

# Health New Zealand Te Whatu Ora Mental Health & Addiction Workforce Plan

2024 – 2027

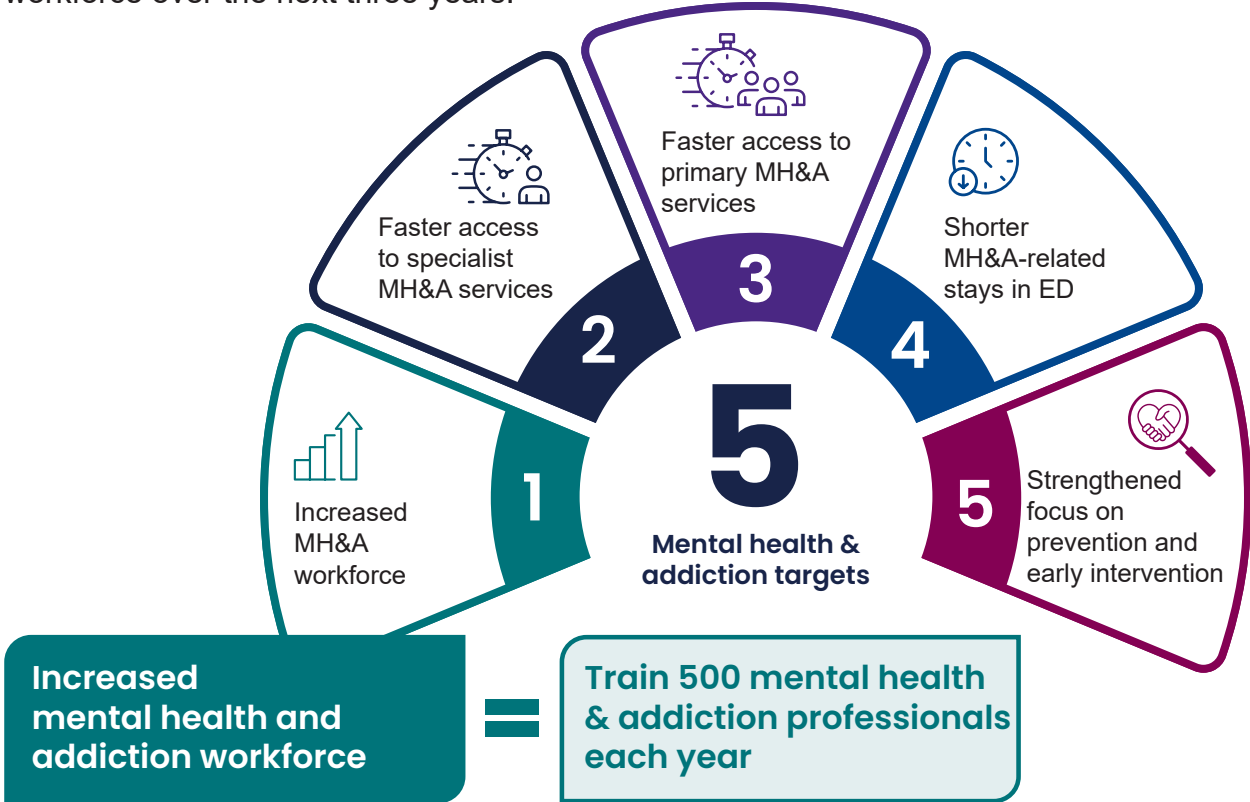


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# Context and purpose

The Government has committed to five targets for our mental health and addiction (MH&A) services. This plan has a short-term focus on growing our mental health and addiction workforce over the next three years:



In recent years, we have made significant progress growing our mental health and addiction workforce. Highlights in 2023 include:

- growing our Health NZ mental health and addiction workforce by around 630FTE in the year to March 2024
- a record 303 New Entry to Specialist Practice (NESP) programme nurses commenced across NZ, with strong representation for Māori, Pacific and Asian nurses
- another 87 occupational therapists and social workers entered the NESP programme for allied health professionals
- introducing Peer Support Specialists into five secondary mental health and addiction services, and launched a leadership training programme for lived experience workers
- developing six new psychology training hubs to significantly grow psychologist training capacity
- workforce centres that have provided opportunities to grow skills, knowledge and practice to thousands of workers across the health sector
- funding more than 400 scholarships and grants for study towards mental health and addiction training per year.

But more is needed to fully meet New Zealand’s needs. This is a focused, three-year plan for how we can do more to grow our mental health and addiction workforce.

# Mental health & addiction

## Our challenge

As identified in the Health Status Report 2023, mental health conditions and addiction are significant contributors to New Zealanders’ loss of wellbeing. Most New Zealanders will experience mental distress or addiction challenges at some point in their lives; and one in five New Zealanders experience mental illness in any given year.

The impact of mental health pressures on our health system is also rising. The proportion of our population experiencing high or very high psychological stress has risen persistently since 2011/12; and rates of anxiety and depression have grown significantly through the COVID-19 pandemic.

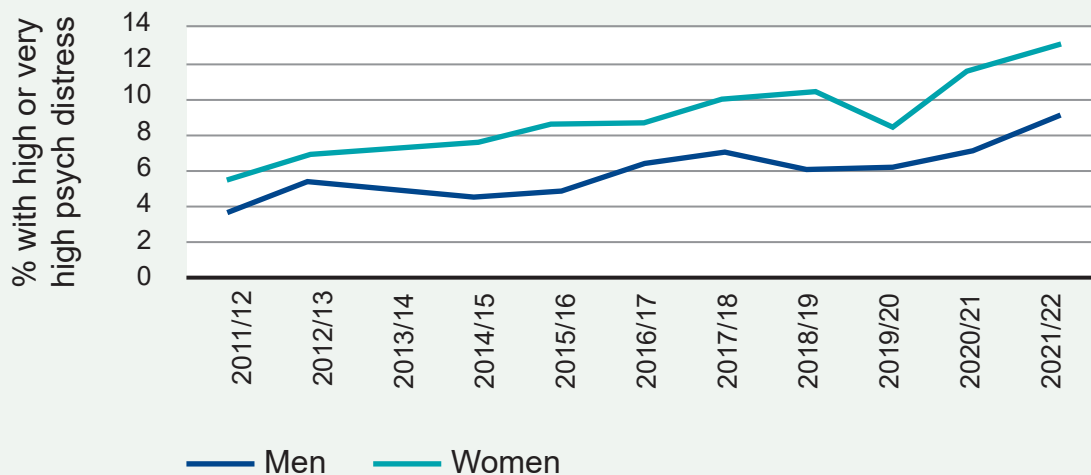
Our mental health and addiction workforce is essential to New Zealanders getting the care they need when they experience mental distress or problems with addiction.

However, our mental health and addiction workforce is under significant strain, with pressures across workforces and services. At the same time, our wider health workforce doesn’t always have the support it needs to manage increasingly complex mental health and addiction issues whānau have.

We are over-reliant on internationally qualified clinical workforces, meaning our workforce is not representative of all those who use our services. Māori and Pacific peoples are particularly underrepresented, which can exacerbate unequal outcomes for these communities.

Focused growth to our domestic training capacity will give us an opportunity to build Māori and Pacific representation within our mental health and addiction workforce, and so ensure Māori and Pacific communities get consistently exceptional care.

**Figure 114: Proportion of population with high or very high psychological distress by gender, 2011/12 to 2021/22**



Source: NZHS

# Mental health & addiction

## The opportunity

Our workforce is our greatest resource in delivering excellent care to New Zealand whānau, whether people work in hospitals, community mental health and addiction services, NGOs, or in primary care settings. We have made significant progress in recent years to address pressure on our people; but more will be needed to build a sustainable mental health and addiction workforce. The most important and impactful opportunities are:

### Getting training volumes right for specialist workforces

Over the past year we've got much better at working closely with the tertiary education sector and our frontline health services to align health system workforce needs to training volumes. If we can get this right we can build domestic sustainability for the future.

### Establishing new allied and support roles

In recent years we have significantly expanded our mental health and addiction workforce by establishing new roles, and by growing an array of lived experience, peer and support workforces. There are further opportunities to expand our workforce through new roles, such as associate psychologists, to help all our workforce work to top-of-scope.

### Leveraging generalist capacity

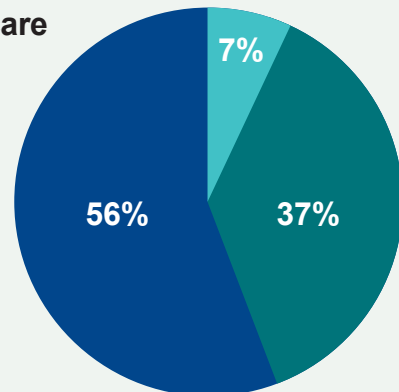
We have secured a strong supply of generalist nurses since 2023. This provides opportunities to support some of these nurses into mental health and addiction settings, and to support the mental health and addiction capability of our wider workforce.

### Model of care and service delivery model transformation

By continuing to grow primary mental health, allied and support workforces, and investing in new roles and models of care, we can change how we deliver care to make better use of the workforce we have – and so strengthen our system of care.

**Estimated proportion of workforce by setting of care from Te Pou More Than Numbers (2022)**

- Primary care
- Community providers
- Secondary settings (e.g. hospitals)



# Mental health & addiction

## Our target

The Minister for Mental Health has set a workforce target as one of five mental health and addiction targets:

**Increased mental health and addiction workforce.**



**Train 500 mental health & addiction professionals each year** across clinical psychology interns; mental health and addiction nurses, social workers and occupational therapists (OTs) in New Entry to Specialist Practice (NESP) programmes; and psychiatry registrars.

In 2023, New Zealand trained around 430 mental health and addiction professionals by the above, target definition – excluding psychiatry registrars. This means we need to train about another 70 of these professionals per year to meet the target from 2025.

**We will train at least 500 mental health and addiction professionals each year from 2025 onwards. We will do this by:**



- growing NESP training capacity for specialist nurses, social workers and OTs;
- increasing the number of psychiatry registrar and clinical psychology intern positions we fund.

**We aim to continue building on this growth beyond 2025 into future years.**

There are also other areas, outside of the target, where we want to see growth through this plan:

- we will grow the number of nurse practitioners we train for mental health and addiction settings
- we would like to see universities growing post-graduate clinical psychology training places by a minimum of 10 places per year (compounding) from 2025 through to 2027; and annual associate psychology capacity for at least 20 students from 2026
- we will continue to grow the consumer, peer support and lived experience (CPSLE) workforce, in line with new investments starting this year – and want to keep developing our support and addiction workforces.

# Mental health & Addiction

## The impact

As a result of this plan – and with the right movement from our partners in the tertiary education sector, who are responsible for clinical psychology and associate psychology volumes – we want to achieve the following growth:

Workforce	Type of growth	2024 Baseline	2025	2026	2027
Associate psychologists	Annual Year 1 places in postgrad tertiary training (tertiary-led)	0	0	20	20
Psychiatrists	Available annual Year 1 Health NZ registrar training positions	33*	50	50	50
Clinical psychology	Available annual Health NZ clinical psychology intern positions	50	60	70	80
Specialist nurses	Annual New Entry to Specialist Practice (NESP) training positions funded by Health NZ	272	415	445	475
Social workers and occupational therapists		93			
Nurse practitioners	Annual tertiary nurse practitioner training places funded by Health NZ	12	22	22	22
CPSLE workforce	Annual NZQF Level 4 training places funded by Health NZ	0	90	90	90
<b>Increase from baseline</b>		<b>N/A</b>	<b>+177</b>	<b>+237</b>	<b>+277</b>

This growth reflects our intended increase in the total number of first year training places or roles for each workforce. For multi-year programmes, this also means we will continue funding this capacity into later training years.

All increases are against our baseline. We anticipate maintaining the 2027 level of increase into subsequent years, subject to further planning.

\*As of July 2024.

# Mental health & addiction

## Support workers

Around 5125FTE support workers work across a range of roles in our mental health and addiction services, including kaiāwhina, support workers, and cultural support workers. Support workers are the largest of our community mental health and addiction workforces.

Support workers play an incredibly valuable role across a range of settings. Support roles are relatively fast to train into compared to other mental health and addiction workers – and can often study while on the job. Support roles can be a first step into further study and work in mental health and addiction settings.

While our support workforce has grown in recent years, we continue to have pressure across services.

### What it will take

Mental health and addiction workforce centres deliver a range of opportunities to grow our support workforce, including competency and skills-based training, and training grants and scholarships. This remains the focus of our plan for the support workforce, using these strong, existing channels to continue to grow and develop this workforce.

At the same time, we know that the largest group of support roles are in the community sector – and that matching support workers with the right skills to roles in the community can be cumbersome, with relatively poor visibility of mental health roles for some prospective workers.

Action	What we'll do
4.3 Grow mental health and addiction capacity	Improve support for community providers to recruit support workers; and promote and support connections with the primary and community sector by funding training opportunities for those in support roles.



# Mental health & addiction

## Consumer, peer support and lived experience

Our consumer, peer support and lived experience (CPSLE) workforce bring expertise from their own experiences with mental health challenges or mental distress to their roles. Peer workers and lived experience workers are an established and growing part of our workforce.

Our data on the CPSLE workforce is low quality, and inconsistently captured, which makes understanding the size of the workforce and unmet demand difficult.

### What it will take

Our lived experience workforce remains a relatively small part of our workforce overall – with significant opportunities to grow. An emerging evidence base, including research from the Mental Health and Wellbeing Commission, shows real benefits from the CPSLE workforce; a rapid training pathway means we can grow this workforce swiftly.

Growing opportunities for our lived experience workforce will mean:

- evaluating the five peer support specialist pilots already underway, to focus on how we can encourage growing peer support specialists into multidisciplinary teams
- developing new peer specialist roles in eight emergency departments
- expanding training capacity quickly, so we can grow our lived experience pipeline
- improving the ‘infrastructure’ supporting our CPSLE workforce, to ensure they have the skills and training to maximise their impact.

Action	What we’ll do
3.1 Expand our foundational workforces	Fund NZQF Level 4 training for 90 additional CPSLE workers, annually.
4.4 Establish advanced practice roles	Establish mental health peer support specialist roles in eight emergency departments.

# Mental health & addiction

## Addiction

In 2022, the addiction workforce was around 1525FTE, or 9% of the total mental health and addiction workforce. Addiction practitioners often have skills across mental health and addiction settings, and do not necessarily practice exclusively in addiction contexts.

43% of addiction practitioners are employed by Health NZ; 57% work in NGOs, and 17% work in private practice or self-employment (with some working in multiple settings).

### What it will take

We need to grow our addiction workforce to respond to growing demand for primary and specialist care across alcohol, drug and gambling harm.

Our workforce needs to reflect the communities it serves to have greatest impact. We will need to grow an addiction workforce comfortable with diverse, culturally safe models of care.

Achieving this growth will require that we broaden the addiction capabilities of the wider health workforce, and improve addiction specialisation pathways.

Action	What we'll do
1.3 Match tertiary training capacity to future need	Review all health system training volumes for which we have modelling against expected workforce demand by 2035; and outline required tertiary training growth to meet demand.
1.4 Streamline tertiary training programmes	Re-design tertiary training pathways (working with the tertiary sector) for the addiction workforce.
2.3 Improve support for progression	Expand development opportunities for Health NZ workers in areas with less clear pathways today, including for addiction roles.
4.3 Grow mental health and addiction capacity	Update the clinical framework and training resources which support health professionals working with coexisting substance use and mental health problems.

# Mental health & addiction

## Allied

A diversity of allied professionals support our mental health and addiction services – including social workers and occupational therapists.

Around 300FTE occupational therapists and 600FTE social workers work in Health NZ mental health and addiction services, alongside a range of other allied professionals. These include drug and alcohol counsellors, psychotherapists, and counsellors.

### What it will take

We think there are opportunities to grow our use of allied professionals to alleviate pressure on services and improve the quality of care New Zealanders receive. Mental health and addiction services often offer complex, challenging roles for mid- and late-career professionals; but we also think we can do more to grow entry-level roles to attract our people to a career in mental health and addiction care.

To take advantage of this opportunity, we want to:

- explore a clearer pathway following the New Entry to Specialist Practice (NESP) year for social workers and occupational therapists working in mental health and addiction
- focus on meeting demand for training capacity for occupational therapists and social workers to specialise through NESP roles
- continue work with counselling organisations to grow our numbers of accredited counsellors.

Our focus is on our social work and occupational therapy workforces because other professions, such as counsellors and psychotherapists, are relatively smaller parts of this workforce.

Action	What we'll do
4.3 Grow mental health and addiction capacity	Support an additional 110 specialist nurses, occupational therapists and social workers to undertake NESP training annually, from 2027 onwards.

# Mental health & addiction Nursing

Around 3225FTE specialist mental health nurses work for Health NZ in mental health and addiction settings, with around another 350FTE employed across primary and community services.

Mental health nurses are an essential part of our mental health and addiction services, including nurse practitioners and enrolled nurses. We have historically undertrained mental health and addiction nurses in New Zealand – driven in part by an expectation that nurses get some experience before specialising.

While we have pressures across our mental health and addiction nursing workforce, some specialist areas have particularly acute shortages, such as forensic intellectual disability (ID) nurses.

## What it will take

With the current state of our generalist nursing workforce and strong new graduate cohorts, we have a significant opportunity to grow a strong pipeline of mental health nurses. We want to focus first on supporting more of our nurses to specialise in mental health and addiction – particularly for vulnerable sub-specialties.

In the future, we will need to calibrate training volumes so we ensure sustainability over time – but immediate growth should help address pressures on our nursing workforce and make better use of the talented nurses we have.

Action	What we'll do
3.4 Improve graduate transitions	Expand early career supports for mental health nurses transitioning out of NESP training.
3.7 Expand scopes through training	Reset our investment in nurse practitioner training so we can train 22 nurse practitioners per year in mental health and addiction settings from 2025 onwards.
4.3 Grow mental health and addiction capacity	Support an additional 110 specialist nurses, occupational therapists and social workers to undertake NESP training annually, from 2027 onwards.  Expand on NESP training opportunities for vulnerable sub-specialties, including forensics, ID and addiction.

# Mental health & addiction Psychology

Psychologists work in mental health and addiction settings across the health sector, and in a range of other settings and sectors. Most psychologists employed by Health NZ are clinical psychologists, specialising in providing mental health care.

Our clinical psychology workforce faces acute pressures, despite a 25% increase in registrations between 2018 and 2022.

Clinical psychologists follow a long training pathway through an undergraduate degree in psychology, and then subsequent postgraduate training to register for clinical practice. There are strict limitations on the postgraduate tertiary training numbers within universities, which is the biggest constraint to growth in our psychology workforce. While internships were historically a barrier to expansion, this is no longer the case.

## What it will take

First we need to grow the capacity of our psychology programmes, particularly clinical psychology training. We will have to work with the tertiary education sector to find a way to make this happen – including supporting the training and funding implications of expansion.

Alongside this growth, we can open better pathways for those who train in psychology with an interest in mental healthcare, but are unable to secure a place in clinical psychology training. We can start by looking to grow the use of non-clinical psychologists in our services. Alongside this, we intend to establish a role for associate psychologists – meaning we can expand the range of settings in which those without clinical psychologist training can work.

Action	What we'll do
4.3 Grow mental health and addiction capacity	<p>Establish 10 additional Health NZ clinical psychology intern roles in 2025; and a further 10 roles in both 2026 and 2027 (+30 total in 2027).</p> <p>Encourage universities to increase post-graduate clinical psychological training capacity by 10 students in 2025; and a further 10 students in both 2026 and 2027 (+30 total in 2027).</p>
3.2 Establish and grow assistant roles	<p>Work with tertiary education providers and the New Zealand Psychologists Board to establish a training programme for at least 20 associate psychologists per year.</p>

# Mental health & addiction

## Psychiatrists

Psychiatrists are doctors who specialise in treating mental health disorders. We have around 738 practising psychiatrists in New Zealand, of which Health NZ employs approximately 470FTE. The remainder mainly work in the private sector; though many psychiatrists work across both sectors.

Like other medical specialists, psychiatrists have a lengthy training pathway; and over 60% of our psychiatrists are overseas-trained.

### What it will take

The number of psychiatrists we train is fundamentally limited by our supply of medical students and resident doctors. But there are opportunities to grow the psychiatry workforce:

- in 2023/24 we grew the number of child and adolescent psychiatry training places – we need to sustain this growth into a wider increase to psychiatry training positions. Over the next three years we expect to increase our intakes to psychiatry training up to 50 each year (an additional ~17 places on top of current capacity), so relatively more of our doctors become psychiatrists
- we can improve quality exposure to mental health and addiction settings in medical training – to encourage more of our junior doctors to choose psychiatry as a specialisation
- we can work to ensure junior doctors are provided opportunities to sample psychiatry as a specialisation, such as through House Officer runs. From 2031, growth in our medical cohorts will give us more capacity to direct towards psychiatry.

We intend to swiftly move to centrally coordinate psychiatry registrar places, so we can better ensure our trainee psychiatrists get the opportunities they need to progress.

Action	What we'll do
1.9 Plan medical training capacity nationally	Develop a national map and adopt national planning of medical training volumes, so we can align future increases in training numbers to specialties where need is greatest.
4.2 Expand medical training in vulnerable specialties	Grow to 50 psychiatry training roles in Health NZ services from 2025 onwards. Establish new House Officer runs in psychiatry.