NZCCP The New Zealand College of Clinical Psychologists
Te Whare Wānanga o te Mātauranga Hinengaro

The Implications of the Changes to Student Allowance on the Study of Psychology in New Zealand

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In 2013, there was more demand for assessment, diagnosis and treatment of psychological disorder, a "long tail of underachievement" among school-age children, and one of the highest prison population rates per capita in the world.

New Zealand does not have enough clinical, educational, and criminal psychologists to meet its needs - Immigration New Zealand identifies these occupations as absolute skills shortages. To meet the minimum registration requirements as a psychologist in any of these fields requires at least a postgraduate Masters degree (a minimum of five years of study), as well as 1500 hours of supervised (frequently unpaid) practice that is usually part of a three-year postgraduate diploma. In spite of this, just over a year ago, the current government blind-sided students, the academic community, numerous health professional training programmes, and the psychology profession making it harder for students to become psychologists by denying access to student allowances for postgraduate study.

The Student Allowance is part of the Student Loan Scheme. It is a weekly living subsidy that students do not have to pay back. Clinical psychology (indeed, any psychology programme leading to registration as a psychologist) is one such postgraduate qualification impacted by these changes. Within the profession, there have been growing concerns over the implications these changes will have for our current students, the training of future students and the long-term consequences to the community.

These concerns have been expressed by the New Zealand College of Clinical Psychologists (NZCCP) and the New Zealand Psychological Society (NZPsS). In collaboration with Universities throughout New Zealand, two surveys were conducted to investigate the possible consequences these changes will have on our students. The first was completed by 132 psychology students currently enrolled in a Post Graduate Psychology Programme. The other survey was completed by 556 undergraduate students from all Universities teaching psychology in New Zealand.

After analyzing the results of these surveys it became very apparent that the changes to the student allowance **would significantly impact** the future clinical psychology workforce in New Zealand. The following conclusions have been drawn from these surveys:

1. **Psychology students who are intending to enter, or are currently in, a postgraduate programme are adversely affected by the changes to the student allowance**
2. **Māori students are the most adversely affected**

3. Postgraduate students will be under more stress and financial burden, which is likely to have negative effects on students' ability to study and complete course work

4. These changes will have ongoing and serious consequences for workforce development and future delivery of mental health services for New Zealanders

The next section of this report will explore each of these conclusions in detail.

1. Psychology student's decision to enter postgraduate study is affected by the cessation of student allowance.

This conclusion was drawn from the undergraduate survey completed by psychology undergraduate students throughout NZ. Encouragingly, current undergraduate students are particularly keen to invest in postgraduate study. Seventy-five percent (389 students) reported that they were intending to enter a postgraduate programme. Specifically 21% (115 participants) intended to apply for a Clinical Psychology training programme (other postgraduate programmes included: masters, 33%, health psychology, 9%, educational psychology 4%, counseling psychology, 5%, child and family psychology, 9%, and PhD, 4%). This is a very promising finding and highlights that, 1) the majority of psychology students *want* to engage in higher levels of tertiary study, building a necessarily highly skilled workforce in a demanding profession, and 2) there is a high demand for clinical psychology training throughout NZ.

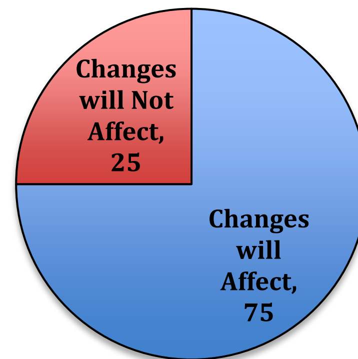

Figure 1, the percentage of students intending to enrol in postgraduate study affected by the change to student allowance

However, **75% of students** intending to enter a postgraduate programme reported that the changes to the student allowance would affect their decision. This is a significant concern - we could potentially lose 287 future clinical psychologists, researchers, health psychologists, forensic psychologists and educational and developmental psychologists in New Zealand

2. Māori students are the most adversely affected

Māori are underrepresented at postgraduate level, and are among the groups most likely to qualify for student allowances. The Government acknowledges the importance of Māori postgraduate success by double-funding Māori postgraduate completions. The undergraduate survey also revealed that of all the ethnic groups who participated, Māori and Pasifika students are more likely to invest in postgraduate study than any other ethnic group (see figure 2). This is a very positive finding. With such a high proportion of Māori students intending to enroll in postgraduate programmes, this survey suggests

that this shortage may be overcome or minimised in the future.

However according to this survey, **82% of Māori** students who are planning to enter postgraduate study reported that the changes to student allowance would affect their decision adversely. This is the highest percentage of affected students from all ethnic groups in this survey (see figure 3). This is a deeply concerning finding. Māori students are the most likely to want to enter a postgraduate programme, but these results suggest that a large proportion of these students will choose not to enter postgraduate study, as a result of the changes to student allowances.

Currently, the number of Māori clinical psychologists in New Zealand is low. Statistics from the 2000 Health Workforce Survey (New Zealand Health Information Service, 2000) showed that of the 667 registered psychologists who completed the survey, only 1.35% were Māori and none were Pasifika. This is particularly problematic due to clear evidence indicating that Māori and Pasifika are overrepresented in negative mental health statistics. Te Rau Hinengaro: The New Zealand Mental Health Survey has shown that the lifetime prevalence of any mental disorder for Māori is 50.7%, significantly higher than those who do not identify as Māori. Even more importantly, Te Rau Hinengaro found significantly lower rates of service utilisation among Māori with mental illness in comparison with other ethnic groups (Oakley-Browne, Wells & Scott, 2006)

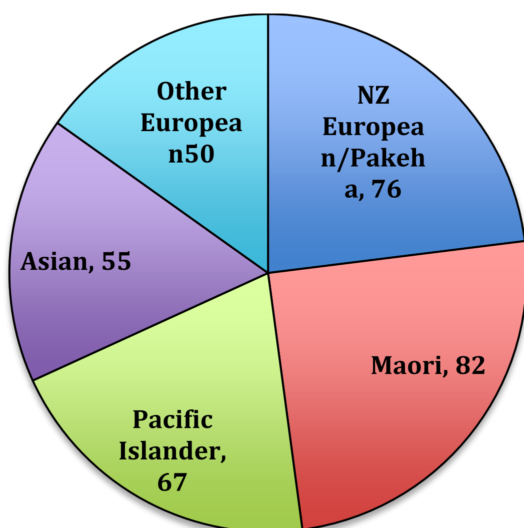

Figure 2, the percentage of students intending to enrol in postgraduate study by ethnicity

Furthermore older data pertaining to admissions to psychiatric institutions are higher for Māori than

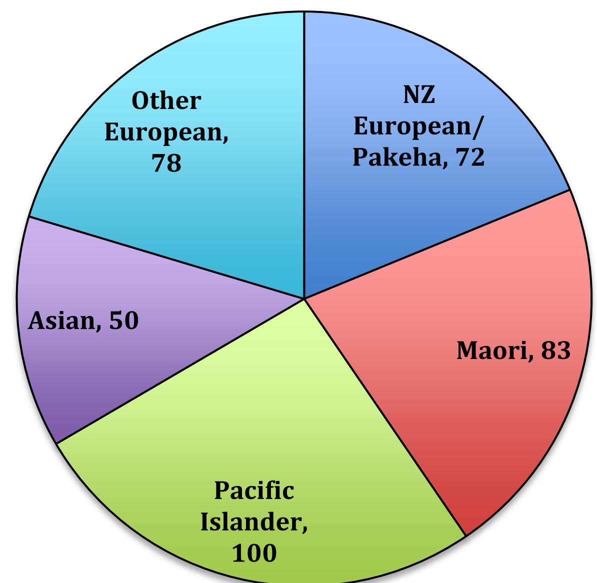

Figure 3, the percentage of students by ethnicity adversely affected by the changes to student allowance

Pakeha (Plunkett, 2002). In addition, more Māori are committed to hospital involuntarily, under the Mental Health Assessment and Treatment Act. The increase in diagnosed mental illness among Māori is the same for both males and females. Māori women are at higher risk of alcohol and drug abuse and of being admitted to a psychiatric facility than non-

Māori women. Māori men are more likely to be treated in a forensic setting, to be diagnosed with schizophrenia, and to spend less than half the time in hospital for this than non-Māori (Plunkett, 2002).

In clinical psychology it is vital that the cultural needs of its clients are met. Māori clients will often have a preference for working with a Māori mental health workers (Skogstad, Skogstad & Britt, 2002). With a shortage of Māori clinical psychologists already evident, removal of student allowances represents a particular barrier to Māori, and the changes to the student allowance will exacerbate this shortage. This will have cascading consequences to the treatment of mental health for Māori in New Zealand.

Additionally, research suggests that there is a shortage of Māori in the academic sector. As at August 1, 2002, there was only one full-time Māori academic staff member in a psychology department in New Zealand, and it was estimated that there were five Māori academic staff in psychology departments, either in fixed term, part time, or senior tutor positions (Levy, 2002). The changes in the student allowance will exacerbate this shortage.

Similar disturbing rates were evident for Pasifika peoples in the 2006 Te Rau Hinengaro survey with results showing that 25% experienced a mental illness in the past 12 months, a higher prevalence of suicidal ideation and suicide attempts reported, and only 25% of these peoples with a serious disorder having visited a mental health service compared to 58% of the general population.

"The combination of having a higher burden of mental illness, particularly in the area of serious mental illness, with high rates of involuntary, forensic and acute admissions, low or late presentation to services which, once accessed, involve the longest stays, establishes a fairly bleak vista of the state of Pacific peoples' mental health in New Zealand " (Mila-Schaff and Hudson, 2009)

3. Postgraduate students will be under more stress and financial burden, which is likely to have negative effects on students' ability to study and complete course work

An analysis of the response from current post graduate clinical students in New Zealand revealed that many students are restricted or unable to engage in paid work during their postgraduate studies. This is due to the number of hours required to complete their course and restrictions on undertaking paid work. Seventy percent of the students reported their course had recommendations for the amount of paid work a student should do and 53% said their course had a restriction on the amount of work a student could do. Of these students, 20% were not permitted to do paid work and for 31% it was recommended that they not partake in paid work. 27% were recommended to do no more than 8 hours and only 15% were able to work 9-20 hours.

Furthermore, the restrictions for students to undertake paid work were also highlighted by the demands of their studies. The average number of hours expected on placement where students are

intern psychologists was 32 with a maximum of 40 hours in an academic year (84% of the students were on a course that required an internship). Additionally, students engage in paid work on average 5 extra hours per week, with a maximum of 12, and spent an average of 4.6 extra hours in class whilst on placement. Only 12% of the students on a fulltime internship had any capacity to do paid work outside this.

As a result of these restrictions and the feasibility of engaging in paid employment, clinical psychology students reported that the changes to student allowance would result in increased stress and financial burden during their postgraduate study.

Students reported that having a student allowance would have assisted them: 1. by providing more time to study (54%), 2. reducing financial stress (36%), 3. covering living expenses (36%) and 4. minimizing financial debt (32%).

Already, 2013 has seen the withdrawal of students from clinical psychology programmes as a result of inability to study *and* make ends meet.

A review of the general comments made by our clinical psychology students illustrates the stress and financial burden these students are under.

1. **Financial Debt**: *"(having a student allowance) would have allowed me to manage my bills and rent without recurring additional debt or taking additional work beyond the recommended hours to meet my living costs."*

2. **Changes to basic living:** *"My student loan living costs are not as much as a student allowance and we are going to have to get rid of home phone and internet to make some room for food costs – this is not a good situation for a doctoral student – I need home access to information."*

   "I have given up most leisure activities as they cost money – for example one cannot join their friend's birthday dinner or drive the car unnecessarily."

   "I have had to return back home to live with my parents who are over 65 and should not really still have to support me."

3. **Financial stress***: "(having a student allowance) would have allowed me to focus more on my studies (by not having to worry about part time work so much), it would also have reduced my stress in regards to money, I am constantly worried about money and find it difficult to do many basic things."*

   "I encourage the people who implemented these changes to try living on $170 while working 60+ hours a week."

   "At the moment I am borrowing the maximum I can and still my outgoings exceed my income."

4. **Additional paid work sacrifices study** – *"I have had to take on multiple short-term paid jobs instead of focusing on my studies". "Half my class comes to school with blurry eyes because they only way to remain in the course is to work extra hours and then study into the early hours of the morning*

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4. These changes will have ongoing and serious consequences for the profession

The response from the psychology students has dramatically highlighted that the changes to student allowance will have ongoing and serious consequence for the profession of Clinical Psychology in NZ. The NZCCP and NZPsS are deeply concerned that these changes will affect the diversity of Clinical Psychologists in New Zealand. Due to the powerful influence that cultural and sub-cultural context has in effective psychological practice we need to have a workforce that is reflective of the population it serves. The denial of student allowance to postgraduate students is likely to adversely impact on the ability of people from socially disadvantaged backgrounds to train in psychology. This will make it harder to achieve a representative workforce that can meet clients' needs.

Furthermore, the NZ public will be adversely affected by these changes. Current research has found that the rates of mental ill health are increasing. Between 2001 and 2010 the rate of clients seen by Mental Health Services has increased by 19% (Ministry of Health)[1]. Depression is the leading cause of disability as measured by the *Years of Lived with Disability* and the 4th leading contributor to the global burden of disease in 2000 (WHO). In addition, by the year 2020 depression is projected to reach 2nd place of the ranking of Disability Adjusted Life Years for all ages and both sexes (DALYS). Today depression is already the 2nd cause of DALYS in the age 15-44 years for both sexes combined[2].

Already, demand greatly outstrips supply. As of February 2013 clinical, educational, and criminal psychology remain on NZ Immigration's long-term skills shortage list[3]. The NZCCP and NZPsS are further concerned that the gap between demand and supply will increase. It is imperative that New Zealand is able to provide mental health services to those who need it, and provide adequate support for those training to provide this vital service. The data provided strongly suggests that the number and quality of clinical psychologists is going to be dramatically impacted by these changes.

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[2] http://www.who.int/mental_health/management/depression/definition/en/index.html

[3] http://www.immigration.govt.nz/migrant/stream/work/skilledmigrant/LinkAdministration/ToolboxLinks/essentialskills.htm