

Promoting Psychotherapy in Aotearoa New Zealand

Report to the NZAP Council

Rick Williment, psychotherapist

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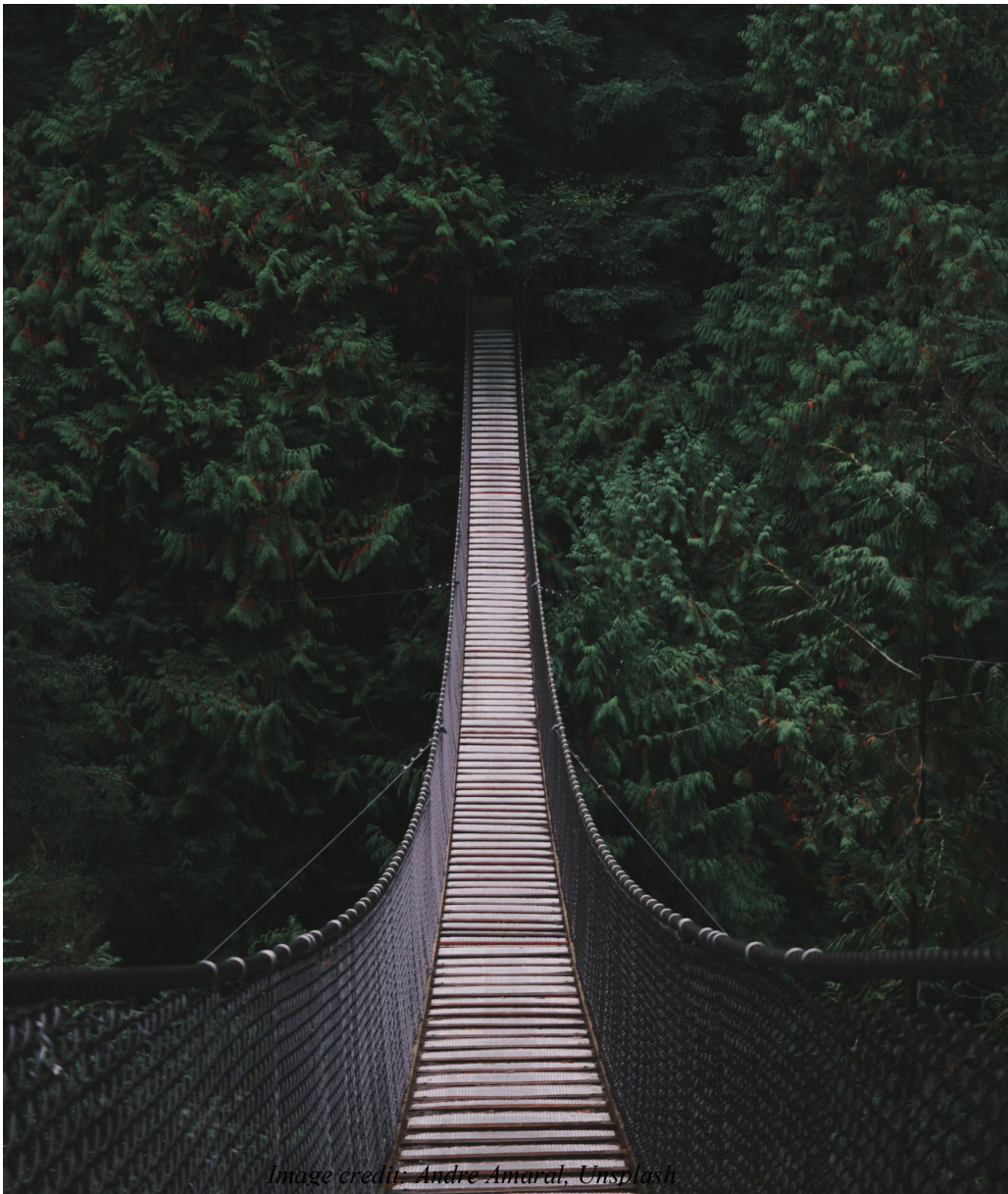


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Executive summary

It is an honour to have led this review on the possibilities for future development of psychotherapy in Aotearoa, New Zealand, and for the future growth and health of the New Zealand Association of Psychotherapists (NZAP).

Through a process of interviews and analysis, this review highlights some significant strengths and challenges and also opportunities for psychotherapy in Aotearoa. Challenges include a small workforce, largely ignored by central government and mostly embedded in privately funded therapy provision which precludes many New Zealanders from getting help. The psychotherapy workforce appears to lack diversity and does not well reflect the demographics of New Zealand society. Training and education in psychotherapy is not widely available, and smaller private training institutions appear to be having struggles in some areas. Meanwhile, there is enormous unmet need for psychotherapy and other talking therapies. There are vulnerable groups in society who need psychotherapy care, and who are not accessing it.

Psychotherapists are passionate in commitment and there is a wealth of experience and expertise. Yet as a whole, psychotherapy in New Zealand has focused on the development and association of therapists and less so on the extensive and unmet needs of the population. An independent analysis cited in this report indicates that there are around 550,000 New Zealanders who would benefit from talking therapy, but who are not receiving it. This report takes the view that this is a legitimate concern for NZAP as a body of mental health specialists, and advocates for a shift or a broadening to holding the needs of the wider populace front and centre.

Additionally, NZAP is an almost entirely voluntary organisation. There is benefit in this, but also significant limitations. Interviewees spoke of the gift of time required for full and active contribution to NZAP, which brings its own rewards and is part of the rich tradition and culture of NZAP. However, as one psychotherapist interviewed said, “the voluntary nature of the Association is a ‘glass ceiling’ to the development of the profession.” On a voluntary basis, NZAP seems likely to encounter shrinking membership in future, and to miss serving New Zealand society at scale, as there is a need and opportunity to do.

The advent of registration forms part of the context for this review. Providing an alternative pathway to full professional standing, registration has challenged NZAP’s identity somewhat. What is NZAP’s place now? What does NZAP stand for? What does NZAP have to offer, and to whom? Where does NZAP’s future lie? This report aims to contribute to answering these questions.

This report proposes a significant shift for NZAP, from an emphasis on being a ‘professional home for development and nurturance of psychotherapists’, to incorporating a strong focus on the advocacy of psychotherapy as a benefit to society. This represents a vision for both the health of the profession, and for the mental health of the public. This shift would make explicit a powerful commitment to ensure that:

- Psychotherapy education and training is available more widely and viably, through academic institutions, private training establishments, and existing channels including the highly valued Advanced Clinical Practice (ACP) in NZAP and He Ara Māori Advanced Clinical Practice (HAMACP) in Waka Oranga.
- There is greater diversity in psychotherapy students and membership of NZAP.

- There is a wider reach of provision of psychotherapy to those not currently accessing it.

Effectively this review recommends embracing a number of key functions in support of an *Aotearoa New Zealand Association for Psychotherapy*. Beyond education and training, the role would advocate for further integration of psychotherapy into the public mental health and addiction sectors, and for advocacy for groups in society who do not access services. Complementary to this broad purpose, fundraising activity, strengthened interface with the public, development of a research agenda, collection of data, and pursuit of certain strategic partnerships is discussed.

The review found that a strong socially-conscious orientation is alive in NZAP and further growth in this direction was embraced by many interviewed for this review. As one interviewee commented, this shift may represent a developmental process and challenge for NZAP and a further maturation of psychotherapy in Aotearoa New Zealand.

Methods and scope of review

This review was commissioned by the NZAP Council in 2020. The scope was broadly defined as “promoting psychotherapy in Aotearoa, and increasing membership of NZAP”. This reflects the strategic priorities set by NZAP in 2015 to address these concerns. The broader context for the review includes the fact that through registration as a discipline under the Health Practitioners Competency Assurance Act, NZAP is no longer the keeper of the gate to professional identity and practice. This invites reflection, and challenges NZAP to carefully think through its approach to the future.

The review was undertaken by Rick Williment on a voluntary basis, as an NZAP member and PBANZ registered psychotherapist based in Wellington. Rick is tauiwi, pākehā. He requested to undertake the project as a sole agent, due to the complexities of working on the review in a very part-time capacity and the challenges of coordinating a review of this scope in collaboration. Originally training about 25 years ago, Rick has been an NZAP member for approximately 10 years, but quite peripherally. He gained provisional membership of NZAP and interim registration through PBANZ, and then completed full registration through other pathways (not through the NZAP ACP process). Hence this review was undertaken from the position of greatly valuing NZAP, the association of its members, its history and culture, but not from a position of being highly familiar with or invested in its current operations.

The review initiative was managed by Council member Gabriela Mercado, who, along with the President Lynne Holdem, determined the scope, methodology and potential interviewees.

The review relied on semi-structured interviews with 16 practitioners (including academics) of psychotherapy who had been identified from a longer list of possible participants. The majority of psychotherapists approached for the review were eager to contribute. Most interviews were conducted via online video link. Questions for those participating covered all of the areas reported on. Those interviewed included students, non-NZAP members, non-registered practitioners of psychotherapy, senior/long-standing members, and one who identified as a Māori psychotherapist/practitioner.

The reviewer also held a discussion with one psychiatrist with a long background of working in public mental health services. This confirmed the potential for a strategic approach to psychotherapy becoming more embedded in public mental health and

addiction services, through the advocacy and support of psychiatry who are very influential in setting the clinical direction of District Health Boards.

The review process is inevitably influenced by the reviewer's biases, although every effort has been made to be faithful in representing the views of interviewees. Common themes have been identified as well as 'outlying' divergent positions. A summary of themes from interviews has been appended to the report.

Those interviewed were given a draft copy of the report before it was finalised, with a further opportunity to comment. Discussion on an earlier draft was held with the NZAP Council, and their feedback incorporated. As a result some alterations were made, and other feedback has been summarised anonymously in Appendix Two.

It is recommended that once this review report is finalised, NZAP Council conduct a thorough consultation process with the membership.

Definitions

There are a number of health professional groups providing 'psychotherapy', including some counsellors, psychologists and psychiatrists. For the purposes of this review, the term 'psychotherapy' applies only to care provided by those with education and training in psychotherapy who are eligible for registration as a psychotherapist.

The review included some practitioners who are well experienced and qualified but who choose not to pursue registration, as well as those who are students with interim registration.

The terms 'New Zealand' and 'Aotearoa' are used interchangeably and sometimes in combination in this report. Arguably, the title of the Association of Psychotherapists would better reflect its commitment to uphold and honour Te Tiriti, given the ethical commitment to social justice and the need to be responsive to Māori. It will be recommended that consideration be given to reviewing the name of the Association as a reflection of this commitment.

Limitations

The review did not include a literature review. It reflects the views of those interviewed as interpreted. The review includes little quantitative data as such data on provision of psychotherapy is not currently gathered at a provider/psychotherapist level.

The reviewer held just one interview with a Waka Oranga member, although many interviewees expressed views on the Treaty/Tiriti partnership with Waka Oranga. No interviews were held with Pasifika psychotherapists, nor child and adolescent psychotherapists, although attempts were made to do so.

The value of NZAP to members

Interviewees who are members of NZAP were asked what they have gained from their belonging. There were consistently strong voices, expressing deep appreciation for NZAP. Commonly these experiences are of collegiality, and also friendship. It is evident that many members have forged lifelong bonds with other members.

Through the Advanced Clinical Practice route, the ‘apprenticeship’ model of learning and developing as a psychotherapist is offered. This is a rich vein offering development of professional identity, collegial relationships and belonging that many interviewees value highly.

NZAP offers a place for like-minded (and sometimes not so like-minded) people to gather, to think and discuss, to engage in meaningful relationship, and to tackle differences honestly and constructively.

NZAP has facilitated a forum for ongoing learning and challenge. It has offered an expression of identity. It offers a space for ‘micro’ clinical thought and learning, but also for ‘macro’ consideration of social justice and environmental justice concerns.

There is great appreciation for the ways in which Te Tiriti o Waitangi responsibilities are handled by NZAP. The development and maintenance of a meaningful partnership with Waka Oranga is something that those interviewed are proud of and see as essential. It is also seen as an opportunity and strength, and a basis for advancing NZAP and psychotherapy in Aotearoa.

One interviewee considered that psychotherapy has a unique and highly important role in society as ‘conscience’ and reflective commentator on cultural norms. Psychotherapists are deep thinkers about the human realm, considering race, power, gender, inequality, well-being, wairua, unconscious processes and our place in the great scheme of things. The view given is that psychotherapy, and NZAP, is well positioned to contribute to and lead debate in more systematic and organised ways that can advance society.

This opportunity to ‘promote’ psychotherapy¹ for public good will be discussed in this paper at greater length.

The value of psychotherapy

This report will be read predominantly by psychotherapists who may be aware of the academic literature on efficacy. However, given the scope of the review, “to promote psychotherapy in Aotearoa” it seems important to at least briefly reference the empirical basis and therefore the value to society, for doing so.

Shedler’s paper, *The Efficacy of Psychodynamic Psychotherapy*, (APA, February/ March 2010) translated ‘effect sizes’² for psychodynamic psychotherapy. His extensive review included meta-analyses of psychotherapy outcome literature which compared and contrasted outcomes with other forms of talk therapy. Both general and dynamic psychotherapy offer powerful effects across a number of conditions.

This information may not be well known by funders and administrators and managers of secondary and tertiary mental health services. It may form the basis for increased

¹ Arguably, framing the further development of psychotherapy as ‘promotion’ is more aligned to a commercial/marketing context. One interviewee spoke to the power of attraction rather than promotion. This is the idea of a vibrant and healthy culture, drawing to itself those who wish to be aligned.

² Effect size is a widely used metric; it is the difference between treatment and control groups, expressed in standard deviation units. An effect size of 1.0 means that the average treated patient is one standard deviation healthier on the normal distribution or bell curve than the average untreated patient. An effect size of 0.8 is considered a large effect in psychological and medical research, an effect size of 0.5 is considered a moderate effect, and an effect size of 0.2 is considered a small effect (Cohen 1988, cited in Shedler, 2010).

advocacy of psychotherapy by NZAP to those in positions of influence at the Ministry of Health, the Mental Health and Wellbeing Commission, and prospective employers in District Health Boards. This data is summarised in Tables 1 and 2, below.

Table 1. Efficacy of General Psychotherapy

General Psychotherapy			
<i>Authors</i>	<i>Disorders</i>	<i>Effect sizes</i>	<i>No. Studies</i>
Smith et al. (1980)	Various therapies and disorders	0.85	475 studies
Lipsey & Wilson (1993)	Various therapies and disorders	0.75	18 meta-analyses
Robinson et al. (1990)	Various therapies for depression	0.73	37 studies

Table 2. Efficacy of Psychodynamic Psychotherapy

Psychodynamic therapy			
<i>Authors</i>	<i>Disorders</i>	<i>Effect sizes</i>	<i>No. Studies</i>
Abbass et al. (2006)	Various disorders, general symptom improvement	0.97	12 studies
Leichsenring et al. (2004)	Various disorders, change in target problems	1.17	7 studies
Anderson & Lambert (1995)	Various disorders and outcomes	0.85	9 studies
Abbass et al (2009)	Somatic disorders, change in general psychiatric symptoms	0.69	8 studies
Messer & Abbass (in press)	Personality disorders, general symptom improvement	0.91	7 studies
Leichsenring & Leibling (2003)	Personality disorders, pretreatment to post treatment	1.46	14 studies
Leichsenring & Rabung (2008)	Long-term psychodynamic therapy vs. shorter term therapies for complex mental disorders, overall outcome	1.8	7 studies
de Maat et al. (2009)	Long-term psychoanalytic therapy, pretreatment to post treatment	0.78	10 studies

These data demonstrate, across multiple studies and meta-analyses, the enormous value and effectiveness of both general psychotherapy, psychodynamic psychotherapy and psychoanalytic therapy. They provide a foundation for the further promotion of psychotherapy in Aotearoa.

The (un)availability of psychotherapy in Aotearoa

Rucklidge, Darling and Mulder's 2018 editorial for the New Zealand Medical Journal³ discussed the enormous gaps between 'treatment need' and 'treatment provision' (for/of psychological therapies) for people with mental health problems, and also between the availability of currently registered professionals and the workforce needed to meet the treatment gap. In their analysis (which included clinical psychologists and counsellors, but not psychotherapists) they referenced the burgeoning increase in prevalence of mental disorders⁴ in the past decade or so, and estimated there are approximately 550,000 individuals in Aotearoa who have 'treatment need' but who are not accessing services⁵.

Rucklidge et al's editorial (*ibid*) actually critiques a finding of the government's 2018 inquiry into mental health and addiction (He Ara Oranga) direction to expand access to talking therapies which would involve relying heavily on growing the health professional workforce. They argued that this is untenable and unrealistic, and advocated for a range of public health (nutrition, early intervention, and poverty reduction) approaches, alongside making 'talk-therapies' more accessible. The NZMJ editorial authors' analysis was that the 'psychological therapies' workforces would need to triple to meet existing demand if this was the sole strategy for responding to the enormous need.

This broad environmental scan is relevant and provides a context for NZAP's strategy. A brief analysis is offered here:

- It is concerning that a workforce of approximately 600 Master's degree-level psychotherapists⁶ did not feature in the NZMJ editorial. This raises a question about psychotherapy's visibility with our medical colleagues.
- Psychotherapists may often practice extended and longer-term therapy, predominantly on a private paying basis. While there is evidence for the efficacy of this, it may also alienate psychotherapy from the public sector, who (from the experience of the author) tend to hold a 'whole population' view rather than a 'need of the individual' view. These views can be in conflict.
- As a workforce of predominantly self-employed practitioners, accessed largely by self-funded individuals, there is no imperative to collect/provide data on treatment length or workforce capacity, nor treatment outcomes. There is serious deficiency in our data collection, which inevitably weakens advocacy to central government. It also makes strategic planning difficult.

³ "Addressing the treatment gap in mental health services with more therapists - is it practical and will it work?" NZMJ, Vol 131, December 2018.

⁴ The terms 'mental health problems', 'mental disorders' and 'mental health conditions' are used interchangeably in this report. They refer to a spectrum of severity; the roughly 20% of the adult population who in any six month period who meet criteria for at least one diagnosable mental health problem.

⁵ "A range of social determinants are risk factors for poor mental health: poverty, lack of affordable housing, unemployment and low-paid work, abuse and neglect, family violence and other trauma, loneliness and social isolation (especially in the elderly and rural populations) and, for Māori, deprivation and cultural alienation." From He Ara Oranga: Government Inquiry into Mental Health, 2018.

⁶ PBANZ Annual report, 2020.

- Anecdotally, and reinforced through this review's interviews, the common pattern appears to be one of over-subscribed psychotherapists with little capacity to respond to the large 'unmet need' referenced in the NZMJ editorial.
- The huge extent of 'unmet need' for effective therapy is a major opportunity for NZAP to respond to, by increasing the psychotherapy workforce nationally; by improving the 'efficiency' (maximising outcomes by time invested) of psychotherapy; and by strategically positioning psychotherapy towards populations of unmet need, including but not limited to the public health sector.

The Australian Psychological Society⁷ advocated for improved access to mental health care funded through the Australian government. The result of this has been a programme that enables 10 funded individual sessions and 10 funded group sessions (provided by a psychologist) per individual per year, on referral from a medical practitioner. This is the sort of initiative that NZAP might advocate the New Zealand government for. It may be seen as a way to reduce pressure from secondary mental health and addiction services, and to improve access over time.

Data deficits

As this report for NZAP considers the future of psychotherapy in New Zealand (insofar as the brief to "promote psychotherapy" anticipates what role psychotherapy could or should have in the future), it would be valuable to collect more specific data to inform strategy. This could be done intermittently, perhaps biannually. For example, it seems useful to know, and analyse:

- The spread of psychotherapists by ethnicity, by gender, age and location across New Zealand⁸ (note that this data is already gathered and may be readily analysed to inform strategy);
- Types of psychotherapy being provided;
- The length of psychotherapy being provided;⁹
- The training and development needs/interests of psychotherapists;
- The career intentions of psychotherapists.¹⁰

If such data is collected and collated, it will support the promotion of psychotherapy in New Zealand. It may inform approaches to training and education institutions and targeted approaches to recruiting trainees, as well as offering a basis for promoting psychotherapy to central government and shaping an education/training agenda.

The Association for Psychotherapy in Aotearoa New Zealand

The current NZAP website explicitly declares as its primary purpose:

⁷ psychology.org.au

⁸ This will highlight gaps and enable a data informed approach to improving training and education

⁹ If NZAP Council accepts a need for a population-based approach to planning and service provision, then intensity of treatment is a significant issue, as will be training and education foci. The public mental health sector is less likely to employ practitioners whose primary mode of practice commonly involves lengthy extended treatments.

¹⁰ Our interest in the public mental health sector, and the extent to which we are an ageing/due-to-retire workforce.

- Dedication to the advancement of all forms of psychotherapy;
- An intention to facilitate excellence in the practice of psychotherapy;
- The nurture and linking of psychotherapists across the country.

This review suggests some further specific aims for NZAP, which are aligned with the above; namely to:

- Improve access to psychotherapy education and training nationally;
- Improve access to psychotherapy by individuals needing psychological therapy;
- Integrate the provision of psychotherapy within public mental health services;
- Broaden the diversity of psychotherapy practitioners;
- Develop and maintain a research agenda for psychotherapy in Aotearoa;
- Influence public understanding of public concerns from a psychotherapy perspective.

These suggested aims are complementary to the existing stated purpose, but reflect an explicit commitment to the promotion of psychotherapy. This would represent a subtle but important shift in emphasis from an Association of *Psychotherapists* to an Association for *Psychotherapy*, as a public need and as a public good.

Rather than a narrower emphasis on the association of members, and development of practice by those already practising, an Association for Psychotherapy will seek to realise the potential of psychotherapy in New Zealand society. It would seek to ensure more psychotherapy education and training is available through a greater number of locations, to a more diverse group of practitioners. It would advocate for integration into public mental health services nationally, and for accessible/affordable psychotherapy for the populace as primary aims.

Strategic partnerships

This report's recommendations imply active strategic partnerships. A number of those interviewed advocated for strategic partnership with the New Zealand Association of Counsellors towards a shared voice for the advocacy and promotion of 'psycho-social therapies'.

As later discussed, the partnership with Waka Oranga is greatly valued by both parties, according to those interviewed.

There may be a need to forge partnerships with media for increased public visibility and public influence; with psychiatry for advocacy to increase presence in the public mental health services; and with academic institutions for the wider availability of psychotherapy education and training programmes.

The relationship between NZAP and the public health sector is an important one if the direction to have a stronger presence in public mental health and addiction services is accepted. One senior New Zealand psychiatrist (not identifying as a psychotherapist specifically) spoken to stated that psychiatry as a whole has a very high and positive regard for all talking therapies. They also have considerable influence in the way public mental health and addiction services are delivered at DHB/service provision level.

Promoting psychotherapy

This following section of the report offers a thematic analysis of key content from interviews. A full summary of themes is appended.

This distillation of content from interviews has been developed using a matrix that:

- Considers actions that are realistically achievable by a largely voluntary organisation;¹¹
- Enables a clear and unique role for NZAP in the promotion of psychotherapy;
- Can be expected to lead to growth and diversification in the psychotherapy workforce;
- Can be expected to lead to the growth in membership of NZAP;
- Can be expected to improve access to psychotherapy for people of diverse ethnicities and across the socio-economic spectrum.

Access to the profession: training and education

There is very limited access to academic psychotherapy education which leads to qualified practitioners. However, there is wide availability of (arguably, competing) academic pathways that enable undergraduates to transition to postgraduate psychology in many centres nationally. Psychotherapy is not currently positioned to widely attract suitable graduates. This needs to change.

NZAP's ACP training and qualification pathway is active and successful. Commonly 25 students are in the ACP training process and approximately 5 pass the ACP panel and exam requirements each year. Other training institutes, such as those from the Transactional Analysis community, are also supporting students to graduate. There does not appear to be an overview of education and training activity nationally, currently.

There is value in the small and independent psychotherapy training providers, and the potential to advance partnerships in training with Australia. However, a number have been struggling with financial viability. Many may rely on key figures in the delivery of training. NZAP has an interest in the success of these training programmes insofar as they contribute to the psychotherapy workforce, and could 'pivot' towards attracting philanthropic funding to support their viability and/or subsidise the cost of training for students.

Psychotherapy students are likely to come from allied professions, including social work, nursing, medicine, or counselling as well as unsuccessful applicants to highly competitive clinical psychology programmes. Psychotherapy training pathways need to be offered proactively to people in these professions.

NZAP and Waka Oranga's apprenticeship pathways to qualification are highly valued, although there was concern about the 'advanced' standard of entry qualification.

Some interviewees suggested a developing role for NZAP as a training provider. If it isn't possible to advocate successfully for the development of further academic

¹¹ Note that the report puts up a case for increased fundraising and paid roles to advance its aims, and it is questionable to what degree the report's recommendations could be realised on a voluntary basis.

psychotherapy training programmes nationally, NZAP could well negotiate with PBANZ to provide an entry level clinical qualification.

Recommendations

- 1. That NZAP considers including the word 'Aotearoa', and also an emphasis on 'for psychotherapy' rather than 'of psychotherapists' in its name/title.*
- 2. That NZAP considers assuming a key role to actively advocate for the healthy growth and maintenance of a diverse range of psychotherapy training programmes.*
- 3. That NZAP promotes the growth in availability of academic education and training pathways for psychotherapy students in three to four population centres.*
- 4. That NZAP considers applying for philanthropic funding to support subsidised access to psychotherapy training programmes. This may prioritise certain populations, for example Māori, Pasifika, and Asian ethnicities.*
- 5. That if it is not possible to improve access to tertiary education and training through more (or wider geographic reach of) academic institutions, NZAP considers becoming an accredited psychotherapy training provider of an entry level training programme in addition to the existing ACP and Waka Oranga's HAMACP.*
- 6. That a research-informed basis to attracting psychotherapy students be developed (i.e. what are the key attributes, personality features and qualities of psychotherapists and how might prospective suitable students be identified and approached).*

Access for people needing services

- Psychotherapy needs to have a strong presence in public mental health services. This role needs to continue to be promoted by NZAP to the Ministry of Health and the Mental Health and Wellbeing Commission as well as District Health Boards.
- In support of the above, published standards for psychotherapy practice in public mental health services would support and encourage DHBs to employ psychotherapists, and assist psychotherapists to find roles within those services.
- Interviewees were concerned about current psychotherapy so often provided by and for the 'white middle class'. Psychotherapy needs a diversity of practitioners providing care to diverse populations.
- NZAP may need to partner with, or gain explicit support from, the College of Psychiatrists to convince DHBs of the role and value of psychotherapy in the public service. This is because psychiatry as a whole is sympathetic to the need for effective talking-therapies, and psychiatrists occupy positions of clinical influence/power in DHBs. It seems important that psychotherapy practitioners in these settings are not isolated and unsupported, but have a 'critical mass' of psychotherapy colleagues. Therefore it seems that the way to develop this is by approaching larger centre DHBs (noting that some amalgamation of DHBs is likely to occur in the near future) employing a team of psychotherapists at an attractive remuneration rate.

- There are a number of ‘pockets of high need’ when it comes to unmet mental health problems. For example, perinatal suicide is the leading cause of maternal mortality in Aotearoa, and Māori women represent more than half of the cases.¹²
- NZAP has a legitimate role in both advocating for better outcomes for such populations, and for providing creative solutions to such issues. One potential avenue for advancing this is a trial process of NZAP identifying a ‘target population’: identifying a pool of funding (funding sources may include the Ministry of Health and/or philanthropic funding); identifying a pool of psychotherapists with capability and availability to provide psychotherapy; marketing the availability of such a service (in this instance to perinatally depressed mothers); and funding psychotherapists to provide this care for a time-limited period.

Recommendations

7. *That NZAP develops and refines its approach to the integration of psychotherapy into public mental health services. This promotion to occur at multiple levels, including the Ministry of Health, the Mental Health and Wellbeing Commission, and District Health Boards. Informing these bodies of the quality of training and credentials of psychotherapists and the efficacy of psychotherapy may support this. It is likely to be worthwhile seeking an endorsement/partnership approach to such advocacy with the Royal Australia New Zealand College of Psychiatrists. Such an approach would ideally be based on an understanding of level of interest of psychotherapists to work in these settings; it would be focused on specific (larger centre) DHBs and in partnership with psychiatry colleagues as advocates.*
8. *That NZAP considers developing guidelines for the practice of psychotherapy within public mental health services, in support of both employing DHBs and practitioners.*
9. *That NZAP considers an active response to emerging areas of high unmet need for psychotherapy in the public, including funding packages of psychotherapy treatment.*

Developing a research agenda

- NZAP, as an Association with a primary purpose to promote and support psychotherapy in Aotearoa, will have questions – a research interest – the answers to which will help to guide its development.
- A ‘living’ research agenda may be of great value to those in academic study and help NZAP position and respond to society’s needs for mental health care.
- NZAP’s membership can be given the opportunity to shape a research agenda according to the priorities they perceive. A research agenda would reflect the views of iwi, mana whenua, Waka Oranga and in exchange with AUT/other academic bodies.

¹² Perinatal and Maternal Mortality Review Committee report, retrieved from www.hqsc.govt.nz/our-programmes/mrc/pmmrc/publications-and-resources/publication/4210/

Psychotherapy's interface with the public

- Those interviewed expressed the view that psychotherapy should be visible in an organised way, in the media and 'public's eye'.
- The idea of a funded communications/media role was suggested by some interviewees, but it was emphasised that psychotherapy is differentiated to a large degree by recognition of unconscious processes, and communications should reflect this unique difference in perspective.
- A pragmatic approach could be to identify a rotating group of members who make themselves available to respond to public issues. If there is a portfolio in Council which is responsible for identifying issues and making a request of the 'media group', this could work well.
- NZAP's website is an important point of interface with the public. One interviewee commented that it would be great to include a summary of efficacy of psychotherapy there.
- One interviewee commented that the recent *Te Ipu Taiao – Climate Crucible* conference was a good example of engagement with a topic of great public significance. One keynote speaker from the conference series subsequently presented on RNZ National radio, effectively promoting psychotherapy and engaging the wider public in her analytic evaluation of cultural unconscious processes.

Recommendations

10. *That NZAP Council considers forming a public issues group with a key role to respond at short notice to issues of public interest and concern in the media.*
11. *This media/communications group rotate its membership and ensures that its communications reflect the unique perspectives of psychotherapy as they relate to matters of mental health and social and environmental justice.*
12. *That NZAP develops a policy for public interest and public influence, including use of print media, online media, and broadcast media.*

Increasing membership of NZAP

- There is an urgent need to diversify the membership of NZAP.
- NZAP must attract new members through a powerful vision. It isn't enough to offer collegiality, friendship, and a place for like-minded people to gather, as these needs can be met in other forums (e.g. reading groups or modality-specific groups).
- If NZAP assumes a vision of promoting psychotherapy through increased training and diversifying the psychotherapy workforce; improved access to care for groups of unmet need; improved integration into the public mental health services; pursuing a research agenda; and having a higher profile public interface, these elements may attract psychotherapists to join for the broader purpose of 'social benefit'.
- Some interviewees spoke passionately about the potential for 'associate' or 'affiliate' membership. Associate members would be allied health professionals who have an active interest in psychotherapy. Associate membership would accrue

certain benefits, such as receiving the *Ata Journal* and newsletters as well as invitations to clinical events. Such membership could be extended to NZAC members, psychologists, psychiatrists, social workers and other allied health professional groups. It can be expected to strengthen links between these groups.

- The partnership between Waka Oranga and NZAP is a major promotional point.
- PBANZ registered non-NZAP members are a target group for membership. An allied process of reaching out to this group of practitioners to invite their participation in NZAP, and to understand their needs for association, is important, however it seems important to do so on the basis of a clear renewed vision for NZAP¹³.
- Some psychotherapy clients may have an aptitude for psychotherapy work. It may be valuable to support training and development pathways for some clients. This may include the possibility of funding subsidy for those who wish to undertake the expensive training process.
- Assuming a wider availability of psychotherapy training and education in Aotearoa, NZAP is ideally placed to promote psychotherapy as a career path, and to attract students and associate members from a range of ethnic groups.

Recommendations

13. *That NZAP Council articulates a vision for its promotion of psychotherapy in Aotearoa which is compelling and highly attractive to a diverse group of psychotherapists, allied health professionals, and others.*
14. *That NZAP Council considers fund-generating activity and remuneration for the role of President¹⁴ and a fundraising role, and potentially key leadership roles in the areas of expanding education and training, promoting access to psychotherapy, and research and data collection.*
15. *That NZAP Council considers provision of a financial subsidy for training, especially designed to attract a diverse group of psychotherapy students.*
16. *That NZAP reaches out to PBANZ registered but non-NZAP members, on the basis of a refreshed vision, to understand their concerns and needs and to invite their membership.*
17. *That NZAP Council considers the notion of associate membership, to strengthen ties and invite greater participation between NZAP and allied health professionals.*

Waka Oranga and Te Tiriti partnership

- Those interviewed consistently supported the partnership agreement between Waka Oranga and NZAP. Many interviewed spoke proudly of this.
- NZAP's ongoing support for the development of bicultural psychotherapy practice through Waka Oranga is valued, and essential.

¹³ There is a current process of annually inviting registered psychotherapists who are not NZAP members to join.

¹⁴ At the NZAP Council meeting when an earlier draft of this report was discussed, there was reluctance expressed by some to the idea of fundraising and remunerating some roles/functions. This deserves fuller discussion as it may be pivotal to the successful promotion of psychotherapy in New Zealand. The current President commented that active leadership requires at least a full day weekly of unpaid time.

- Taiwi/non-Māori psychotherapy responsiveness to Māori is an important need and opportunity.
- It is important that bicultural competencies included in the (re)certification process by PBANZ are mandatory rather than discretionary.
- Waka Oranga's apprenticeship model needs to be continually and actively supported by PBANZ as it will attract Māori into the psychotherapy profession, which is a key priority.

Recommendations

18. *That NZAP Council considers advocating to PBANZ for the cultural competencies in the registration certification process to be mandatory rather than discretionary.*
19. *That NZAP advocates for Waka Oranga's apprenticeship training model through government, including for funding subsidies for Māori wishing to train as a psychotherapist.*

Fundraising and paid roles/functions

- In relation to the increased scope of activity for NZAP envisaged in this report, it seems important to recognise the need for remunerated work. It seems timely for NZAP Council to consider funding or part-funding the role of President, a fundraising position, and potentially other key leadership roles as indicated by this review. Such roles could be dedicated to expanding education and training, promoting access to psychotherapy including integration into the public health sector, and research and data collection.
- A number of participants in this review supported the need for remunerated roles to advance NZAP in the ways described in this review. It is clear that a voluntary basis of contribution has limitations when it comes to addressing the scale of work required.
- This crucial aspect of fundraising was not in itself within the scope of the review and little analysis of how to achieve, or even approach this, is offered.
- The reviewer spoke with a colleague who had a leadership role in a non-governmental organisation that provides direct services to clients. This national agency employed two dedicated fundraising positions.
- Further analysis of the viability of fundraising is required. There may also be structural/organisational changes necessary for NZAP to achieve this.

Discussion

Interviews with 16 psychotherapists highlighted some significant needs and also key opportunities for the promotion of psychotherapy in Aotearoa as well as for the future direction of NZAP.

The resulting synthesis of themes (and some analysis) shows that there is huge unmet need for psychotherapy (and other psychological therapies) in Aotearoa. There is a committed but relatively small psychotherapy workforce, which has narrow avenues for growth in numbers currently, due to limited availability of training and education programmes, and possibly/probably a low profile of the extraordinary and challenging and highly rewarding career of psychotherapist.

The psychotherapy workforce is no doubt diminished by virtue of the wide availability of academic psychology pathways nationally and the fewer options for psychotherapy training that currently exist.

This review suggests a broadening in the scope of NZAP to the role of champion advocate of psychotherapy, for the benefit of society. This is a significant shift from, and additional to, the historical role of 'professional home' for psychotherapists.

With a broadened brief for the advancement of psychotherapy, resources may be dedicated to improving access to high quality psychotherapy training and education. Interviews identified very clearly that there is an urgent need to attract a diversity of practitioners into the rewarding career of psychotherapist. A greater number of Māori, Pasifika, and Asian people are needed in the workforce. Men are also fewer in number.

Attracting quality students to the profession needs to be an active and planned process. If NZAP does not do this, the diversity of the psychotherapy workforce in another generation is likely to be determined by the marketing strategies of universities.

The review found a range of perspectives on broadening the availability of training and education. These views included the need for either more academic institutions to offer psychotherapy education and training, or for AUT to extend the reach of its programmes so that they are accessible to other sites nationally. The role for NZAP in this development may be mainly through dialogue, assisting with identifying placements of students, promoting distance learning with local supervision, and raising awareness of psychotherapy as a career path to allied professional groups. Other views of broadening training and education stressed the need to actively support small/private institute training providers, including the potential for financial support. The review found very strong support for the maintenance of apprenticeship/ACP training pathways within both Waka Oranga and NZAP. More than one interviewee expressed the view that there is a need for an entry level apprenticeship pathway provided by NZAP members, with supervision from mid-career and experienced psychotherapists. In the review author's opinion, it seems preferable for NZAP to promote and encourage academic institutions' commitment to psychotherapy education and training nationally, to maintain the existing ACP training avenue, and to assume the role of psychotherapy advocate as described in this report.

A new Association for Psychotherapy, whether in name or purpose, will have a real and active interest in whether populations of particularly high need are accessing the care and treatment that they deserve. Such a role is positioned to prompt the conscience of government through powerful advocacy, and to take a strong position on matters of

public concern. This report cites the alarming maternal suicide statistics, highlighting an obvious neglect. Yet there are many such populations desperately in need of good and high-quality care. Psychotherapy is not unique in offering answers to such complex problems, but surely it may be part of a solution.

The relationship between psychotherapy and psychotherapists and the public mental health and addiction services (MHAS) is another important imperative for advocacy. Efforts have been made in this arena for some time, yet despite the advent of registration which enables psychotherapists to be employed (as District Health Boards are required to employ 'registered health professionals'), representation in MHAS is minimal. It is suggested that a planned approach be taken to promoting psychotherapy to include the Mental Health and Wellbeing Commission and District Health Boards. However, this may need to be staged according to the availability of newly qualified graduates. A strategic partnership with the College of Psychiatrists may be most helpful in gaining the trust of DHBs, as may the development of guidelines for practice in those settings. Further to this point, there are likely to be implications for practice in MHAS where there will be an emphasis on throughput (addressing demand) and symptom improvement. Academic and training programmes (at NZAP's prompting) may consider developing modules designed for the provision of psychotherapy in MHAS settings.

The report indicates a need for active fundraising. This is for remunerating key positions within NZAP that will enable its healthy growth and maintenance. Fundraising may also help to subsidise and incentivise education/training (and attracting a diverse range of students), and potentially for providing time-limited care for certain under-served population groups. NZAP may consider that it wishes to use pockets of funding by offering, say, ten sessions of psychotherapy for mothers with perinatal depression, or Māori men at risk of suicide. It is one thing to bemoan the ways that central government neglects mental health needs in the community, while it is another to assume leadership and trial creative solutions. This leans towards social justice which is a core ethical principle and commitment of psychotherapists.

Psychotherapy has a unique and diverse understanding of human suffering, grounded in scientific inquiry, clinical practice and indigenous wisdom. The partnership between NZAP and Waka Oranga is also unique and arguably positions psychotherapy as a leader in bicultural practice development. However, psychotherapy is not prominent in the public eye, with the exception of the efforts of individuals who have created a platform to communicate on matters of public concern. There is an important opportunity for NZAP, in partnership with Waka Oranga, to improve its response to public issues. The review found a variety of views on how to achieve this, including the idea of a paid media/communications role. However, it also seems important that NZAP's voice in the public is distinguished from general mental health advocacy such as that which psychology or the Mental Health Foundation might provide. This review recommends a pragmatic approach to engaging a rotating team of psychotherapists who commit themselves to rapid response to matters of emerging public interest, in the media. If this role extends beyond 'letters to the editor', op-ed pieces and blog posts (all of which are important), to include broadcast media, media training may be offered.

On this note, there is a need to engage the membership through request (as was the basis for this review). As one senior psychotherapist interviewed for this review stated, "it is important to be invited for dinner. It is also important to invite oneself for dinner." NZAP may do well to invite participation, as well as invite members to offer their contribution.

Summary of recommendations for NZAP Council

The following recommendations, made elsewhere in this report, have been pulled together here.

It is recommended that:

1. If in support of the directions of this Review, NZAP Council undertakes a consultation process with its membership to ensure the directions are supported.
2. NZAP considers including the word 'Aotearoa', and also an emphasis on 'for psychotherapy' rather than 'of psychotherapists' in its name/title.
3. NZAP considers assuming a key role to actively advocate for the healthy growth and maintenance of a diverse range of psychotherapy training programmes.
4. NZAP promotes the growth in availability of academic education and training pathways for psychotherapy students in three to four population centres.
5. NZAP considers applying for philanthropic funding to support subsidised access to psychotherapy training programmes. This may prioritise certain populations, for example Māori, Pasifika, and Asian ethnicities.
6. If it is not possible to improve access to tertiary education and training through more (or wider geographic reach of) academic institutions,¹⁵ NZAP considers becoming an accredited psychotherapy training provider of an entry level training programme in addition to the existing ACP and Waka Oranga's HAMACP..
7. A research-informed basis to attracting psychotherapy students be developed (i.e. what are the key attributes, personality features and qualities of psychotherapists and how might prospective suitable students be identified and approached).
8. NZAP develops and refines its approach to the integration of psychotherapy into public mental health services. This promotion to occur at multiple levels, including the Ministry of Health, the Mental Health and Wellbeing Commission, and District Health Boards. Informing these bodies of the quality of training and credentials of psychotherapists and the efficacy of psychotherapy may support this. It is likely to be worthwhile seeking an endorsement/partnership approach to such advocacy with the Royal Australia New Zealand College of Psychiatrists. Such an approach would ideally be based on an understanding of level of interest of psychotherapists to work in these settings; it would be focused on specific (larger centre) DHBs and in partnership with psychiatry colleagues as advocates.
9. NZAP considers developing guidelines for the practice of psychotherapy within public mental health services, in support of both employing DHBs and practitioners.
10. NZAP considers an active response to emerging areas of high unmet need for psychotherapy in the public, including funding packages of psychotherapy treatment.

¹⁵ Note the concern that AUT finds it difficult to provide suitable placements for students. It may be possible to advocate for group psychotherapy settings as training environments.

11. NZAP Council considers forming a public issues group with a key role to respond at short notice to issues of public interest and concern.
12. This media/communications group rotate its membership and ensures that its communications reflect the unique perspectives of psychotherapy as they relate to matters of mental health and social and environmental justice.
13. NZAP develops a policy for public interest and public influence, including use of print media, online media, and broadcast media.
14. NZAP Council articulates a vision for its promotion of psychotherapy in Aotearoa which is compelling and highly attractive to a diverse group of psychotherapists, allied health professionals, and others.
15. NZAP Council considers fund-generating activity and remuneration for the role of President and a fundraising role, and potentially key leadership roles in the areas of expanding education and training; promoting access to psychotherapy, and research and data collection.
16. NZAP Council considers provision of a financial subsidy for training, especially designed to attract a diverse group of psychotherapy students.
17. NZAP 'reaches out' to PBANZ registered but non-NZAP members, on the basis of a refreshed vision, to understand their concerns and needs and to invite their membership.
18. NZAP Council considers the notion of associate membership, to strengthen ties and invite greater participation between NZAP and allied health professionals.
19. That NZAP Council considers advocating to PBANZ for the cultural competencies in the registration certification process to be mandatory rather than discretionary.
20. That NZAP advocates for Waka Oranga's apprenticeship training model through government, including for funding subsidies for Māori wishing to train as a psychotherapist.

Appendix One: Summary of interviews thematically

Public understanding of psychotherapy

There is some understanding or knowledge of psychotherapy in the public. It's unlikely to be fruitful to try to increase this, although it may be with some specific professional groups.

There is value in inviting the public to attend conference events, as part of an exchange with the wider community.

It is important that psychotherapy has a public voice. This might be a remunerated role, but needs to be "one of us". If paying for such a service, a high quality of output can be expected.

"Our only real point of difference is the way we understand the power of the unconscious!"

"Anyone can advocate for improved mental health, but our communication in the public domain needs to speak to unconscious elements."

"We are largely silent in the media. Post the Christchurch massacre we were silent. We need to be visible in the way the psychologists are."

NZAP could usefully cultivate a group of 'go-to' members for media comment on current social concerns. This extends social influence and raises the profile of psychotherapy publicly.

On the value of NZAP

NZAP is highly valuable to members!

We know how to have a good time together!

NZAP is a group of broadly humanistic people sharing a philosophical alliance. It's socially rich and intellectually rich and secular. Offers collegiality - relationship with like-minded colleagues.

NZAP offers professional legitimacy for training and experience and for those not registered through PBANZ.

NZAP fosters diversity; meeting through NZAP builds relationships through getting to know people and understanding differences, e.g. ethnic, and practice modalities.

NZAP could become more valuable by providing more needed services, for example a consultation/referral service. NZAP needs to support the development of those who have the capacity to take on more work.

Through the apprenticeship model, NZAP offers a very valuable route for practitioners to gain experience and legitimacy as an alternative to the academic pathways.

NZAP offers an identity; a place of belonging; of learning; a place to be known. "Much gratitude for this." Lifelong friendships have been forged through the ACP process: "you don't count the cost because you're also receiving." "Reciprocity is knitted in, intensely."

NZAP is a home for clinical thinking; cultural issues; friendship; collegial richness. Opportunities for learning and stretching.

NZAP offers high quality professional development and exposure to leading thinkers. Also identity, collegiality, friendship, community.

Branch involvement was a way to build friendship.

On increasing membership of NZAP

On the issue of PBANZ registered psychotherapists who choose not to, or do not approach NZAP for membership – it would be good to get the information on NZAP built into the PBANZ application/membership process.

NZAP should welcome all qualified people. NZAP needs to be a broad church. Acknowledge that some NZAP members are very hierarchical e.g. psychotherapy is superior to counselling; has a better understanding of the psyche than psychology. The view that only analysts can manage access and regulate psychoanalysts.

PBANZ registered non-NZAP members are a key target group; understanding why they are not members is very important; finding ways to make membership attractive to them is important.

It would be valuable to understand the trend in NZAP membership, i.e. pre and post PBANZ registration.

Note that clients of psychotherapy can get interested in the profession and this offers a potential opportunity to draw in a more diverse group of practitioners.

The British Psychological Society grant 'associate' status – this would be a great development; we want counsellors, psychologists, psychiatrists involved in NZAP which can open up the exchange of knowledge both ways. Associate membership could include our Journal and Newsletters which invites interest and holds a door open for new members.

Growth in student and provisional membership is very valuable, which will require a more permeable/accessible association.

NZAP historically quite exclusive, "prove you are worthy of membership," which was valid in the days of being the only qualifying/membership body. Now PBANZ has the role, NZAP needs to open up membership. Build associate membership for other disciplines and promote the benefits to them.

Ideally, every year NZAP would meet with students of AUT and other training institutes to meet the need in students for belonging and stimulation.

Indemnity insurance was always a draw card of NZAP, although this is now available to individuals. It's an important question whether the shared indemnity scheme is a cost saver – as an incentive for membership.

From student/non-NZAP member: sense that NZAP is relevant but professional development and collegial needs can be met in other ways, e.g. reading groups, seminars.

Actively reaching out to and inviting non-NZAP psychotherapists is an obvious thing to do – suggestion to make it easy; a draw card being indemnity insurance.

Membership of NZAP needs to address certain things; must become attractive to young people. "We are ageing! A dying organisation!" A key question: "how does NZAP make itself attractive to young people and Māori?"

View of non-NZAP member: collegial and friendship needs met through specific modality community. NZAP lately a group of colleagues who met and formed connections and identity at a critical time in the Association's development.

Non-NZAP member: "I would be worried if NZAP didn't exist. NZAP is highly relevant to new psychotherapists and offers a home post training." Needs to actively bring new members in.

On the structure and culture of NZAP

A membership of 500 is too large a group; sub-groups are needed.

NZAP is "incurably white and middle class". It/we need to attract more people from across the class divide and then provide services to diverse groups.

There's a need for gender, ethnicity, 'class' diversity. Examples of some social service NGOs subsidising service users to train as counsellors. Is there a role for psychotherapists encouraging clients with particular attributes (psychological mindedness, EI) to apply for training scholarship funds, to engage in training programmes, with emphasis on diversity of applicants (gender, class, ethnicity)?

Unhappy with Council decision to reduce in-person conferences to every two years. "It's hard to get a sense of what you're part of if you're not meeting."

A sense that NZAP is too polite: "we need to be allowed to shout at each other!"

Branch 'health' quite mixed. Some branches are struggling to continue and NZAP 'central' not assisting with this.

Paying for key roles in NZAP may be a needed shift towards further growth and professionalisation. The President's role is very time consuming – it is a priority to fund or part-fund this role. Look to philanthropic sources for funding. "The higher our expectations of NZAP, the more we need to remunerate." Also payment for PR/media liaison, and for professional development (needs to be professionally delivered and non-voluntary).

NZAP needs to actively support students, including outside of their professional training journeys. Branch meetings are an important part of doing this.

A closer alignment with NZAC should be reconsidered; they are closer together in the UK. Possibly a joint conference would forge cross-fertilisation and possibly membership gains.

Membership of NZAP comes alive when there is a role of contribution. There is a place for NZAP approaching individual members to assume roles or take on particular tasks. "Being invited to dinner is important. It's also important to invite oneself." Members of long standing have an investment in NZAP through connections/relationships that have been formed and maintained over a long period

"NZAP wants to retain what it once was. But that has gone, and can no longer be."

NZAP has a split between social justice and clinical identity, the latter being essentially apolitical and the psyche as neutral to socio-economic realities. This split is bruising to both sides. People become shy about their clinical work. This needs more integration. When social issues are presented as :there's a right way to think about social justice issues – a black and white view – people withdraw".

“There’s critical super-ego in the association. A hierarchy – especially long-standing members thinking ‘who are all these new people coming in via registration pathways?’” Psychoanalytic versus humanistic psychotherapies – “we are all wounded and we need to be warm with each other.”

From a student: “NZAP a bit myopic possibly. Need to invite outsiders in to present; to stimulate thinking on new ways of practicing.”

It’s a good idea to promote that “membership is active”. Members need to be approached to assume roles and contribute. “Join NZAP and you’ll grow as a person.”

There are a wider group of professionals with an interest in the dynamic unconscious, including counsellors, psychologists, psychiatrists, social workers – a new category of membership (associate or affiliate membership) would cultivate curiosity and attract new people into NZAP. If a link with CPD points system can be established, there would be a professional incentive for these people to join. (Note only: link to idea of entry level training through apprenticeship model.)

On the relationship with PBANZ

So important for NZAP to push back against PBANZ when necessary. For example the requirement to complete the ACP within five years – it is sometimes legitimate for this to take ten years, and not for PBANZ to dictate. The role of experienced non registered members being recognised and accepted as supervisors.

“Loss of feeling that we (NZAP) are steering our own ship since PBANZ.” Possibly the bicultural focus has dissipated the focus on clinical thinking somewhat.

Bicultural competencies required by PBANZ are discretionary, and should not be so! All psychotherapists should be culturally competent and invested in ongoing development.

On training in psychotherapy

Psychotherapy training exists in pockets of specialist training programmes e.g. psychodrama, Transactional Analysis, Jungian Analysis etc. But limited to AUT academically, which requires on-site attendance, whereas Health Psychology and Clinical Psychology are available at most/all universities nationally. Expanding the availability of academic psychotherapy programmes could be a priority for NZAP.

We need a psychotherapy for Aotearoa – Treaty based; post-modern. A uniquely designed psychotherapy.

Recent losses of a number of small training institutes. There is a need for variety and competition in training. The joint New Zealand/Australia Jungian Analyst training is an effective model. What opportunities for partnership exist internationally that can form a sustainable training/academic pathway to registration?

Promoting the uptake of psychotherapy – we are more likely to recruit psychotherapists from existing aligned professions i.e., social work, nursing, psychology, psychiatry. Maintaining a presence in their journals would be valuable.

“We want to attract bright, talented young folk who might otherwise head into clinical psychology” or those who try but don’t get access. This requires an active promotion.

The 'A' in ACP should not stand for 'advanced'. To have an advanced qualification standard as an entry point to the profession seems nonsensical. The 'A' could/ should stand for 'assessed', or 'CCP': Competence in Clinical Practice. This view seems to sit alongside of supporting an alternative to registration. There is a high degree of support for retaining an apprenticeship based training model through NZAP.

NZAP could contribute more towards funding/arranging loans for training. In the UK, bequeathment/estates may be a source of such funding. Attracting philanthropic funding for training scholarships would be a good investment of NZAP funds. These scholarships could be designed to attract a diversity of students, e.g. youth, diverse ethnicities.

One interviewee sees a role for NZAP to develop as a training provider organising conferences/seminars etc, with a connection to PBANZ competencies and recertification. This could be income generating. For example a workshop provided by Waka Oranga members which would be charged for etc.

One interviewee "passionate about the ACP 'apprenticeship' process for training psychotherapists. It takes a huge amount of effort" and questions how much of this commitment is available. But it's very healthy to have clusters of students and practitioners at differing levels in dialog. A challenge of this is to maintain a standard for psychotherapy training. "Is there 'an upward creep' in the ACP training standard?" It's also difficult for psychotherapists to sit in judgement of their peers (and ongoing repercussions of this if having deferred a student), although that role is shared.

"Don't lose the ACP - it's a process that builds connection."

"We could double or triple our membership in terms of demand for services" but this requires the availability of training, and accessible training outside of Auckland too. It might be possible to have an academic provider offering a programme of modules online with scheduled face to face components. NZAP could also become a training provider. Note that PBANZ is keen for a base training, not an advanced training; this won't happen unless NZAP becomes a training institute.

There is a role for postgraduate clinical training with seminars from experienced clinicians (e.g. for new grads two years out from training). This is an opportunity for experienced therapists to give to new practitioners. We need to value our expertise which is both rich and deep.

There is a lessening of training nationally; it's financially not viable for many but there are needs for training. Alongside of the ACP route a range of seminars could be developed and offered for those going through the ACP, but also to the wider membership. This would dovetail the ACP with ongoing professional development. It would need to be funded. This interviewee didn't like the idea of NZAP offering training to satisfy PBANZ competencies; it becomes less about inherent motivation. Something lost in this.

Ideally we need a range of psychotherapy training programmes available nationally, broadening from AUT to other universities/private training institutes. This is an area for NZAP to support, potentially.

AUT struggles to find placements and also supervision for students. AUT is open to establishing an online learning/training curriculum and open to being approached by NZAP.

"We need more psychotherapists. We need more academic training institutions than AUT. There is more scope for creativity and flexibility than clinical psychologists have."

The ACP is a "very steep hill to climb". The number of training supervisors is low; also the number of applicants is low. Note: an entry level (competent clinical practice?) qualification to the same

level as AUT graduate could be an alternative strategy if other universities don't pick up psychotherapy as an academic qualification/pathway. This training to be supervised by any registered psychotherapist. Organised according to the competencies of PBANZ. The MoH may be interested in supporting this as they have concerns about the ageing mental health workforce. Note: a series of seminars could be delivered online as part of this.

A proportion of NZAP's efforts must be dedicated to the training of psychotherapists.

Promoting psychotherapy

We can't promote psychotherapy to the public if there isn't a service available – there are few ways to train and train well. Do we know of the capacity of our workforce? Anecdotally, everyone is full without much promotion at all.

Promoting psychotherapy to GPs is super important, since they often reach for their prescribing pads. Perhaps in their journals/newsletters.

We need to be clear about our points of difference and to build relationships with allied health professional groups, the Ministry, iwi, NZAC, psychology, and psychiatry.

Now is the time for us to do another push with the new Mental Health Commission based on the submission made.

NZAP President needs to have regular meetings with NZAC, and also the Psychological Society.

Promoting the role of supervision is a natural area for greater involvement of psychotherapists in the public mental health services (also NGOs, school counsellors, social workers).

It's essential that NZAP provides evidence of effectiveness to funders/potential funders e.g. the Ministry, but also the Mental Health Commission.

Access to psychotherapy and relationship to the public health sector

Perception that private clinical practice is where psychotherapists want to work and not in the public sector. It appears that we are very busy and possibly often subsumed within longer term clinical work.

It could be valuable to have published standards for psychotherapy practice applicable to work in the public health service. "To grow as a profession we need to be part of the system" – such inclusion will offer training benefits as currently members fund their own training and development.

NZAP's relationships to the public and also MoH need supporting and developing. This means being understood for our points of difference and more visible.

The MoH's emphasis on improving mental health is a lot of short and brief and accessible interventions. Psychotherapists have a role to help supervise, think about complexity and provide interventions. Since there aren't many of us, how do we use our expertise optimally?

It will be important for NZAP to lobby to be involved in the new Mental Health Commission.

NZAP needs to advocate for a 'big picture' that is about affordable, accessible talking therapy. NZAP needs to join with other talk therapy providers to advocate in this way, including counselling and psychology. For example, advocating for a continuum of care from primary care.

A key way for psychotherapy to gain greater visibility is to have more prominence in the public (mental health and addiction) sector and to influence this way. Provision of supervision for clinicians in the public mental health services is a natural opportunity, also offering the ACP. NZAP has a role for DHBs to employ psychotherapists; providing evidence of effectiveness is essential. We need to be recording outcome measures.

Promotion of the value of psychotherapy understanding across other disciplines/in the public sector and in public issues/communications.

"We need to have at least one psychotherapist on every MDT meeting in public mental health services." This would be a wonderful form of promotion. "Active knocking on every door of every DHB to have psychotherapy included."

The public sector is an excellent place for training placements and for therapists to start their careers in the context of multidisciplinary team work.

We are very white, middle class and clinic-based. A priority is positioning politically and being part of the public sector.

"It was difficult being employed as a psychotherapist in a DHB alongside many clinical psychologists." There would be a role for NZAP to provide DHBs with information that would support a shift towards employing psychotherapists, such as efficacy data, training requirements, personal therapy and hours of supervised practice.

Treaty partnership with Waka Oranga

The partnership with NZAP feels fruitful but the relationship with the state doesn't reflect Māori realities. NZAP's support, including financially, helps the development of bicultural psychotherapy practice.

The decade-long development of a unique bicultural psychotherapy model, as advanced through Waka Oranga, is a major promotional point. Clinical psychology has less creative/imaginative freedom, being bound so much by empiricism. A close alignment between counselling and psychotherapy in relation to working with Māori.

It's a huge strength of NZAP to have a partnership with Waka Oranga and the apprenticeship training model which fits Te Ao Māori. Essential to continue supporting Waka Oranga.

What is our next step in the bicultural focus? Māori roopu need to think more about clinical work.

Consistent support for the partnership with Waka Oranga.

We need a psychotherapy for Aotearoa, which includes cultural competencies; pepeha, mihi, blessings which all teachers and therefore all students integrate.

Although NZAP is supportive of Waka Oranga, a big opportunity is to emphasise tauiwī responsiveness to Māori; a relevant and available psychotherapy for Māori. "This will attract Māori into the profession."

PBANZ consideration to granting interim registration only after a minimum of supervised hours of client work favours academic pathways to training and not the ACP pathway. This discourages Māori coming into the profession. Attracting Māori into the profession is a priority.

It is a 'selling point' for NZAP that it is so highly supportive of Waka Oranga and actively engaged with their Treaty partner.

NZAP in the online space

The online forums are very worthwhile. This is terrific and valuable. "A good way to enhance the expansion of NZAP."

Lively environments will attract younger people. Good to work with an attraction principle rather than a 'promotion' (marketing?) principle. "It isn't a product, it's a movement." The focus needs to be not on promoting a product, but generating a lively, healthy culture that attracts people. Focus on this.

Idea for bi-annual conferences; an 'internal' conference in person, and a more externally focused symposium with a multi-sectoral audience.

Zoom presentations are highly worthwhile. NZAP can arrange high quality international presenters for online presentations, which are made accessible to other groups.

NZAP's website could usefully offer more high quality information on psychotherapy; also on common and current public concerns. This is important in attracting traffic to the site, supporting the increased profile of psychotherapy. See the APA website for an example. Noting that static information on conditions such as depression distinct from blog/opinion on current emerging concerns. Support the notion of inviting guest opinion for blog or media release and maintained in blog.

Social justice

Psychotherapy has such an important contribution to make to social justice concerns. We need to do more politically. Student interviewee also supported this.

Psychotherapists may be well placed supporting the work of other organisations/movements.

Some splitting within the Association between apolitical analysis of the psyche, and social justice concerns.

Psychotherapy has a role as conscience and critic of society. Our perspectives can add much to public discourse and analysis.

Climate change presents a challenge to the practice of psychotherapy, and for NZAP. How to provide conferences?; flights?; face to face work?

Other priorities for NZAP's development

Psychotherapy is the natural alignment for psychedelic therapy.

NZAP's complaints process is not consistent nor moderated to a standard over time. The role should be handed over to PBANZ as it needs professionalism and a bureaucracy to manage it well.

NZAP needs a clear purpose post registration/PBANZ. Two key opportunities for this: creating nurturing, creative, expansive opportunities for psychotherapists to think, learn and feel both in the micro of clinical moments, but also in the macro of social justice issues. Secondly, an outreach dimension; offering learning environments externally.

Conference organisers need to be paid for their time.

"A biannual conference doesn't really build association!"

The NZAP website needs a short pithy summary of evidence of effectiveness, also video interviews on website stating what psychotherapy is¹⁶.

Some positions within NZAP need funding! "A fundraising role is the number one priority." Also getting a patron for NZAP.

We need to listen to students and younger members. Note that NZAC uses Facebook a lot.

Strong view that psychotherapy and counselling should be strategically aligned as a single body with advocacy power and opportunity. A council for psychosocial therapies.

Psychotherapy is very white, middle class and clinic-based. This needs to shift towards the public sector; towards recognition from central government.

NZAP needs a vision for psychotherapy in Aotearoa. We are around 500 members, mostly in private work. We need more psychotherapists, more in the public sector, more diversity of training programmes, more grounding in neuroscience, more brief therapy. An undue emphasis on long term dynamic therapy with 'worried well' white women. Psychotherapy needs to reach to Māori, Pasifika, people with disabilities, and men.

A critical issue – is it the New Zealand Association of Psychotherapists or Psychotherapy? A need to move beyond promoting association of members, to promotion of psychotherapy in Aotearoa. NZ Association of Psychotherapists and for the advancement of psychotherapy. As an association for psychotherapy, there is a natural role in ensuring and promoting the availability of academic training nationally. This would include liaison with the Tertiary Education Commission, promotion of distance learning.

NZAP needs to have a clear view on research priorities, developed in dialog with iwi, mana whenua, Waka Oranga and reflected in AUT/other academic bodies' research programmes.

Joining up with NZAC – a number of interviewees support this, for the purpose of greater influence and advocacy.

International alliances need promoting. For example, an Australasian Journal of Counselling and Psychotherapy as a top notch journal with a major publisher.

NZAP could offer a service of facilitating referrals – a rationale for membership especially of new students in support of the growth of their practice.

¹⁶ Note that the latter exists on the NZAP website.

Little or no data gathering. What is the capacity of psychotherapists to see more patients? It would be helpful to get a snapshot of practice capacity.

Is there a role for NZAP to hold an overview of the availability of psychotherapy, and promote access in under-served areas? For example, in Auckland there is no practice in south Auckland; no Māori/Pasifika practices. Might NZAP support such development as a part of its planning? Growing access for Māori must be a priority.

NZAP needs to actively support the development of psychotherapy in the public sector as a priority. Practitioners grounded in bicultural practice and working in Māori mental health teams, including models of group practice.

Appendix Two: Feedback from participants

Of the sixteen individuals interviewed for this review, eight provided feedback and some further feedback was offered by a psychiatrist working in public mental health services who is supportive of psychotherapy and integration into public mental health services.

Of the eight individuals that commented, there was much support expressed for the findings of the review. One stated that they “did not identify with the direction of the review report, but did not wish to be critical” and therefore didn’t comment further on the specific findings of the review.

Anonymised comments from feedback received are included below. The review author has selectively highlighted comments that are seen as enhancing the quality of the review report, and also giving a flavour of opinion on the recommended directions.

“The voluntary nature of all the work NZAP does is a glass-ceiling to development of the profession. Moving towards paid positions will be vital.”

“NZAP needs to become an Association for Psychotherapy and emphasise a much more outward orientation in response to the needs of our communities.”

“Mental health suffering is only going to increase on all fronts.” There is an urgent need to address the lack of diversity in the psychotherapy workforce.

“How many psychotherapists want to work in the DHB environment?”

The endorsement of psychiatrists for psychotherapy being integrated into mental health and addiction services is important.

The recommendation for gathering data is important.

The idea of associate membership has merit.

“The strengths articulated all ring true. We are passionate and deep thinkers and value a rich and sometimes challenging Te Tiriti based relationship with Māori/Waka Oranga.”

“It’s a thorough and thoughtful report. What strikes me most is that we need to make a radical change from a mostly volunteer-run organisation to one that has some serious funding and a couple or more paid staff who communicate what we are about, who can integrate us into the public sector, and help diversify both us as an organisation and the community we serve.”

“I like the New Zealand Association for Psychotherapy, very much!”

The report needs an analysis of the impact of PBANZ and registration, externally and publicly and internally within the profession. PBANZ is shaping the motivations, involvement and aspirations of therapists with its “non-relational, minimum-standard, tick box approach”.

The research recommendations could be acted upon by drawing from interested members as a starting point. The recommendations could be strengthened by emphasising the need for a kaupapa Māori focus.

The various recommendations of the report require a working group to progress them.

“I like the idea of Association for Psychotherapy, more outward looking and concerned for the vast unmet need.”

There is value in more experienced therapists working with newly practising ones. Groups, for treatment and learning are good and can be developed.

Discussion of the report among members in a developed and extended way would be good over time.