified 12 out of 1833 people surveyed were psychologists. *NgOIT* did not provide FTE positions by role.



Whilst this report has focused on psychologist roles, it is critical that workforce and service planning considers these roles in the context of the entire workforce delivering services to tāngata whai ora and their families and whānau. Information about the Vote Health workforce in adult mental health and addiction services can be found in the *Adult mental health and addiction workforce: 2014 survey of Vote Health services* report (Te Pou o Te Whakaaro Nui, 2015).

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