Consumer Survey

New Zealand Psychologists Board

30/07/2025

nicholson CONSULTING

Table of Contents

Table of Contents 2

Executive Summary 4

Introduction 7

Methodology 7

Approach for Analysis of Free Text 7

Analysis of survey questions 9

Question 1 – In what settings do you think there would be a role for an AP? 9

Highlights 9

Detailed Analysis 9

Question 2 – Which groups of clients/tāngata whaiora are most likely to benefit from working with APs? 12

Highlights 12

Detailed Analysis 12

Question 3 – APs could provide services in the following client settings: 15

Highlights 15

Detailed Analysis 15

Question 4 – Who would be best placed to provide supervision for APs? 17

Question 5 – What models of supervision might enable/facilitate the supervision to APs? 18

Question 6 – Could APs work in teams where there is no psychologist on site? 19

Question 7 – Please note any additional comments about the role of supervision in the provision of services by APs? 19

Highlights 19

Detailed Analysis 20

Question 8 – Cultural competency 24

Highlights 24

Detailed Analysis 25

Question 9 – Understanding of ethics and reflective practice 26

Highlights 27

Detailed Analysis 27

Question 10 – Communication and relational skills 29

Highlights 29

Detailed Analysis 29
Question 11 – Basic psychological knowledge 31
Highlights 31
Detailed Analysis 31
Question 12 – Culturally informed assessment support: 33
Highlights 33
Detailed Analysis 33
Question 13 – Plan/implement care plans (including Hauora Māori and Pacific models): 34
Question 14 – Components of assessment or therapy delegated by psychologists, such as: 35
Question 15 – Therapeutic case management/coordination: 36
Question 16 – Administration 37
Question 17 – Research and quality assurance 38
Question 18 – Preferred title 39
Highlights 39
Detailed Analysis 39
Question 19 – Please provide any comments regarding preferred title 40
Highlights 40
Detailed Analysis 40
Question 20 – Consultation: Is there any other feedback you would like to provide in response to the Guidance for Development of AP Workforce and Role Description? 44
Highlights 44
Detailed Analysis 44
Question 21 – Which community or workforce are you part of? 46
Question 22 – What sector do you represent? 47

Executive Summary

The New Zealand Psychologists Board (Te Poari Kaimātai Hinengaro o Aotearoa) has been assigned the responsibility of developing the Associate/Assistant Psychologist (AP) role. This includes developing the scope of practice for the proposed role, its title, core-competencies, and supervision requirements.

APs are expected to have completed at least four years of study – comprising a three-years undergraduate psychology degree and a new one-year postgraduate university qualification that integrates academic learning with practical training. The new role would have set competencies (including cultural) and operate under the supervision of registered psychologists within multidisciplinary teams.

To support the development of the AP workforce and role description, the Board sought feedback from consumers and other stakeholders on Health New Zealand | Te Whatu Ora. Feedback was gathered to guide the development of the AP role including scope of practice, competencies, title, and supervision structure in line with existing practices across Aotearoa New Zealand.

The purpose of this report is to summarise the feedback that the New Zealand Psychologists Board received to guide the development of the AP workforce and role description. The consumer survey was open from December 2024 to April 2025. This survey report analyses the 150 responses from the consumer survey.

While analysing the feedback, Nicholson Consulting found that:

- A total of 150 survey responses were received, including 74 free-text responses.
- Most respondents felt that *Primary Health Organisations* were the preferred settings for an AP role.
- Majority of respondents suggested that *Low to moderate intensity/complexity* group of clients/tāngata whaiora were most likely to benefit from working with APs.
- Running groups was the most common client settings where respondents thought APs could provide services.
- The vast majority of respondents believed that experienced registered psychologists were best suited to provide supervision for APs. Additionally, supervision hubs – where a psychologist is employed to supervise multiple APs individually – emerged as the most commonly preferred supervision model.
- An overwhelming majority of respondents believed that APs should only work in teams where there is a psychologist on site.
- An analysis of the free-text responses to the question on additional comments about the role of supervision revealed the following key themes:
    - Proposed training of APs was insufficient and that would put supervision burden on psychologists.

    - The use of term psychologist in the title for the proposed role was concerning.
    - The remuneration and support for supervision was inadequate.
    - Psychologists' FTEs should be expanded, and vacant Psychologist positions should be filled.
- The response rate by survey participants to the questions regarding cultural competency, competency in ethics and reflective practice, communication and relational skills, and competency in basic psychological knowledge varied from 29% to 39%. While most of those who responded agreed with the proposed competencies, some expressed concern that the one-year training duration was insufficient to develop these skills. Others emphasised the need for ongoing training and monitoring in these areas.
- *File reviews and gathering background information*, *psychometric assessments (administration and data input: not interpretation),* and *assist with triage and screening* were the top three preferred types of culturally informed assessment supports that APs could provide.
- There was not a significant difference in the preferences for the care plans that APs could undertake. The top four plans, in the order of their preferences by respondents, were:
    - Psychoeducation with tāngata whaiora and whānau
    - Distress tolerance skills
    - Sensory modulation
    - Anxiety management skills
- The top four components of assessments that respondents felt APs could perform, were:
    - Mindfulness
    - Reviewing/coding collateral information e.g., developmental data
    - Mood recording
    - Behavioural observations
- The top three therapeutic case management/coordination that respondents felt APs could do, were:
    - Supporting clients to address broader determinants of mental health e.g., employment, housing
    - Communication with other professionals and services (e.g., navigators, referrals)
    - Support and psychoeducation for whānau
- The top three administrative tasks that respondents felt APs could perform were:
    - Information filing and management
    - Prepare session materials and resources
    - Activity coding
- The most preferred research and quality assurance activity for APs was *literature reviews and research*. This was followed by *audit/service evaluation* activity.

- Most of the respondents disagreed with *Associate Psychologist* or *Assistant Psychologist* titles. The *Associate Psychologist* title received the least support. There was a strong opposition to the word 'psychologist' in the title.
- The analysis of the free-text responses to the question, "Is there any other feedback you would like to provide in response to the Guidance of Development of AP Workforce and Role Description", revealed the following themes:
    - Opposition to the Role
    - Concerns about Training, Competency and Scope
    - Objection to the Use of Term 'Psychologist'
- Nearly 69% of the survey participants answered the question, "Which community or workforce are you part of?". Majority of those who responded (41%) represented the *lived experience of mental health and/addictions*' group. This was closely followed by the group who selected *Other (please specify)* (38%) where half of the respondents were psychologists.
- Approximately 69% of those who completed the survey provided a response to the question, "What sector do you represent?". Most of those who responded were from *Consumer* sector (54%), and 40% of the ones who responded with *Other (please specify)* option were psychologists.

Introduction

Aotearoa New Zealand is currently experiencing a critical shortage of mental health professionals, including psychologists. This shortfall has led to prolonged wait times for individuals seeking support with mental health and addiction challenges. In response, Health New Zealand | Te Whatu Ora is increasing funding for psychologist training and has proposed a new workforce role—provisionally named Associate/Assistant Psychologist (AP)—to enhance access to psychological services for individuals with less complex needs.

The New Zealand Psychologists Board has been assigned the responsibility of developing this new AP role. This involves defining its scope of practice, official title, core competencies, and supervision requirements. Candidates for the AP role are expected to have completed a minimum of four years of tertiary education, including a three-year undergraduate psychology degree and a new one-year postgraduate university qualification that combines academic coursework with practical training. The new role would have set competencies (including cultural) and operate under the supervision of registered psychologists within multidisciplinary teams.

To guide the development of the AP workforce and role description, the Board invited feedback from consumers and other stakeholders on Health New Zealand | Te Whatu Ora. This input will be instrumental in shaping the development of the AP role including scope of practice, competencies, title, and supervision structure in line with existing practices across Aotearoa New Zealand. The consumer survey was conducted between December 2024 and April 2025. This report analyses the 150 responses from the consumer survey.

Methodology

Approach for Analysis of Free Text

The free text responses for each question were analysed using a combination of Natural Language Processing (NLP) and manual reading of responses. The NLP analysis allowed the identification of common keywords, which assisted the analysis team when they were reading the responses and attempting to identify themes.

Key points to note in the NLP analysis:

- Te reo Māori words were identified first to ensure that they were not modified by other steps in the process.
- No responses were entirely written in te reo Māori.
- Spell checking was trialed, however, so few words were misspelled that it was decided that spell checking wasn't necessary.
- Lemmatisation was used to reduce similar words to the same core word. For example, run, running, ran and runner would all be reduced to run.

- Small connecting words that have no meaning were removed (these are known as “stop words”)

Another key point is that AI was not used in the analysis at all. This is to ensure that the themes picked up are the words of the respondents and to avoid hallucinations (when a generative AI model produces incorrect or misleading information that is presented as factual - https://www.ibm.com/think/topics/ai-hallucinations).

Word clouds are provided where there is enough written feedback to make them stable.

Analysis of survey questions

Question 1 – In what settings do you think there would be a role for an AP?

Highlights

- *Primary Health Organisations* was the preferred setting for an AP role with 83 respondents favouring this
- The next preferred option by the respondents was *Other (please specify)* where most of the respondents outright rejected the proposal (majority) or provided another option (few)
- Community, NGO, education, whānau support, and strictly under psychologist supervision were the other settings some respondents preferred
- Strong Opposition to the AP Role as Proposed, Concerns about Insufficient Training and Qualifications, and Title and Role Confusion were the themes among those who did not prefer any of the provided settings to choose from.

Detailed Analysis

There were 150 responses to this survey question in total. This question allowed respondents to choose multiple options from the available ones or specify another setting. Primary Health Organisations was the preferred setting for the respondents with 83 respondents favouring this option (see Figure 1).

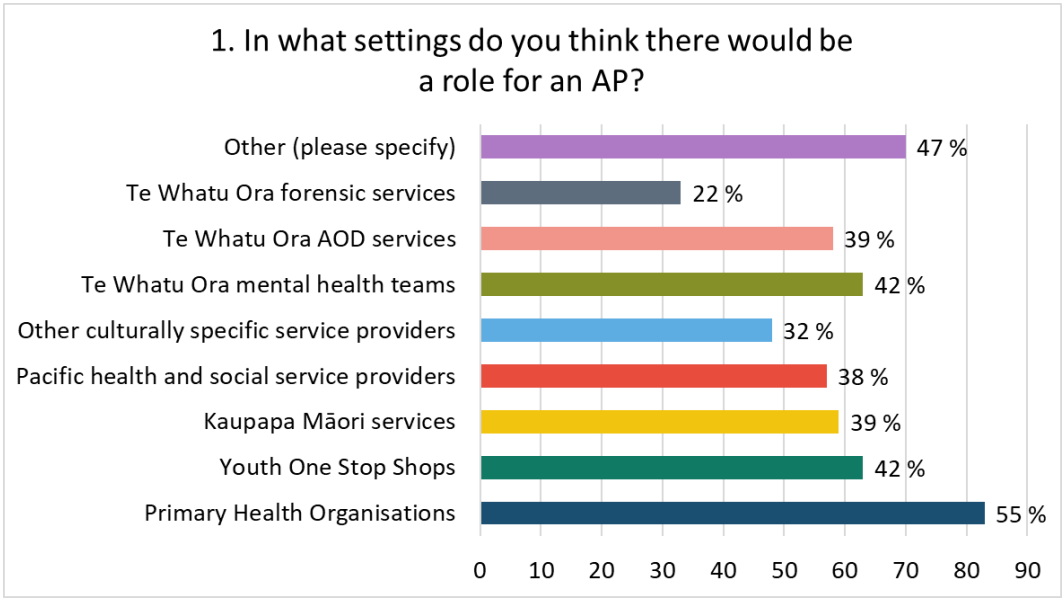

Figure 1: Number of respondents who felt there would be a role for AP in these settings.

There were 70 respondents who did not prefer any of the available options and either opposed the whole proposal or provided another option.

The Te Whatu Ora forensic services was the least preferred setting for an AP role by the respondents with only 33 votes.

Themes in the text responses

Theme 1 – Strong Opposition to the AP Role as Proposed

Summary

The strongest theme in free text responses is outright opposition to the Assistant Psychology (AP) role. Respondents also expressed moral and ethical concerns about client care being delivered by under-qualified staff.

Examples

- *"None of the above - I do not agree with the proposal"*
- *"Don't agree with the proposal of an AP profession at all."*
- *"None. This survey seems to be working from the assumption that the Assistant Psychologist concept is a good idea. I would be opposed to this in principle."*
- *"None of the above. This proposal is unsafe and is a breach of the HPCA Act."*
- *"Ideally none, I am against this proposal."*
- *"None - people need qualified professionals to work with them not a partially qualified person."*

Theme 2 – Concerns about Insufficient Training and Qualifications

Summary

This theme is responses where respondents believed that qualifications and training requirements set out for the new role are insufficient to deliver real-world mental health work. Respondents worried about APs handling complex or high-risk mental health needs.

Examples

- *"Certainly not appropriate for TWO mental health teams, where clients are presenting with complex and enduring MH issues - I do not believe their training would be adequate to support these clients."*
- *"None of those with the current training design - insufficient experience"*
- *"None unless there was a nationwide change in Clinical Psychology training and a solid structure for safety of those on the AP pathway towards Clinical training and safety for the public"*

- *"I am not sure that this role is going to be qualified enough to provide care in those settings and it's not clear exactly what they will be doing."*
- *"Not enough information about the role, standards and supervision requirements and oversight for this role to answer this question"*

Theme 3 – Title and Role Confusion

Summary

Some of the free text feedback talked about the title of the new role. The respondents, in general, showed concerns that the public will have confusion to distinguish between a psychologist and an AP. They felt that this will diminish the professional standing and clarity around what a psychologist is.

Examples

- *"My preference would be that 'Psychologist' is dropped from the AP title, and something like a mental health keyworker would be a more appropriate title"*
- *"The title is misleading to consumers, as 'Psychologist' should convey a level of training and expertise that is beyond what is provided for in the proposed position. The public is already confused about the title and expertise of a 'psychologist' and its understanding of the profession should not be further confused and diminished."*
- *"There is no role for this position under the 'psychologist' title or with the current training proposal."*
- *"None. This survey seems to be working from the assumption that the Assistant Psychologist concept is a good idea. I would be opposed to this in principle. Using the word 'Psychologist' in the title is problematic."*

Alternative Recommendations

A small number of responses cautiously supported APs role under strong supervision and with limited responsibilities (e.g., psychoeducation or admin tasks) in the following settings:

- Community or NGO settings
- Education or whānau support
- Where fully qualified psychologists are present

General Alternative Recommendations

- Increase psychology training places instead of creating new roles

- Strengthen existing workforce structures (e.g., support for current psychologists, supervision structures)
- Acknowledge lived experience as a potential competency area and develop appropriate training pathways if APs are implemented.
- Use alternative title for APs, if implemented, e.g., “Mental Health Keyworker”, or “Health Improvement Practitioner”

Question 2 – Which groups of clients/tāngata whaiora are most likely to benefit from working with APs?

Highlights

- *Low to moderate intensity/complexity* was the most preferred choice for the respondents with 53% of them choosing that
- The next most frequently stated choice was *Other* where respondents provided their free-text feedback
- A common theme in the free-text responses was a clear objection to all the proposed client groups/tāngata whaiora. Respondents either firmly rejected the overall proposal or expressed concerns about the available options, citing inadequate skills or training.

Detailed Analysis

The *Low to moderate intensity/complexity* group/tāngata whaiora was identified as the most appropriate for AP involvement by 53% of respondents (79 out of 150) as shown in Figure 2.

Approximately 46% of respondents (69 out of 150) selected “*Other* groups of clients/tāngata whaiora” as those who were most likely to benefit from working with APs. Some analysis of the free text responses revealed that many rejected all the listed categories. These responses often expressed concerns that the training duration and skill level of APs were inadequate to support any of the client groups effectively, and some respondents rejected the proposal altogether. Among those who suggested alternatives, a few noted that low-intensity group programs and psychoeducation, when provided under close supervision, could be appropriate settings for AP involvement.

The *Moderate to high intensity/complexity* group of clients/tāngata whaiora was the least supported, with only 13% of respondents indicating it as a suitable match for APs.

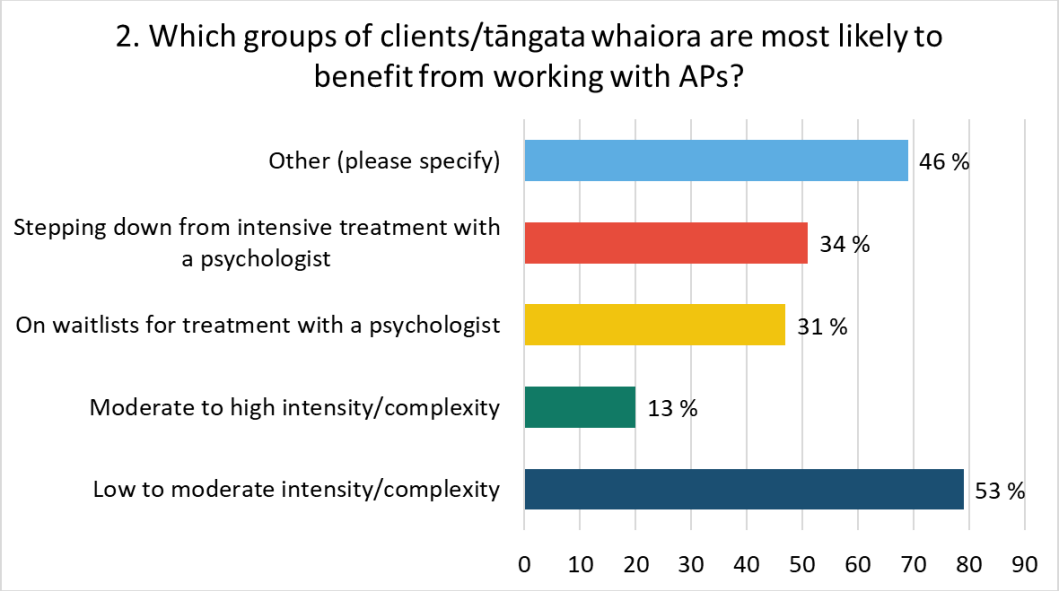

Figure 2: Number of respondents who felt these clients/tāngata whaiora groups are most likely to benefit from working with APs.

Themes in the text responses

Theme 1 – Low Intensity Group Programmes/Psychoeducation Under Supervision

Summary

Several respondents felt that the Low Intensity Group Programmes and Psychoeducation could be an area where clients would benefit from working with APs.

Examples

- *"I think they should only work under supervision of a psychologist as a trainee/apprentice - and therefore only with groups of clients that the supervising psychologist has determined will have less complex issues and that won't be harmed by their lack of knowledge and experience."*
- *"low only"*
- *"Carers and people wishing to know more about services or approaches that can be tried (eg. self-guided mindfulness programmes)"*
- *"Low intensity/facilitating groups."*
- *"ok for group programmes under supervision"*
- *"Basic psycho-education provision."*

Theme 2 – None Because of Insufficient Skills/Training

Summary

Many respondents believed that the proposed qualifications and training time was not sufficient and therefore no group of the clients/tāngata whaiora would be able to benefit from working with APs.

Examples

- *"Clients are at risk of harm under the current training proposal as it is insufficient to ensure they have the cultural, ethical and formulation skills required for any therapeutic work."*
- *"APs will barely have the capacity to even do a file review. A file review of a complex HCC client requires great and intense training to identify multiple factors. It is not reading a magazine. I doubt APs can even do a moderate intensity presentation unless hand held by seniors- which shall impede and impact their clinical work!"*
- *"I have concerns they would have adequate academic and clinical knowledge to work directly with anyone in an ethical and effective manner."*
- *"In my view, a single year of training post-undergraduate study would be very unlikely to qualify someone to work in any of the above ways."*

Theme 3 – Outright Rejection

Summary

Several respondents outrightly said that no group of clients/tāngata whaiora will benefit from working with APs or rejected the whole proposal.

Examples

- *"This proposed AP role is not appropriate for client face to face work."*
- *"None - I do not think it is a good idea to introduce the role."*
- *"AP's should not exist"*
- *"None; associate psychology role should not be developed as such."*
- *"I don't see that an AP can provide mental health services to any of these groups without considerable risk to the public and the psychology profession as a whole."*
- *"None of the above"*
- *"None"*

Question 3 – APs could provide services in the following client settings:

Highlights

- Most of the respondents (56%) preferred that APs could provide services in *Running groups*
- The next most preferred choice was *Working with individuals* with 46% of respondents selecting that
- The third most stated choice was either rejection of the role and the settings where APs could provide services or as support in low-risk settings and in psychoeducation groups.

Detailed Analysis

The *Running groups* category was identified as the most appropriate client setting by the respondents with 56% of respondents (84 out of 150) supporting that. This category was followed by *Working with individuals* with 46% of respondents (69 out of 150) supporting that (see Figure 3).

Approximately 42% of respondents (63 out of 150) selected *Other* client setting where APs could provide services.

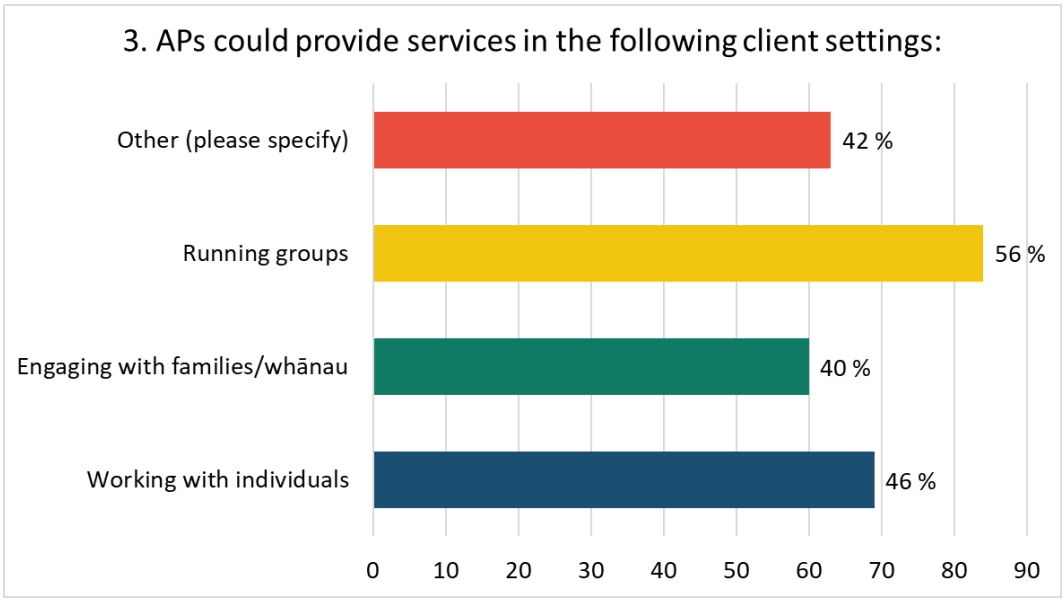

Figure 3: Number of respondents who believed APs could provide services in these client settings.

Themes in the text responses

Theme 1 – Rejection of Role and Settings where APs could Work

Summary

Majority of respondents who provided free-text feedback either outrightly rejected the scope or stated that they do not support that APs could work in any of the suggested settings.

Examples

- *"Clients are at risk of harm under the current training proposal as it is insufficient to ensure they have the cultural, ethical and formulation skills required for any therapeutic work."*
- *"This proposed AP role is not appropriate for client face to face work."*
- *"depends, the role does not exist"*
- *"I doubt APs can even do a moderate intensity presentation unless hand held by seniors- which shall impede and impact their clinical work!"*
- *"None - I do not think it is a good idea to introduce the role."*
- *"AP's should not exist"*
- *"None; associate psychology role should not be developed as such."*
- *"None - without extensive and appropriate training, these practitioners are not safe to work with the public"*
- *"Not appropriate for any clients"*

Theme 2 – As Support in Psychoeducation Groups and in Low-Risk Settings

Summary

Several respondents suggested that APs could provide support in psychoeducation groups, carry out initial triage, admin and support duties, etc.

Examples

- *"Educating whānau"*
- *"If they are with a qualified psychologist who can oversee what they are doing."*
- *"Again, only under strong supervision and with people that have been cleared by a psychologist as safe to be treated by an assistant with low levels of training/experience."*
- *"Outreach settings like Work and Income Service centres, drop-in centres, health and wellbeing hubs"*

- *"Supporting qualified clinicians in groups but not face to face work"*
- *"Low risk situations"*
- *"None of those - they could assist with groups but not run them"*
- *"At most admin and support roles"*
- *"I think they should only work under supervision of a psychologist as a trainee/apprentice - and therefore only with groups of clients that the supervising psychologist has determined will have less complex issues and that won't be harmed by their lack of knowledge and experience."*

Theme 3 – Cautious Support

Summary

There was small cautious support from some respondents for APs that they could provide services in one or few of the provided settings.

Examples

- *"Moderate to severe intensity/complexity may be included but experience and support to AP needs to be there, Maybe the potential for additional training so that this group of tāngata whaiora could receive necessary supports"*
- *"Any of the above but only under the instruction and supervision of a qualified psychologist.*
- *"All depending on practitioner and relationship that is built."*

Question 4 – Who would be best placed to provide supervision for APs?

Nearly 89% of respondents (134 out of 150) provided a response to this survey question. For those who responded, *Experienced registered psychologists* was the preferred choice to provide supervision for APs with overwhelming majority of 92% as shown in Figure 4.

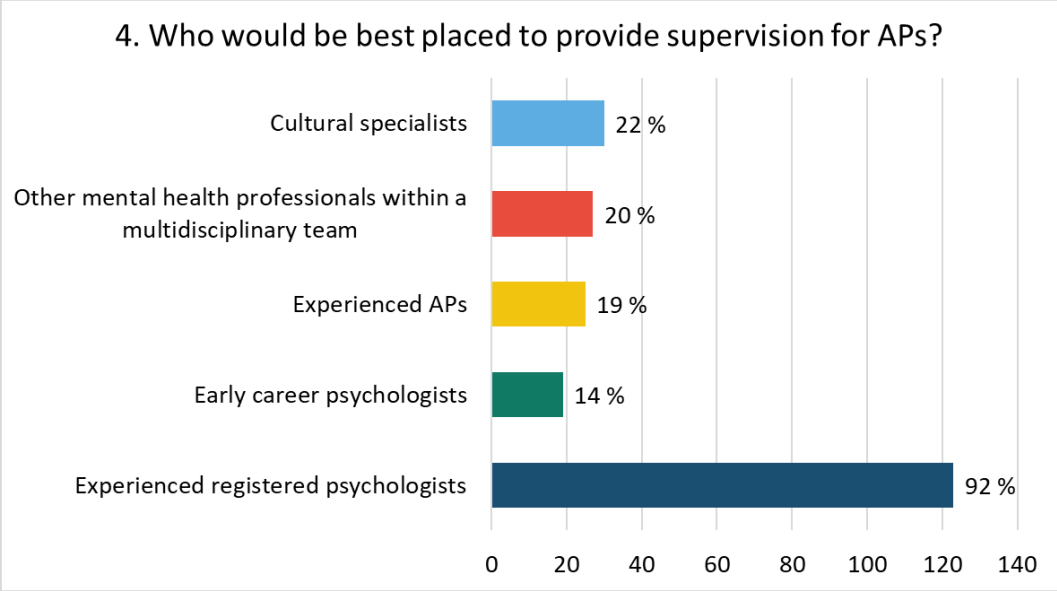

Figure 4: Number of respondents who felt these roles would be best placed to provide supervision for APs.

Question 5 – What models of supervision might enable/facilitate the supervision to APs?

Approximately 89% of respondents (134 out of 150) provided a response to this question. The preferred model of supervision that might enable/facilitate the supervision to APs was *Supervision hubs (psychologist employed to supervise several APs individually)*. About 87% of those who responded preferred this model (see Figure 5).

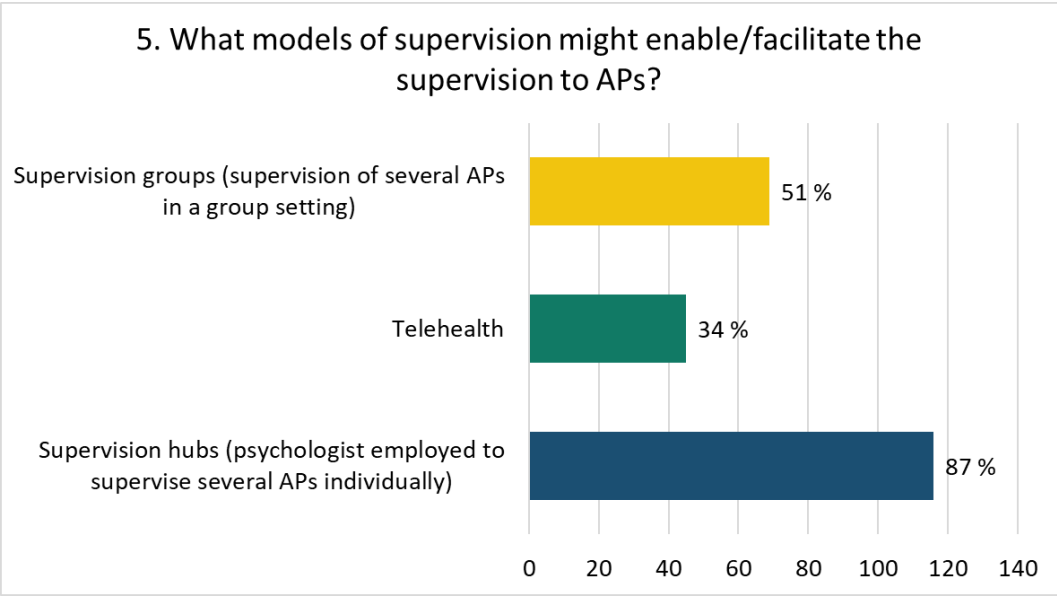

Figure 5: Models of supervision to enable/facilitate the supervision to APs as preferred by respondents.

Question 6 – Could APs work in teams where there is no psychologist on site?

Nearly 89% of the respondents (134 out of 150) responded to this question. An overwhelming majority of those who responded (75%), indicated that *No, APs should only work in teams where there is a psychologist on site* as shown in Figure 6.

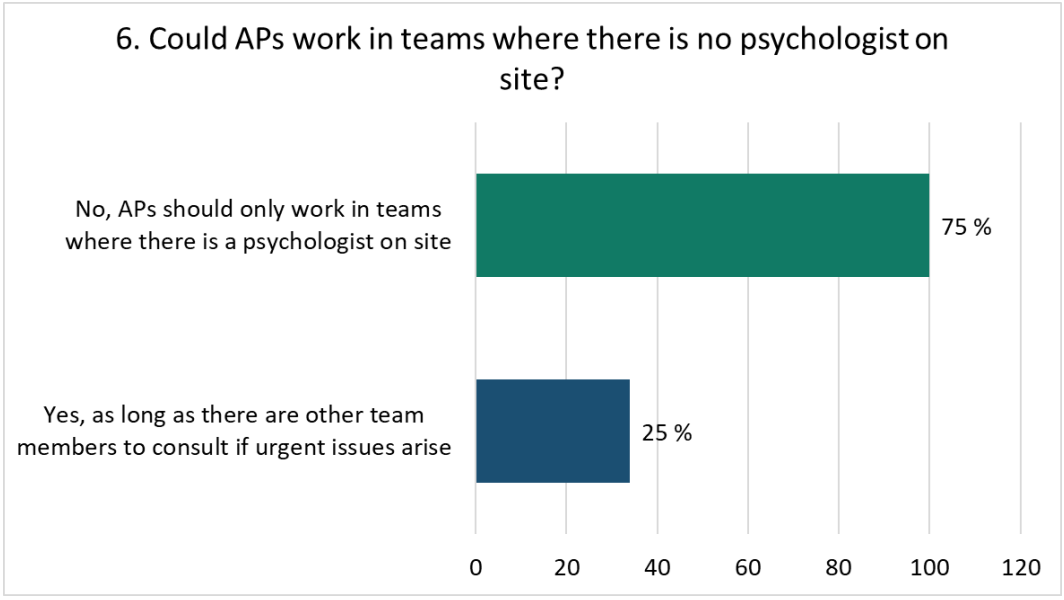

Figure 6: Number of respondents who felt that APs could work in teams where there is no psychologist on site.

Question 7 – Please note any additional comments about the role of supervision in the provision of services by APs?

Highlights

- Nearly half of those who completed the survey responded to this question
- Respondents thought that the proposed training of APs was insufficient and that would put supervision burden on psychologists
- Respondents were wary of the use of term psychologist in the title for the proposed role
- Respondents also expressed that the remuneration and support for supervision was inadequate
- There was emphasis from respondents on expanding psychologists' FTEs and ensuring vacant roles were filled

Detailed Analysis

About 49% of respondents (74 out of 150) responded to this question of the survey. Frequently mentioned terms in the free text responses are illustrated in Figure 7 below.

Figure 7: Word cloud of the free text responses providing additional comments about the role of supervision for APs.

We found the following themes within the free text responses:

Themes in the text responses

Theme 1 – Insufficient Training and Supervision Burden on Psychologists

Summary

Several respondents noted that the length of training and knowledge was inadequate for the new scope to serve vulnerable clients. Many of the respondents were worried that the burden of supervision on registered psychologists would increase with existing training schemes for clinical, counselling, and registered psychologists along with delivering services.

Examples

- *"If the training on the job as an Assistant initially and then an internship or trainee role was part of the role then an experienced registered psychologist could supervise but only if this is part of the training, as they are not going to be competent enough with only 1 yr PG."*
- *"Intern Clinical psychologists still require a lot of on job training with a lot more training/education under their belt that this proposal."*
- *"It is hard to see how this can be adequately covered in a one year course."*
- *"The burden on registered psychologists would be huge, not to mention that there is already a difference between clinical, counselling, and registered psychologists training and ability to deliver services, so the supervision would somehow need to be standardised."*

- *"As stated they are not safe with a psychology degree to work with any vulnerable client."*
- *"Supervisees already increase workload, risk, liability and stress for Registered Psychologists."*

Theme 2 – Concerns over the Title

Summary

Some respondents had a strong concern over the use of term psychologist in the title. They feared that this would create confusion in public over who is a qualified psychologist.

Examples

- *"The Psychologist Board should not be supporting this initiative as these people WILL NOT BE PSYCHOLOGISTS and it is misleading to the public to have the psychologist name given to what is literally going to be mental health support workers."*
- *"These people should not be using the psychologist title."*
- *"They should not be registered as a psychologist but possibly a psychology associate or something similar that indicates a lower level of training to avoid confusion"*
- *"It should be Psychology Assistant or Associate - the term psychologist creates a reliance by the general public to be protected by practicing psychologist"*
- *"They threaten the integrity of the name 'psychologist' and if they were at least supervised by experienced psychologist this damage may be lessened - but not avoided."*
- *"Including the term 'Psychologist' in the role is misleading and runs the risk of damaging the credibility of clinical psychologists by association."*

Theme 3 – Adequate Remuneration and Support for Supervision

Summary

Some psychologists indicated that they should be paid fair remuneration for their services and they should be appropriately paid and supported for supervision.

Examples

- *The public sector needs to pay psychologists what they are worth, first and foremost.*
- *Psychologists providing supervision would need to be recognized for their efforts and paid according*

- *You need to invest properly in supporting fully qualified Psychologists to work with your service.*

Theme 4 – Increase Psychologists FTE and Fill Vacant Positions

Summary

Many of the respondents expressed that instead of establishing a new role the existing vacant positions should be filled and psychology FTE in the public sector should be increased.

Examples

- *"A number of Clinical Psychology graduates this year are unable to secure permanent employment due to Te Whatu Ora NOT advertising any of their vacant positions."*
- *"It would be preferable for Te Whatu Ora to actually recruit into vacant positions for psychologists, increase funded positions for Psychology Internships and psychologists."*
- *"IF YOU WANT TO SHORTEN WAITLISTS INCREASE PSYCHOLOGY FTE IN TWO don't water down the profession of psychology."*
- *"It is a money saving exercise in that organisations will no longer need to hire psychologists."*

Theme 5 – Objection to the Survey Design and Outright Rejection to the Proposal

Summary

Many respondents either outrightly rejected the proposal or indicated that the survey was loaded and they were not given a choice to express their different opinion.

Examples

- *"I object to the way this survey is worded as all the questions are worded as if respondents agree with the proposal."*
- *"I have been forced by the survey to answer questions 4 - 6 as there is no option for comment or disagreement."*
- *"A flawed survey."*
- *"My answers above do not endorse the role, they are forced answers"*
- *"I think it's a very risky proposal."*
- *"This scope is unethical and confusing for the public."*

- *"I only ticked boxes because the form required me to do so."*
- *"This survey is incredibly unethical and misleading, it's asking questions without the option for a different/other response."*
- *"The position should not exist as proposed- and therefore no level of supervision will be adequate."*

Theme 6 – Preference to Supervise Intern Psychologists over APs

Summary

Many psychologists expressed their preference to supervise Intern Psychologists or Students over APs and noted that the later groups would require less intensive supervision.

Examples

- *"I would prefer to supervise students or intern psychologists rather than AP."*
- *"AP have had less training than a student psychologist and would require a more intensive supervision programme."*
- *"I think this is a fraught issue and it should not be the responsibility of psychologists to train AP's via supervision, hold the ethical issues and/or or to have to hold the stress/risk of supervising under qualified AP's."*
- *"APs will NOT be able to work safely independently, would require an enormous amount of support and supervision due to such poor and highly limited training (which will also detract time form current psychologists and increase wait times further) and will require extensive support in all manners."*

Theme 7 – Suggestion of Daily Supervision and Limiting Scope

Summary

Many respondents noted that the new role should be closely supervised on daily basis and that the role should have clear limitations imposed to work with only low risk clients.

Examples

- *"Then given that it is a trainee role, APs should only exist in the context of clear supervision by an experienced psychologist who can ensure that they are only working with people who have low risk of harm due to the AP's lack of experience, and who can fix up any problems that might arise from that lack of experience."*
- *"APs would need other Psychologists"*

- *"If, and only, if, the AP role exists, they will need structured daily supervision, more than those trainees who are in a Clinical Psychology programme"*
- *"There needs to be very tight and specific guidelines about what the AP's are able to do and they should be under close supervision to protect the public."*

Theme 8 – Concerns over the Quality of Mental Health Services

Summary

Several psychologists expressed their concerns that the quality of mental health in New Zealand would deteriorate if the AP model implemented.

Examples

- *"I have concerns about the quality of mental health services with the introduction of the AP model."*
- *"unless the AP job description is EXPLICITLY clear - which it barely is ever, it can add to be much horror for the wider mental health system."*
- *"Inadequate training will lead to poor, even adverse, outcomes."*
- *"If I had been placed to work in Te Whatu Ora with 1 year of clinical practise after competing my BSc at 21, I would have harmed people with my lack of knowledge."*
- *"It's exploiting those who could have otherwise become fully trained and cheapening/making the psychology workforce less competent"*
- *"This role can only cause detriment to the very people who need psychological support!"*

Question 8 – Cultural competency

a) *Mātauranga Māori models of health*
b) *Pacific models of health*
c) *Te Tiriti o Waitangi understanding and application*

Highlights

- 39% of respondents who completed this survey responded to this question
- About a quarter of those agreed with the competencies
- Respondents noted that the one-year training was not enough time for learning the cultural models to practice safely
- Respondents expressed that there was no mention of the minority cultures in cultural competencies.

Detailed Analysis

The response to this question is lower compared to the earlier ones. Almost 39% of psychologists (59 out of 150) who filled this survey responded to this question. An analysis of the free text responses surfaced the following distinct themes:

Themes in the text responses

Theme 1 – Agreed with competencies

Summary

About a quarter of respondents who provided a response to this question agreed with the stated cultural competencies without any further comments.

Examples

- *"covered"*
- *"yes"*
- *"all of these"*

Theme 2 – Stress on training time on the cultural models

Summary

Multiple responses had a common theme of one year being not enough training time for learning the cultural models to practice safely.

Examples

- *"There needs to be knowledge and understanding of these models and how they apply to other cultures as well"*
- *"Given the demands on one training program to meet all of these competencies, it seems utterly unrealistic to assuredly achieve these outcomes within a 1 year post graduate program."*
- *"1 year is insufficient time to learn these models and practice safely."*
- *"Insufficient training for culturally safe clinical work"*

Theme 3 – Emphasis on other cultures

Summary

A common theme between several responses was around no mention of minority cultures present in New Zealand, e.g., Asian, Indian, etc.

Examples

- *"Should also take into account models of health appropriate to different cultures outside of dominant NZ cultures (Maori and Pacifica - for example New Zealand has large Asian populations (Korean, Chinese, Indian etc.), these cultures should also be taken into account."*
- *"include other cultures from ethnic minorities"*
- *"Cultural responsiveness to people of all ethnic communities"*
- *"There are other cultures present to a high degree in NZ and this minimizes their needs - especially immigrants who are isolated"*

Theme 4 – Rejection of the Proposal

Summary

Some respondents outrightly rejected the proposal.

Examples

- *"I do not agree with the proposal"*
- *"The role should not be established"*
- *"I do not support the AP concept"*

Question 9 – Understanding of ethics and reflective practice

a) Code of Ethics (NZPB) and other relevant guidelines
b) Relevant legislation and obligations including, but not limited to
    i. Code of Health and Disability Services Consumers' Rights
    ii. Code of Expectations for health entities' engagement with consumers and whānau
    iii. Mental Health (Compulsory Assessment and Treatment) Act
    iv. Substance Addiction (Compulsory Assessment and Treatment) Act
c) Human rights underpinning mental health service provision

d) *Professional boundaries*
e) *Consent, privacy and information safety*
f) *Responsibilities to work within scope*
g) *Commitment to Continuing Competence Programme*

Highlights

- 30% of respondents who completed this survey responded to this question
- About a third of those respondents agreed with the code of Ethics and Reflective Practice
- Respondents noted that the one-year training was not enough time for learning the application of code of Ethics and Reflective Practice
- Respondents expressed the need for continued training and monitoring of the code of Ethics and Reflective Practice.
- Some respondents outrightly rejected the proposal

Detailed Analysis

30% of the respondents of this survey provided a response to this question.

Themes in the text responses

Theme 1 – Continued Training and Monitoring of the Ethics and Reflective Practice

Summary

Multiple responses had a common theme where responses agreed with the Code of Ethics and Reflective Practice but stressed that there should be continued training and monitoring.

Examples

- *"Same again, assessment and monitoring of the application of the above"*
- *"Intense training and evaluation rounds need to occur to see they are fit for the role before they graduate."*
- *"how will this be achieved and measured within a one year programme."*
- *"There needs to be a knowledge of all these with the knowledge that there is no one textbook correct approach. Especially working within scope - this should be assessed with continuing competence programme and experience."*
- *"Supervision needs to guide the AP's understanding of these issues, as their understanding will be refined over time, and needs to be checked as they navigate actual client cases."*

Theme 2 – Agreement with the Ethics and Reflective Practice

Summary

About one third of the respondents who responded to this question agreed with the provided Ethics and Reflective Practice.

Examples

- *"Yes agree"*
- *"yes"*
- *"Ok"*
- *"I think that is good"*

Theme 3 – Training Time of Code of Ethics and Reflective Practice not Enough

Summary

Several respondents disagreed with one-year long training time after post graduate diploma to practice the Code of Ethics and Reflective Practice. They expressed their feelings that this duration is not enough to give APs enough experience to deal with the clients confidently.

Examples

- *"How do you propose training these individuals up in a years training and then measuring their knowledge base?"*
- *"Again, developing this level of competence in 4 years is an unrealistic expectation to place on new graduate students."*
- *"And undergraduate degree in psychology does not prepare people for this work."*
- *"Inappropriate for APs to uphold this code of ethics and be given psychologist registration if they're only expected to do such limited training."*
- *"There is no way a single year of training will adequately cover all this."*

Theme 4 – Rejection of the Proposal

Summary

Many respondents outrightly rejected the proposal of the new role.

Examples

- *"I do not agree with the proposal"*

- *"Why can't this role be under counselling, or social work, at least they have the underlying skills already."*
- *"That said, AP role is a huge disservice to the trained psychologists out there in NZ!"*
- *"The assistant psychologist role should not be established."*
- *"The role conflicts with our Code of Ethics - Social Justice and Responsibility to Society."*

Question 10 – Communication and relational skills

a. *Whakawhānaungatanga*
b. *Application of interpersonal therapeutic skills e.g. reflective listening, rapport building*
c. *Understanding Lived Experience perspectives*
d. *Being able to work with whānau and Tamariki*
e. *Being able to work within teams and wider systems*

Highlights

- 29% of respondents who completed this survey responded to this question
- A quarter of those who responded agreed with the communication and relational skills
- Some additional Communication and Relational Skills are proposed
- Some respondents felt that the training time for developing and evaluating the proposed Communication and Relational Skills was not sufficient

Detailed Analysis

29% of respondents (44 out of 150) who completed the survey responded to this question. About a quarter of those who responded to this question agreed with the proposed Communication and Relational Skills. A small group of respondents outrightly rejected the proposal. Some common themes from the remaining responses are listed below:

Themes in the text responses

Theme 1 – Agreement with Communication and Relational Skills

Summary

About a quarter of those who responded to this question agreed with the proposed Communication and Relational Skills.

Examples

- *"Yes agree"*
- *"yes"*
- *"Ok"*
- *"All"*

Theme 2 –Additional Skills

Summary

Some respondents agreed with the proposed Communication and Relational Skills but added more skills that they believe are important for the mental health service providers.

Examples

- *"Not all lived experience is the same, not all Māori are the same, not all Pākeha consider themselves guests, so ensuring that they can be flexible to the person in front of them is important."*
- *"Understanding other professionals roles and scopes which is important to know who and what profession to refer onto or include in the MDT."*
- *"Working with children and adults are not the same and require an extensive extra level of training."*
- *"Covering boundaries and privacy within these relational skills will be important"*
- *"The ability to write professional documents to represent the client's situation in their health records and to use professional writing to advocate or correspond with the client's care team, including GP, further services and client themselves."*

Theme 3 – Inadequate Training Time to Learn Skills

Summary

Several respondents noted that the training time of one-year is insufficient to learn the proposed Communication and Relational Skills.

Examples

- *"There is no way a single year of training will adequately cover this."*
- *"how will this be achieved and measured within a one year programme."*
- *"One year is insufficient experience to develop all of these skills."*
- *"This is too optimistic for 1 year of training."*

- *"This is a farsicle attempt to get me to endorse an insufficient and unsafe degree of training and qualification for what should be a trusted profession."*

Question 11 – Basic psychological knowledge

a. Human behaviour and development across the lifespan
b. Social determinants of mental health and wellbeing
c. Theoretical psychological framework
d. Recovery model
e. Trauma informed perspective
f. Supporting diversity
g. Common mental health and addiction conditions
h. Responding to distress

Highlights

- Nearly 39% of those who completed the survey provided a response to this question
- Approximately 15% of those who responded agreed with the proposed Basic Psychological Knowledge
- Some respondents agreed with the proposed Basic Psychological Knowledge and suggested additional psychological skill
- Some respondents were concerned that the proposed training duration and qualifications for APs were inadequate for developing Basic Psychological Knowledge

Detailed Analysis

About 39% of those who completed this survey (59 out of 150) responded to this question.

Themes in the text responses

Theme 1 – Agreement with the proposed Basic Psychological Knowledge

Summary

About 15% of respondents fully agreed with the proposed Basic Psychological Knowledge. They did not provide any further comments.

Examples

- *"good"*
- *"I think that is good"*

- *"All above important"*
- *"All"*
- *"Yes"*

Theme 2 – Agreed and Provided Additional Psychological Skills

Summary

Some respondents agreed with the proposed Basic Psychological Knowledge and proposed additional skills, e.g., knowledge of mental health services that exist in community settings, knowledge of collaborative practice, risk assessment and safety planning, psychometrics, etc.

Examples

- *"Also a knowledge of services that exist in the community - I could imagine this role overlapping with those of health navigators and community support workers to a degree."*
- *"Collaborative Practice"*
- *"Risk assessment and safety planning"*
- *"Psychometrics"*
- *"understanding the de-colonisation of mental health perspective- from a Māori, pacifica, asian mental health cultural lens. They should be assessed in a verbal viva by external examiners on made up cases or mock clinical case presentations and how they will go ahead with the case."*

Theme 3 – Inadequate Training Time and Qualification

Summary

Most respondents felt that the training time and qualification was not sufficient to gain the proposed psychologist skills in the context of application.

Examples

- *"I am at a loss on how you think someone with an undergraduate degree, with no consistent academic content across the country, would learn all these areas on a short training course."*
- *"Similarly to the above, achieving this level of standard is unrealistic for a post graduate diploma program."*
- *"There is no way a single year of training will adequately cover all this."*

- *"Again, the qualification is insufficient to provide this breadth of knowledge."*
- *"No way can this be covered for the proposed role"*

Question 12 – Culturally informed assessment support:

Highlights

- Nearly 79% of those who completed the survey responded to this question
- *File reviews and gathering background information* was the preferred type of culturally informed assessment support that APs could provide with 62% of respondents supporting this
- *Psychometric assessments (administration and data input: not interpretation)* was the second most preferred culturally informed assessment support option, receiving votes from 56% of respondents
- The third preferred form of culturally informed assessment support was *Assist with triage and screening*, selected by 50% of respondents

Detailed Analysis

About 79% of those who completed this survey (118 out of 150) provided a response to this question. *File reviews and gathering background information* was the most popular choice with almost 62% of respondents (73 out of 118) favouring that (See Figure 8 below). The next popular choice was *Psychometric assessments (administration and data input: not interpretation)* at 56% (66 out of 118). This was followed by:

- *Assist with triage and screening* at 50% (59 out of 118)
- *Semi-structured history taking interviews* at 46% (53 out of 118)
- *Cultural assessment (if competent)* at 38% (45 out of 118)
- *Other (please specify)* at 36% (42 out of 118)

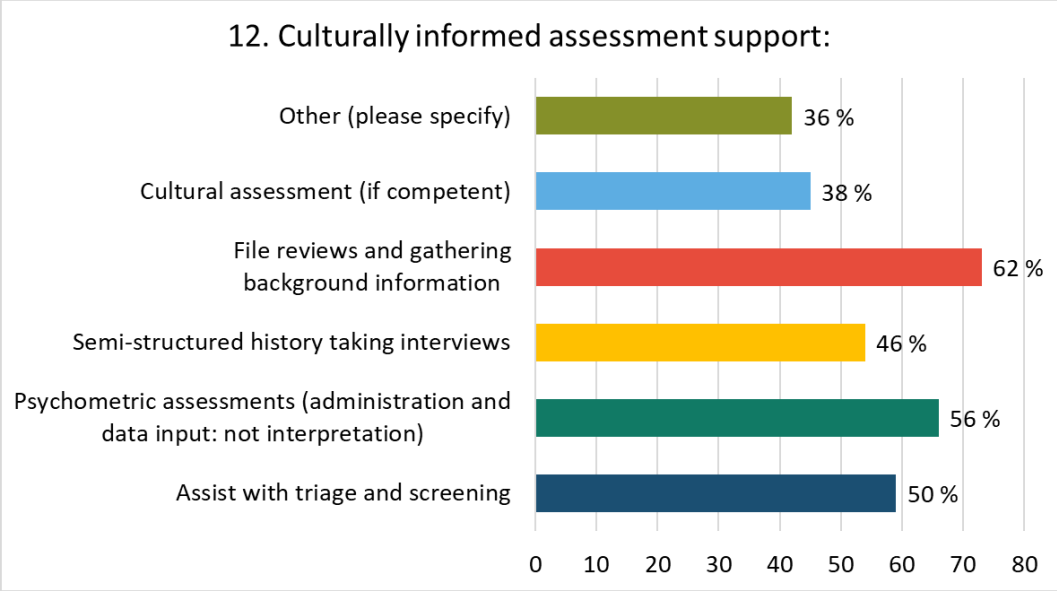

Figure 8: Number of respondents indicating culturally informed assessment support types that APs could provide.

About 50% of those who chose *Other (please specify)* noted either that none of the mentioned Culturally Informed Assessment Support should be carried out by the new role or completely disagreed with the proposal without giving much explanation. The remaining 50% either expressed their worry about the length of training or provided some feedback on what APs can safely do.

Question 13 – Plan/implement care plans (including Hauora Māori and Pacific models):

Approximately 79% of respondents (118 out of 150) who completed the survey responded to this question. Note that respondents could choose multiple options in this question. There was not a significant difference in the preferences for the care plans. The plans, in the order of their preferences by respondents, were (see Figure 9 below):

1. *Psychoeducation with tāngata whaiora and whānau* – 55% preference
2. *Distress tolerance skills* – 52% preference
3. *Sensory modulation*, and *Anxiety management skills* – 48% preference each
4. *Other (please specify)* – 42% preference.

   Nearly 49% of these respondents did not agree with the proposal and another 16% did not agree that APs could plan/implement care plans because they felt that training was inadequate.

5. *Protocol driven cognitive behavioural therapy* – 40% preference
6. *Focused acceptance and commitment therapy (FACT)* – 38% preference

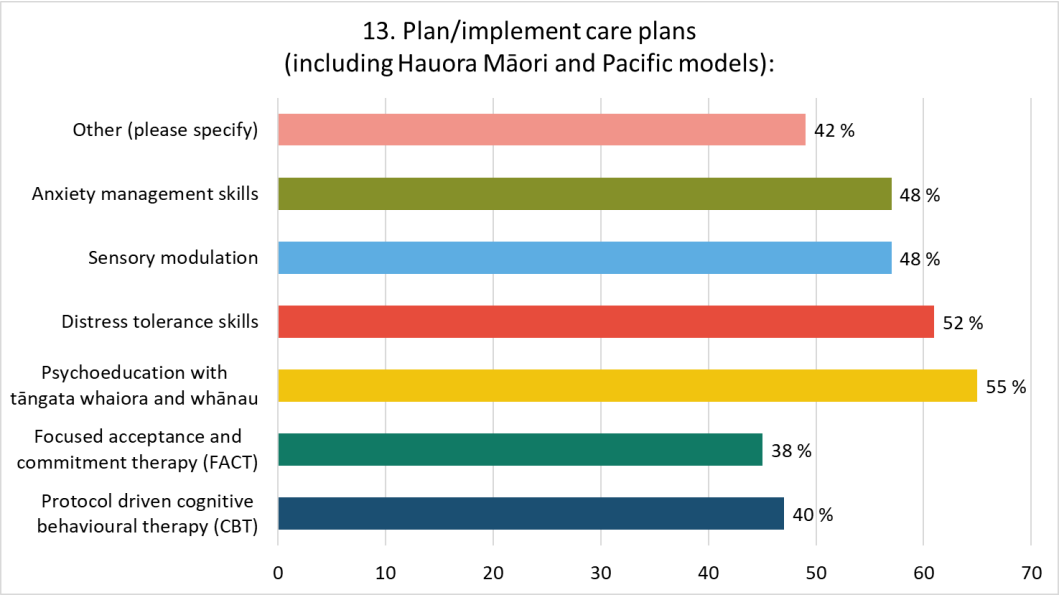

Figure 9: Number of respondents indicating the care plans (including Hauora Māori and Pacific models) that AP should plan/implement.

Question 14 – Components of assessment or therapy delegated by psychologists, such as:

Of the 150 people who completed the survey, 79% (118 respondents) answered this question. Respondents were allowed to select more than one option. The most commonly identified component of assessment or therapy that could be delegated by psychologists to APs was *Mindfulness*, selected by 60% of those who responded. The components, ranked by preference, were (see Figure 10 below):

1. *Mindfulness* – chosen by 60% of respondents
2. *Reviewing/coding collateral information, e.g., developmental data* – 52%
3. *Mood recording*, and *Behavioural observations* – 49% each
4. *Other (please specify)* – 33%

   About 59% of these free-text responses did not agree with the proposal and another 15% saw training being insufficient to delegate any of these tasks to APs.

5. *In vivo exposure* – 30%

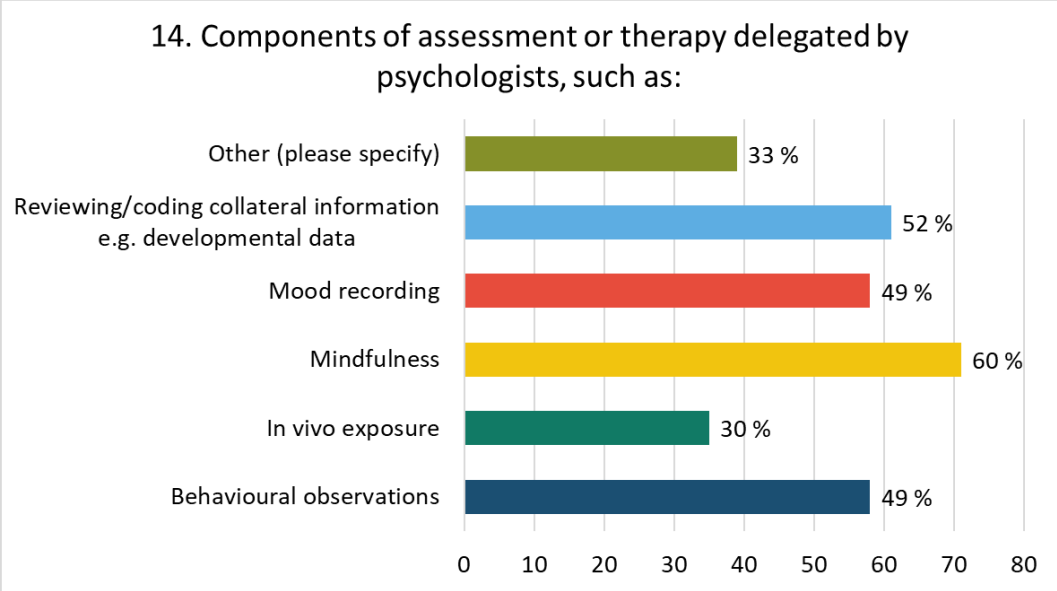

Figure 10: Number of respondents indicating components of assessment or therapy delegated by psychologists that APs could perform.

Question 15 – Therapeutic case management/coordination:

Nearly 79% of the respondents (118 out of 150) who filled the survey, responded to this question. Again in this question, respondents were allowed to select multiple options. Some of the Therapeutic case management/coordination options were preferred over the others but there was not a significant difference in the preference of some. Therapeutic case management/coordination options, ranked by their preferences, were (see Figure 11 below):

1. *Supporting clients to address broader determinants of mental health, e.g., employment, housing* – chosen by 61% of respondents
2. *Communication with other professionals and services (e.g., Navigators, referrals)* – 58%
3. *Support and psychoeducation for whānau* – 54%
4. *Monitoring/evaluating and communicating progress*, and *Develop skills for self-management* – 42% each
5. *Develop/implement wellness plans* – 39%
6. *Support in preparation for starting or transitioning down from intensive therapy* – 37%
7. *Other (please specify)* – 35%

   Majority of the free-text responses from those who chose *Other (please specify)* have a theme of disagreement with the overall proposal.

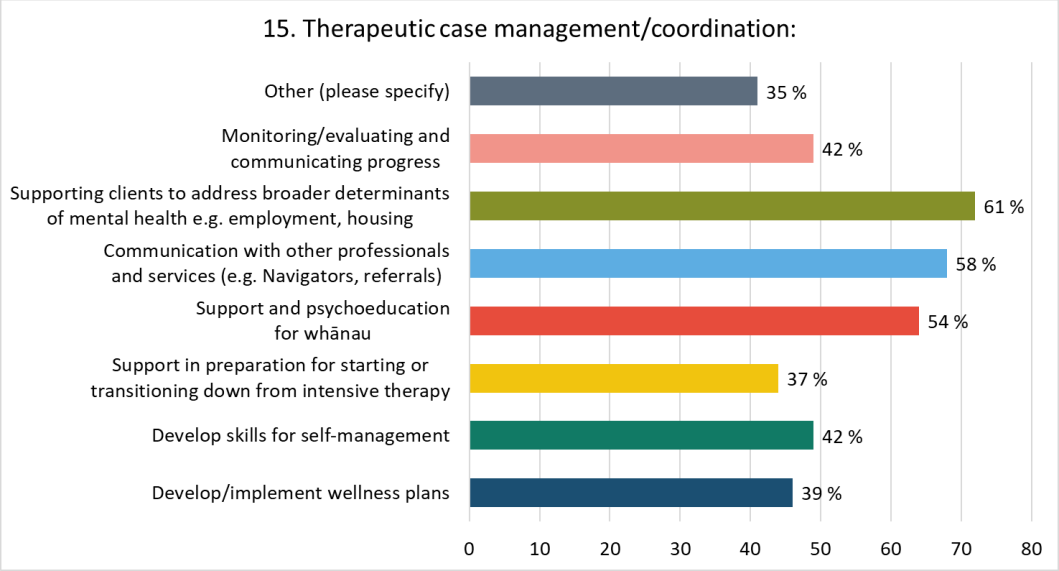

Figure 11: Number of respondents indicating therapeutic case management/coordination types that APs could perform.

Question 16 – Administration

Of 150 people who completed the survey, 79% (118 respondents) provided a response to this question. Respondents could select multiple responses in this question. The administration tasks ranked by the preference of the respondents were (see Figure 12 below):

1. *Information filing and management* – chosen by 75% of respondents
2. *Prepare session materials and resources* – 61%
3. *Activity coding* – 50%
4. *Letters/summaries (checked and signed by clinical line management or supervisor)* – 48%
5. *Other (please specify)* – 27%

   Majority of those who selected *Other (please specify)* option, disagreed with the proposal or said none of the given administration task could be undertaken by APs.

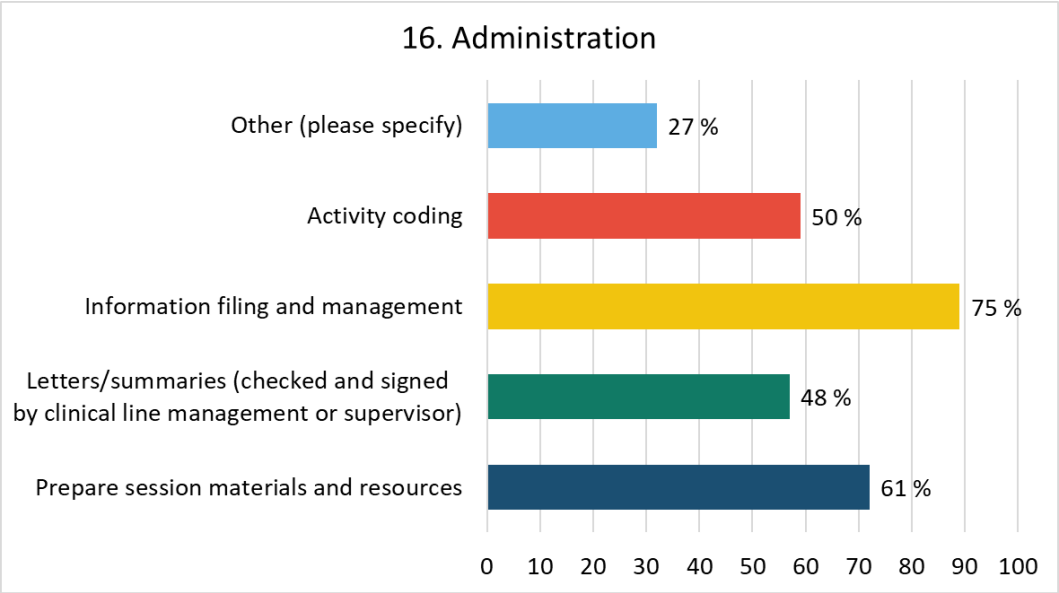

Figure 12: Number of respondents indicating the types of administration tasks that APs could perform.

Question 17 – Research and quality assurance

Nearly 79% of respondents who completed this survey (118 out of 150 respondents) answered this question, which allowed for multiple selections. The most commonly preferred research and quality assurance activity for APs was *Literature reviews and research,* selected by 65% of those who responded. This was followed by *Audit/service evaluation,* chosen by 51% of respondents. Additionally, 33% selected the *Other (please specify)* option (see Figure 13 below). Analysis of the free-text responses under this category indicated that most of these respondents expressed disagreement with the overall proposal.

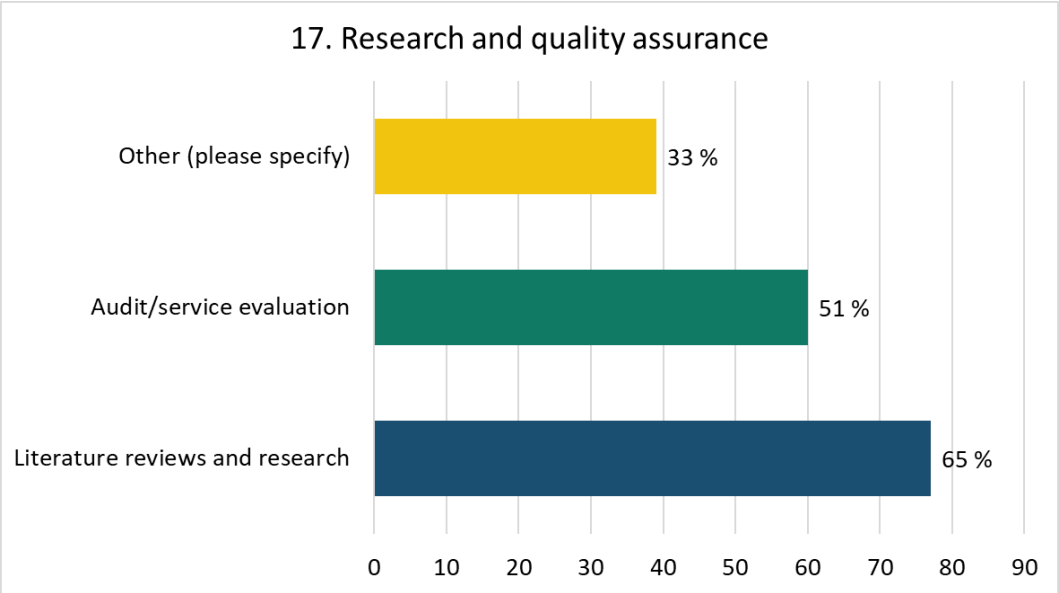

Figure 13: Number of respondents indicating research and quality assurance tasks that APs could perform.

Question 18 – Preferred title

Highlights

- Most of the respondents (57%) did not approve of either *Associate Psychologist* or *Assistant Psychologist* title.
- The majority of those who did not approve of either title provided, did not like the *Psychologist* term in the title (45% of those who disagreed with either of the titles)
- The *Assistant Psychologist* was more popular with respondents (28%) than *Associate Psychologist* title (16%)

Detailed Analysis

Nearly 77% of survey participants (115 out of 150) provided a response to this question. The most frequently selected option was *Other (please specify),* chosen by 57% of those who answered (65 out of 115), with responses provided in free text. This suggests that neither of the proposed titles – *Assistant Psychologist*, and *Associate Psychologist* gained broad support.

Analysis of the free-text responses revealed that 45% of those selecting Other objected to the inclusion of the word *Psychologist* in the title, while an additional 14% opposed the overall proposal to introduce the AP role. Some respondents suggested alternative titles for the AP role. These are listed below in Table 1 in order of how often they were mentioned.

Table 1: Preferred titles, ranked by how often they were mentioned.

Titles	Frequency
Mental Health Support Worker, Psychology Assistant	5 times each
Mental Health Assistant, Psychology Associate	4
Mental Health Clinician	3
Mental Health Aide, Mental Health Worker, Wellbeing Assistant	2
Awhi Psychologist, Assistant Psychological Service's, Assistant Psychologist, Assistant to Psychologist, Associate Consultant, Associate Psychologist, Clinical Keyworker, Health Improvement Practitioner, Kaitohutohu Hinengaro, Mental Health Administrative Assistant, Mental Health Associate, Mental Health Care Assistant, Mental Health Case Worker, Mental Health Counsellor, Mental	1

Health Improvement Practitioner, Mental Health Wellbeing Assistant, Partly Qualified Psychologist, Psychological Wellbeing Practitioner, Psychology Support Worker, Support Worker, Therapy Assistant, Trainee Consultant	

The second most commonly selected response was Assistant Psychologist, chosen by 28% of respondents to this question. In comparison, *Associate Psychologist* was selected by only 16% (18 out of 115) as shown in Figure 14 below.

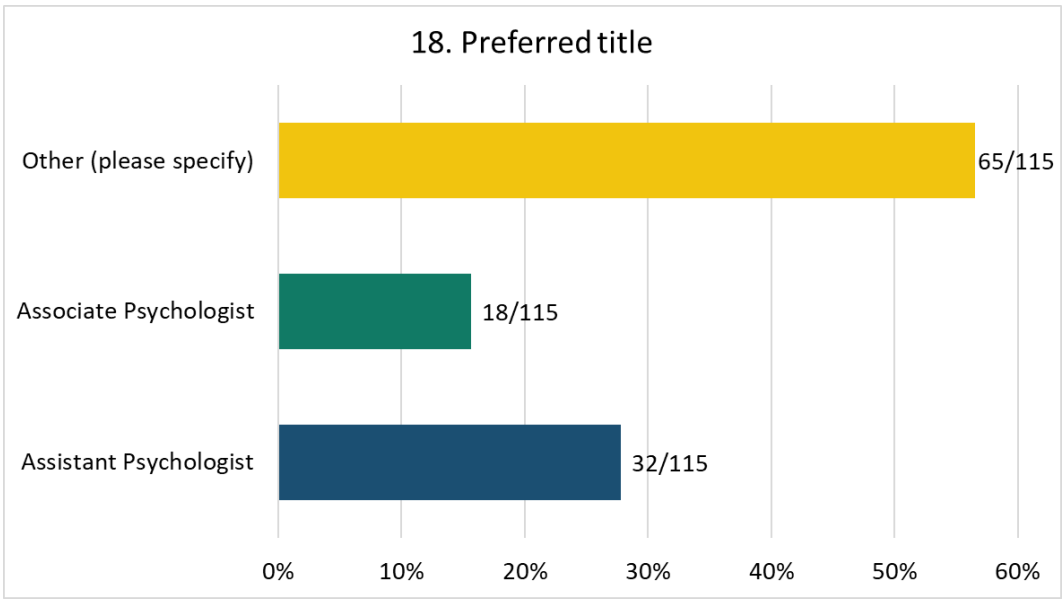

Figure 14: Number of respondents indicating preferred title for APs.

Question 19 – Please provide any comments regarding preferred title

Highlights

- Many respondents objected to the use of the term 'psychologist', while others opposed the inclusion of the word 'associate' in the title
- There was some support for incorporating the term 'assistant' into the title

Detailed Analysis

About 45% of those who completed the survey (67 out of 150) responded to this question. Frequently mentioned terms in the free text responses are illustrated in Figure 15 below.

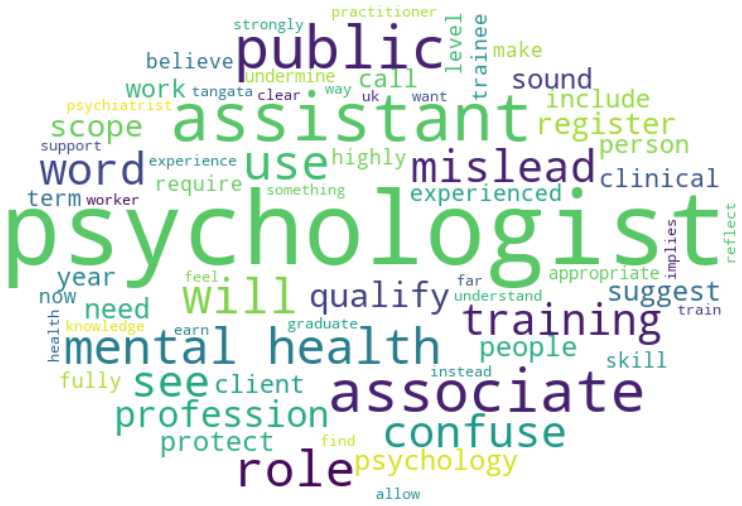

Figure 15: Word cloud of the free text responses indicating additional comments regarding preferred title.

Most respondents opposed the term *Psychologist* in the title. There was also strong opposition to the use of the term *Associate* in the title. Some respondents liked the title *Assistant Psychologist* and noted that it describes the role well. A minority of respondents liked the title *Associate Psychologist* and noted that it sounds more collaborative and inclusive and will attract more students in the mental health system. Many respondents suggested alternative titles noted below in the detailed description of Theme 4. A detailed analysis of each of these themes is given below:

Themes in the text responses

Theme 1 – Strong Opposition to the term Psychologist in the Title

Summary

Many respondents opposed the inclusion of term psychologist in the title. They were concerned that this would confuse the public about who the trained psychologist is. They were also concerned that the title psychologist is protected and should not be used for inadequately trained professionals.

Examples

- *"Terminology confusing to differentiate from registered psychologist, for laypeople."*
- *"I am uncomfortable with the use of Psychologist as I believe this title suggest a significantly more experienced clinical."*
- *"See above - The public will only see the word 'psychologist'."*
- *"Should not be called a psychologist and highlight the limited skills and knowledge."*
- *"The term psychologist - should not be aligned at all with this role."*
- *"The public are already confused by psychologist vs psychiatrist vs psychotherapist."*
- *"When using the word psychologist- this is misleading to the general public and I do not wish to see this title used."*

- *"It is unsafe to use the word psychologist as a protected title - also the explanation behind this when one is engaging with tangata whai ora can be very misleading - especially as it assumes the public will know the difference."*

Theme 2 – Opposition to Term Associate

Summary

There was also opposition to the use of term "associate" in the AP title, expressing concern that it implies professional seniority and suggests the ability to practice independently.

Examples

- *"Now associate psychologists will be seen the clinical psychologists in the lay publics eyes."*
- *"Associate infers nearly or close to a fully qualified psychologist."*
- *"Assistant denote they are just assisting registered, experienced psychologists - Associate suggests they are a psychologist in their own right."*
- *"Especially associate is very confusing and sounds more experienced than Psychologist."*
- *"There is very real concern about the dangers of using associate psychologist."*
- *"Associate suggests they could be working independently which I consider to be highly unsafe."*

Theme 3 – Support for the Term Assistant

Summary

Some respondents expressed support for the term "assistant" in the title, and they felt that this term implies a clear hierarchy between AP and a registered psychologist.

Examples

- *"Assistant makes it clear to the public that the job must be carried out for or with a psychologist."*
- *"Assistant implies a clear hierarchy between this person and the qualified Psychologist supervising and managing their activities."*
- *"I strongly feel that this role should work under the direction of a qualified psychologist, and thus be an 'assistant' to that person."*
- *"Was assistant psychologist in UK"*

Theme 4 – Alternate Titles

Summary

Several respondents disagreed with the proposed titles and suggested alternative titles. The suggested titles were:

- Allied Psychologist
- Associate Consultant
- Mental Health Aid
- Mental Health Assistant
- Mental Health Associate
- Mental Health Clinicians/Therapists
- Mental Health Practitioner/Trainee
- Mental Health Support Specialist
- Mental Health Support Worker
- Mental Health Worker
- Pre-Internship Trainee
- Psychologist's Assistant
- Psychology Assistant
- Therapy Assistant
- Trainee Consultant
- Wellbeing Assistant

Examples

- *"I would suggest instead something like:* ***Associate Consultant***, ***Trainee Consultant****"*
- *"Don't use the word psychologist;* ***Mental health clinicians/therapists*** *or whatever. Why psychologists?"*
- ***"Mental Health Practitioner / Trainee***, ***Pre-Internship Trainee***, ***Mental Health Support Specialist****"*
- *"Eg* ***psychologist's assistant*** *or* ***psychology assistant****."*
- *"They should be called* ***wellbeing assistant*** *or* ***therapy assistant****."*
- *"Maybe* ***Allied Psychologist****?"*
- *"If I had to choose a title it would be* ***Mental Health Aid***, *or* ***Mental Health Worker****."*
- *"****Mental health assistant****"*
- *"Should be instead be something else such as* ***mental health support worker****."*
- *"If this plan is going to be executed, give the position the title of* ***Mental Health Assistant*** *or* ***Mental Health Associate****."*

Question 20 – Consultation: Is there any other feedback you would like to provide in response to the Guidance for Development of AP Workforce and Role Description?

Highlights

- 44% of the respondents (66 out of 150) provided a response to this question
- The themes of the responses were Opposition to the Role, Concerns about Training, Competency and Scope, and Objection to the Use of the Term 'Psychologist'
- Expanding training places for clinical psychologists, increasing FTEs for existing psychologists, better workforce retention strategies, and upskilling the existing professions were the alternative suggestions

Detailed Analysis

Out of 150 respondents, 66 provided a response to this question. A breakdown of the key themes within the written responses is

We found the following themes in the written responses:

Themes in the text responses

Theme 1 – Opposition to the Role

Summary

This theme is around respondents rejecting the AP role as proposed. Many respondents believe that it is unsafe, unethical, and damaging to both the public and the psychology profession.

Examples

- *"As someone with lived experience and many years accessing mental health services, I think this is a dangerous proposal."*
- *"I do not support this idea. I believe associating the word 'psychologist' means those in the general public will be misled by the term and expect a competent psychologist."*
- *"Fundamentally I think this role has many concerning issues associated with it"*

- *"I do not think APs are a good idea. If the role is inevitable, not using the words 'Psychologist' or 'Psychology' in the title would go a long way towards bringing Psychologists alongside."*
- *"In my 11 year career as a psychologist this is the biggest threat to the profession."*

Theme 2 – Concerns about Training, Competency and Scope

Summary

This theme is about worry that APs will not be adequately trained to work with vulnerable clients, especially in moderate to severe mental health settings. Respondents expressed concern that a 12-month course is not enough to prepare someone for complex therapeutic roles. Respondents also feared that APs will be left to work unsupervised or isolated in high-risk settings.

Examples

- *"Poorly delivered interventions can retraumatise clients, exacerbate symptoms, and lead to serious harm. Inadequately trained practitioners risk invalidating clients, reinforcing unhelpful cognitive patterns, and offering false reassurance."*
- *"I do not want to see a Psychologist that doesn't have adequate training any more than I want to see a surgeon who doesn't meet the training requirements under the medical council. This is not safe and this should not be considered."*
- *"The areas the AP are expected to work in are rural, which means less opportunity to work under multiple, competent psychologists, given complex cases without adequate on site supervision and the consumer is left accessing less than appropriate care because of where they live."*
- *"I cannot see how all the topics mentioned in the survey can be adequately covered in a 12 month course."*

Theme 3 – Objection to the Use of the Term "Psychologist"

Summary

There was a set of responses that indicated that using the "psychologist" in the title was misleading and inappropriate.

Examples

- *"The term 'psychologist' should not be used in the title description."*

- *"I do not think APs are a good idea. If the role is inevitable, not using the words "Psychologist" or "Psychology" in the title would go a long way towards bringing Psychologists alongside."*
- *"The AP proposal is very concerning! Please consult with registered Psychologists and reconsider this role it is unethical and unsafe and a misuse of the title Psychologist."*
- *"If the role is inevitable, not using the words 'Psychologist' or 'Psychology' in the title would go a long way towards bringing Psychologists alongside. Using the terms in the title would diminish Psychologists and no one wants that. If I had to choose a title it would be Mental Health Aid, or Mental Health Worker."*

Alternative Recommendations

Instead of APs, several respondents recommended to:

- Expand training places for clinical psychologists
- Increase FTEs for existing psychologists
- Better workforce retention strategies
- Upskill existing professions (e.g., nurses, social workers, HIPs)

Question 21 – Which community or workforce are you part of?

About 69% of those who completed this survey (104 out of 150) responded to this question. Most of the respondents (41%) were part of *Lived experience of mental health and/addictions* (see Figure 16 below).

This was closely followed by the *Other (please specify)* group. Analysis of free-text responses of these responses revealed that about half of these respondents were psychologists.

The remaining 20% of the respondents were from *Family/whānau of people with lived experience*.

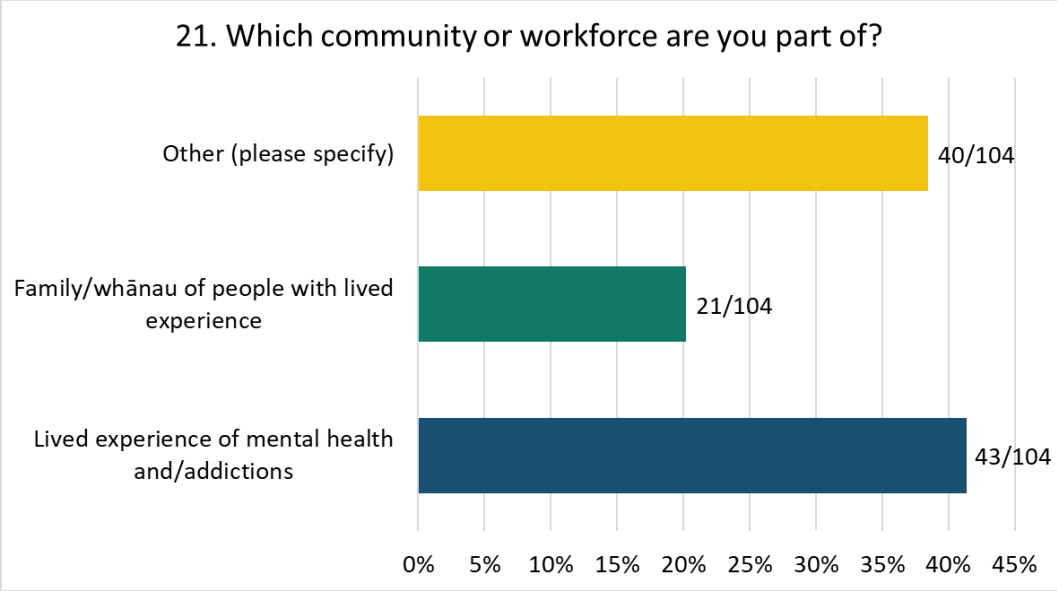

Figure 16: Number of respondents indicating the community or workforce they were part of.

Question 22 – What sector do you represent?

About 69% of those who completed this survey (104 out of 150) responded to this question. Almost 54% of those who responded (56 out of 104) were from the *Consumer* sector (see Figure 17 below). Of those who responded with *Other (please specify)* option, around 40% were psychologists.

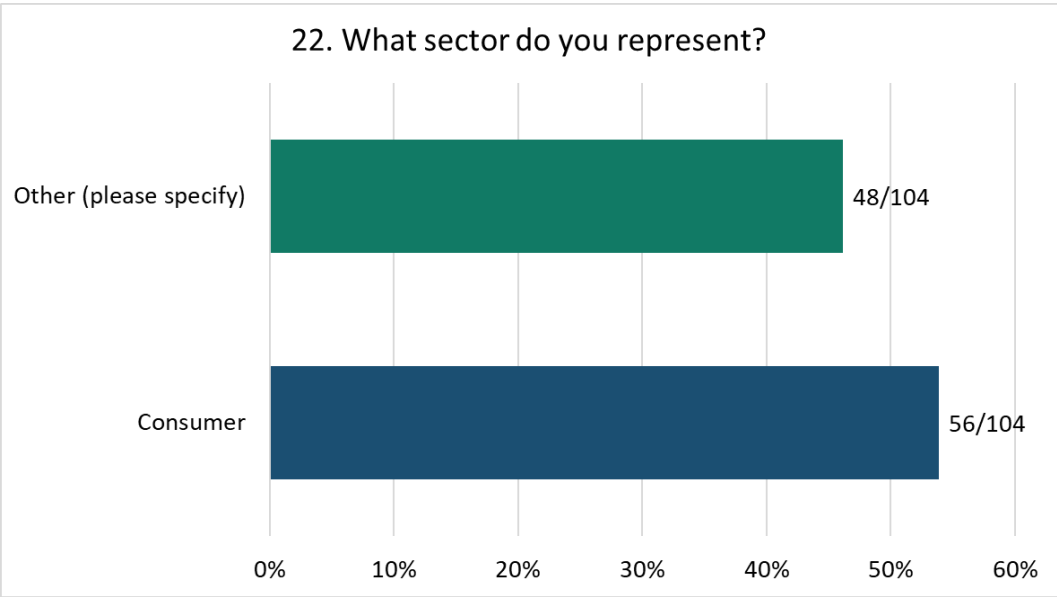

Figure 17: Number of respondents indicating the sector they represented.