



**NZ College of Clinical Psychologists**

*Te Whare Wānanga o te Mātauranga Hinengaro*

6<sup>th</sup> December 2023

Hon Matt Doocey, Minister for Mental Health, Associate Minister of Health

Dear Minister Doocey,

**Re: Improving access to effective, evidence-based Mental Health treatments.**

Many congratulations on your own re-election to parliament and National's overall election victory. We are delighted that the coalition government have agreed to establish the role of Minister of Mental Health- this represents a historic step forwards and we are pleased to welcome you, as the first ever Mental Health Minister in New Zealand.

We will be writing to you separately in your role as Minister for ACC, however we were keen to continue our previous engagement with your office relating to the modernisation of mental health care in New Zealand.

**New Zealanders need greater access to evidence-based psychological therapies**

Research has consistently shown that psychological therapies are the most clinically effective and cost-effective method of treating a wide range of mental health issues. International guidelines (e.g. [National Institute for Clinical Excellence](#)) are clear that psychological therapies should be the 'first choice' treatment for most mental health conditions.

However, it is clear that these treatments are not readily available in New Zealand. Mental health consumers have regularly called for a move away from the 'meds and beds' approach offered by secondary mental health services, towards more psychological ways of working.

The 219-page Mental Health inquiry report contained more than 132 references to psychological therapies (more than once every two pages) and the inquiry called upon the government to *"ensure we have the capacity and capability to provide far greater access to evidence-based talk therapies for people."*

There is no evidence to suggest that New Zealanders' access to evidence-based psychological therapies has improved since the Mental Health Inquiry in 2018. In our experience, access to evidence-based therapies has actually reduced, in real terms.

**It's time to take a social investment approach to mental health**

Current medicalised approaches to mental health are ineffective, inefficient and unpopular. In contrast, an effective and efficiently-delivered mental health system is potentially cost-saving and allows New Zealanders to reach their best economic potential.

As long ago as 2005, Lord Richard Layard, the Senior Economist and Conservative Peer estimated that the cost to the UK economy was in the region of 1% of Gross Domestic Product, based purely on

rates of absenteeism and employment status. Since that time, there has been increasing recognition of the cost of 'presenteeism' (remaining in work, but with poor productivity) to international economies- with some estimates suggesting this could be equivalent to a further 1% of GDP.

While these are not small numbers- equating to between \$3 and \$6 billion NZD - they do not take into account the costs unemployment, sickness and disability benefits related to mental health issues, the impact of psychological issues on recovery from physical illness, nor the current expenditure on mental health services. Overseas estimates suggest that this cost could be as high as a further 2-3% of GDP (up to \$15 billion NZD).

We have copied you into a letter we have composed to Minister Willis, your colleague in Treasury, to highlighting the potential economic gains in a more systematic approach to wellbeing in New Zealand.

### **Providing evidence-based care results in overall cost-savings to the economy**

As long ago as 2008, the UK government commissioned a national roll-out of evidence-based psychological therapies- the 'Improving Access to Psychological Therapies' (IAPT) programme (now NHS Talking Therapies)- and the current government continues to increase funding to this programme- even amongst increased economic uncertainty due to the effects of both Brexit and COVID-19. We understand that similar projects have been undertaken in parts of Canada, Australia, Israel and Norway, in response to both economic and public health concerns.

In the UK, research has shown that these investments are largely cost-saving to the Treasury, as long as more than 50% of those treated showed significant improvement, which NHS services typically exceed.

### **We require better governance of psychological therapies in the health system**

The current health system currently has little accountability for the delivery of evidence-based care, particularly with regard to psychological therapy. The Mental Health & Wellbeing Commission report upon access to services as a whole, face-to-face contacts, medication use and admission to mental health beds. They have so far *not* reported on consumers' access to evidence-based psychological therapies. We believe that access to effective psychological treatments should be a key performance indicator for health services, which is an approach which overseas governments have taken.

In the current Te Whatu Ora/Health NZ system, there is virtually no governance or leadership related to the implementation and evaluation of psychological therapies. General health leadership is typically dominated by medical or nursing practitioners. Allied Health leadership is similarly dominated by practitioners from physical health backgrounds (typically physiotherapists and occupational therapists). Within the current Mental Health directorate, there is apparent provision for leadership from the psychology professions. This is in stark contrast to other crown entities, such as Corrections or ACC, where national psychology leadership roles are common, and to similar systems overseas, such as the Chief Psychological Professions Officer employed by NHS England.

### **There are currently not enough psychology professionals to meet demand.**

As you are aware, the long-term shortages of clinical psychologists in New Zealand have been well documented over recent years, with all of the [major psychology associations](#) recently calling for urgent attention to this issue. We were pleased to hear your own commitments, prior to the election to [double the number of training places available for clinical psychologists](#).

We have written to you as Minister for ACC and have also copied you into our letter to Minister Stanford, to draw your attention to some of the issues that are currently holding back our ability to train more clinical psychologists.

**Our organisation is keen to support the government in developing a fit-for-purpose mental health.**

Psychological therapy is only one aspect of the work that clinical psychologists offer in both mental and physical health, and we are not the only workforce that can deliver effective psychological therapies.

We feel there is a need for significant change to how we deliver mental health in New Zealand and we are keen to support the government and other professions to deliver high quality and cost-effective approaches going forward.

We would very much appreciate the opportunity to engaging with with your Ministries on these issues over the course of this parliament.



Yours sincerely,

Dr Paul Skirrow

Angus Maxwell

Tricia Stuart

Strategic Advisor NZCCP

President NZCCP

President NZCCP

c.c. Hon Shane Reti, Minister of Health