

RESEARCH

Marginalisation, Migration, and Movement: Responding to the Underrepresentation of Māori in the Clinical Psychology Workforce in Aotearoa New Zealand

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Within Aotearoa, the shift towards an Indigenously grounded psychology continues with great excitement and caution. An over-reliance on epistemologies, research, and practice based on Western, educated, industrialised, rich and democratic (WEIRD) societies remains a barrier to achieving this.

To understand the growth of the clinical psychology workforce and the Māori workforce, Manatū Hauora, Ministry of Health, and Te Whatu Ora, Health New Zealand workforce data was analysed. The data details every year from 2018 to 2023: the overall number of psychologists trained and registered within the clinical scope of practice with the New Zealand Psychologists Board (NZPB); the number of Māori psychologists registered within the clinical scope of practice with the NZPB, and the number of newly registered clinical psychologists trained overseas. Results identified that the absolute number of Māori clinical psychologists increased from 93 in 2018, to 125 in 2023. Despite this rise, corresponding increases in the overall number of clinical psychologists in Aotearoa have meant that the proportion of Māori within the clinical psychology workforce has remained unchanged at 6 percent, year-on-year, from 2018 and 2023.

The primary caution at present sits with the impacts of marginalisation and migration on the workforce, with the findings indicating they are having an acute impact. Of the clinical psychologists registering for the first time in Aotearoa between 2018 to 2023, only 56 percent completed their training locally. The imperative then is movement towards change. This will require Māori and non-Māori alike in clinical psychology to recognise ingrained assumptions of White supremacy. This paper serves as a call to the profession, to engage in generating and actualising solutions, to elevate Māori participation in clinical psychology.

Introduction

Psychology has increasingly seen the emergence and development of Indigenous knowledge and practice. In Aotearoa New Zealand, Indigenous psychologies include unique Māori and Indigenous practices, as well as a combination of Western psychology with culturally adapted approaches. The shift towards an Indigenously grounded psychology continues with great excitement, headlined by several important initiatives.

First was the groundbreaking book, *Te Manu Kai i te Mātauranga: Indigenous Psychology in Aotearoa New Zealand* (Waitoki & Levy, 2016). This unique and inspiring book weaves together the insights of 18 Māori psychologists who articulate the ways their cultural worldviews, whakapapa (lineage) and experiences as Māori inform their psychology practice. Based around the story of Ripeka and her whānau, the case study format showcases diverse perspectives, therapeutic approaches and healing processes that are available when psychological engagement and practice are grounded in te ao Māori worldviews with Māori psychologists (rather than exclusively from a Western psychological perspective). In essence, the book highlights multiple and varied ways to work with tāngata whaiora (service users) and whānau, while also deconstructing the dominance of Western psychology.

A second significant initiative was the formation of a Māori psychology network of practitioners and practitioners-in-training in 2016, known as He Paiaka Tōtara and He Paiaka Tipu respectively. Through this network, Māori cultural knowledge and practices have proliferated in different areas of psychology, including: children and family trauma (Cribb-Su'a & Te Pani-Hemopo, 2016); cognitive behavioural therapy for depression (Bennett et al., 2016); cross-cultural neuropsychology (Dudley, 2016); evaluation research (Masters-Awatere et al., 2016); educational psychology (Macfarlane & Macfarlane, 2018); family and child protection (Cooper & Rickard, 2016); ethics (Cargo, 2016); curriculum development (Waitoki, 2016); clinical assessment, practice and formulation (Pitama et al., 2017); Indigenous spirituality (Brittain, 2022; Valentine et al., 2017); and sport and exercise (Muriwai et al., 2023; Rowe, 2024). Delving into Māori cultural norms and practices, Māori psychologists, psychiatrists and mental health practitioners have used pūrākau (Māori narratives) and tā moko (traditional tattooing) as therapeutic modalities to offer influential metaphors and pathways to healing based on mātauranga (Māori knowledge) (Cherrington, 2003; Clifford, 2023; NiaNia et al., 2017; Rangihuna et al., 2018).

Unfortunately, clinical psychology in Aotearoa continues to be over-reliant on epistemologies and research based on Western, educated, industrialised, rich, and democratic (WEIRD) societies (Groot et al., 2018; Nikora, 2007; Waitoki et al., 2023). Globally this is an issue recognised in psychology; 96% of samples used in psychological research come from a narrow 12% of the global population, and such research does not represent the fullness of human diversity (Henrich et al., 2010). Henrich et al. raised concerns about the validity of researchers generalising findings from WEIRD samples to the breadth of humanity, highlighting that psychological research often overstates the degree to which findings may be universal. In summary, fundamental notions in clinical psychology, including mental disorders and therapeutic modalities, are rooted in conceptualisations derived from narrow samples and WEIRD societies. By extension, there are shortcomings and major issues when findings from research with WEIRD samples are generalised to the

unique social, cultural and psychological context of Aotearoa. Primarily it represents a continuation of settler colonialism. An interrogation of the dominance of psychology practice in Aotearoa based on such research is needed (Waitoki et al., 2023). In addition to the warranted queries about epistemic vigilance within psychological research, the contribution of the discipline of psychology to the perpetuation of racism and structural inequities for Indigenous communities and communities of colour has been explicitly acknowledged (American Psychological Association, 2023).

Mental health inequities experienced by Māori have been extensively documented. Māori experience significantly higher rates of mental illness, suicide and a greater prevalence of addictions (Government Inquiry into Mental Health and Addiction, 2018). Māori have a higher burden of depression, anxiety and psychological distress (Russell, 2018); 52% of the prison population identify as Māori, and 62% of those in prison have a 12-month prevalence of a mental health or substance use disorder (Ara Poutama Aotearoa – Department of Corrections, 2024). Improving Māori mental health outcomes and addressing inequities must be a priority for clinical psychology. Cultural safety education and practice, which has long been established in nursing in Aotearoa (Papps & Ramsden, 1996; Ramsden, 2002), presents a constructive framework to approach and address inequities, racism and settler colonialism. A cornerstone of cultural safety that is incumbent on the clinical psychology profession to exemplify is, ‘to produce a workforce of well educated, self-aware [practitioners] who are culturally safe to practice, as defined by the people they serve’ (Ramsden, 2002, p. 94).

This paper provides an update on current clinical psychology workforce data with a focus on Māori participation. A review of representation in the workforce also entails implications for clinical psychology in Aotearoa; in particular, responsibilities to uphold culturally safe practice as per the *Code of Ethics for Psychologists Working in Aotearoa/New Zealand* (New Zealand Psychologists Board, 2002).

Timeline

There are longstanding calls for clinical psychology as a profession in Aotearoa to do better by Māori (e.g. Abbott & Durie, 1987; Brady, 1992; Evans & Fitzgerald, 2007; Levy, 2002; Nathan, 1999; Older, 1978; Sawrey, 1993; Skogstad et al., 2005). Importantly, Māori and non-Māori alike have highlighted persisting issues with professional training programmes lacking cultural components, Māori values and practices being scarcely reflected in the profession and Māori participation in the profession being consistently low. These are well-documented and often cited issues (e.g. Levy, 2018; Levy & Waitoki, 2016); however, we will recap the key concerns to clarify our arguments.

Clinical psychology knowledge and expertise were imported and developed into professional programmes for our local context in the late 1960s and early 1970s (Evans & Fitzgerald, 2007). Not long after that, appeals commenced for an increase in the number of Māori psychologists and students (Older, 1978). A woefully mono-cultural profession continued into the 1980s. Abbott and Durie (1987) found none of the nine professional psychology programmes in Aotearoa had a Māori graduate in the 2 years prior, employed Māori academic staff, had Māori advisory bodies or boards or had introduced structural changes, such as affirmative action. Implementing affirmative action strategies offer a practicable means to increase representation of Māori in the workforce, while acknowledging and working to reduce historical and systemic inequalities. A replicated study showed that over the following decade, only two of six professional programmes had made significant improvements by employing Māori staff, changing policy and implementing affirmative action with Māori student intakes (Nathan, 1999). Inadequate inclusion and teaching of culture in professional programmes in the 1990s was emphasised by psychologists rating their training as poorly preparing them to work effectively with Māori (Sawrey, 1993).

Based on recognition of the significant issues in the psychology workforce, the New Zealand Psychologists Board (NZPB) commissioned *Barriers and Incentives to Māori Participation in the Profession of Psychology* (Levy, 2002) in 2002, which highlighted pervasive barriers to Māori participation in psychology. The identified barriers included a reliance on and privileging of Western paradigms, ongoing resistance towards meaningful incorporation of Māori concepts in professional programmes and practice and a lack of support for Māori in professional programmes.

In 2018 the National Standing Committee on Bicultural Issues, the New Zealand College of Clinical Psychologists (NZCCP) and the New Zealand Psychological Society (NZPsS) jointly commissioned *Indigenous Psychology in Aotearoa: Reaching our Highest Peaks* (Levy, 2018). An outcome of this was a coherent and practicable plan comprising five pathways with associated action areas to effect meaningful change in the profession. These pathways remain relevant, as they span leadership and capacity, workforce data and targets, Indigenous development, training and strategic direction.

With Māori participation in psychology remaining rigid and largely unchanged, Dr Michelle Levy submitted a claim in 2018 to Te Rōpū Whakamana i Te Tiriti o Waitangi, Waitangi Tribunal (with additional claimants included in 2024), seeking to have breaches of Te Tiriti o Waitangi addressed. This claim asserted that the Crown had failed to ensure psychologists are culturally competent to work with Māori and that there had been a failure to, ‘actively support, develop and implement strategies to increase the Māori registered psychologist workforce’ (Levy, 2018; p. 1).

The claim is explicitly concerned with low number of Māori participating in psychology and the active opposition by training institutions to increase Māori participation.

Marginalisation and Migration

Levy (2002, p. 2018) has repeatedly drawn attention to the absence of centrally recorded and reliable data about the professional psychology workforce. There are available datasets through workforce surveys and the NZPB; however, these data are not comprehensive and have noted limitations. In a 2003 survey, 4.7% of psychologists identified as Māori, representing a total of 43 psychologists. By 2014, this had increased to 6% or a total of 134 psychologists; however, given the substantial increase in the absolute number during this period, it remains slim proportionally. Increasing Māori participation in the psychology workforce has been an enduring concern.

To date, the literature on the numbers of Māori in the clinical psychology workforce has almost exclusively focused on the role of training institutions in Aotearoa in promoting Māori development in the profession. Relying on training institutions to address these concerns is imprudent given the abovementioned barriers to Māori participation in professional programmes, racism in psychology and the mental health sector (Kopua et al., 2021; Kopua & Skirrow, 2023; Waitoki et al., 2024) and resistance to the inclusion of Māori knowledge in the profession (Levy & Waitoki, 2016). These are multifaceted issues that necessitate a coordinated and comprehensive response, lest we as a profession continue the marginalisation of Māori.

In the context of high demand for psychological services as well as the low number of psychologists trained in Aotearoa, it has been common to look to immigration as a solution to long-term workforce shortages (Rucklidge et al., 2018). However, the lack of accurate workforce data has been a barrier to assessing the impact of immigration on the psychology workforce, particularly regarding Māori representation and participation. Previous psychology workforce datasets rarely presented information related to immigration, including the number of psychologists trained overseas, thereby limiting understanding of the situation and the impact this had on the workforce in Aotearoa.

Present Study

Using workforce data obtained from Manatū Hauora – the Ministry of Health and Te Whatu Ora – Health New Zealand, this study sought to investigate: first, whether there has been a significant increase in the number of Māori entering the clinical psychology workforce and second, whether there has been an increase in the overall participation of Māori in the workforce in the 6 years following Dr Levy’s claim to Te Rōpū Whakamana i te Tiriti o Waitangi. Third, this study aimed to assess the proportion of

clinical psychologists trained locally in Aotearoa and the proportion trained overseas to evaluate the effects of immigration on the workforce and profession.

Method

Ethical Approval

This study was approved by the University of Otago Human Ethics Committee as a ‘Category B’ (or ‘low risk’) study (approval reference: D23/275) and conformed to all guidance related to ethical collection and use of routinely collected information.

Workforce Data

As part of their responsibilities under New Zealand’s Health Practitioners Competency Assurance Act (2003), the regulatory authorities (the NZPB in this case) collect core workforce information. Such information is made available to the Director-General of Health and monitored by Manatū Hauora and Te Whatu Ora for workforce planning and workforce development (Section 134A). Aggregated, de-identified data detailing broad workforce trends are publicly available and shared with professional bodies for workforce planning.

Since 2018, the Health Workforce Analytics (HWA) team from Manatū Hauora and Te Whatu Ora have collected and collated workforce data for regulated professions (e.g. psychologists, doctors, nurses) to predict future workforce needs in Aotearoa (see Jo et al., 2017). To understand the growth of the clinical psychology workforce and the Māori workforce in particular, the authors sought the following HWA data.

- The overall number of psychologists registered in the Clinical Scope of Practice with the NZPB every year from 2018 to 2023.
- The number of Māori clinical psychologists registered in the Clinical Scope of Practice with the NZPB every year from 2018 to 2023.
- The overall number of newly registered clinical psychologists every year from 2018 to 2023.
- The number of newly registered clinical psychologists trained in New Zealand every year from 2018 to 2023.
- The number of newly registered clinical psychologists trained overseas every year from 2018 to 2023.
- The number of newly registered Māori clinical psychologists every year from 2018 to 2023.

Table 1.

New Clinical Psychologists (CPs) Entering the Workforce, Overseas-Trained and Aotearoa New Zealand (NZ) Trained

	2018	2019	2020	2021	2022	2023	Total	M
New CPs (n)	106	106	119	108	90	64	593	99
Overseas-trained CPs (n)	41	52	59	57	33	15	257	43
NZ trained CPs (n)	65	54	60	51	57	49	336	56
NZ trained CPs (%)	61%	51%	50%	47%	63%	77%		57%

Currently, only the total number of registered clinical psychologists is available, with no data relating to the numbers of hours worked by these individuals (i.e. full-time equivalent). This is an important consideration as several clinical psychologists work part-time (Rucklidge et al., 2018.)

Results

Summaries of the clinical psychology workforce from 2018 to 2023 in Aotearoa are presented as follows. Table 1 details the proportion of the workforce trained in Aotearoa compared with those trained overseas. Table 2 specifies the proportion of new clinical psychologists trained in Aotearoa who identified as Māori. Table 3 presents the total number of clinical psychologists in Aotearoa and the proportion who identified as Māori.

New Clinical Psychologists

This section focuses on ‘new’ clinical psychologists, measured by those who registered with an Annual Practising Certificate (APC) for the first time in each year. First, we detailed where new clinical psychologists were trained, either at a training programme in Aotearoa or overseas, followed by outlining the number of new Māori clinical psychologists. As shown in Table 1, from 2018 to 2023, a total of 593 new clinical psychologists entered the workforce. This equated to an average of 99 new clinical psychologists per year. The highest number of new clinical psychologists was 119 in 2020 and the lowest was 64 in 2023.

Looking at training backgrounds between 2018 and 2023, a total of 336 of 593 clinical psychologists were trained in Aotearoa, equating to 57%. The remaining 257 (43%) new clinical psychologists were trained overseas. The proportion of locally trained new clinical psychologists was lowest in 2021 at 47.2% and highest in 2023 at 76.6%.

Ethnicity of New Clinical Psychologists

Table 2 depicts the number of locally trained new clinical psychologists each year entering the workforce alongside the proportion of new clinical psychologists who identified as Māori each year from 2018 to 2023.

From 2018 to 2023, 39 new Māori clinical psychologists entered the workforce, ranging from four in 2020 to 12 in 2022 (representing 7% and 21% of ‘new’ clinical psychologists, respectively). The average number of new

Table 2.

Total Number of New Zealand Trained New Clinical Psychologists (CPs) Entering the Workforce and Proportion Identifying as Māori

	2018	2019	2020	2021	2022	2023	Total	M
NZ trained new CPs (n)	65	54	60	51	57	49	336	56
New Māori CPs (n)	6	7	4	5	12	5	39	7
New Māori CPs (%)	9%	13%	7%	10%	21%	10%		12%

Table 3.

Total Number of Clinical Psychologists (CPs) Annually and Proportion Identifying as Māori

	2018	2019	2020	2021	2022	2023
Total CPs (n)	1565	1666	1818	1850	1915	2003
Māori CPs (n)	93	101	108	103	116	125
Māori CPs (%)	6%	6%	6%	6%	6%	6%

Māori clinical psychologists entering the workforce annually was seven. Over the 6-year period, there was an average of 12% of locally trained clinical psychologists who identified as Māori. Although this was based on a small number of data points with significant variations in numbers year-on-year, the Spearman's correlation coefficient did not suggest that the number of new Māori psychologists entering the workforce had significantly increased over the 6 years ($r(4)=-.09$, $p=.87$).

Overall Workforce Data

As shown in Table 1, from 2018 to 2023, an additional 593 new clinical psychologists entered the workforce. The total number of clinical psychologists overall increased from 1565 in 2018 to 2003 in 2023, which represented a net increase of 438 (Table 3). Taking into account clinical psychologists who no longer remained in the profession in Aotearoa (i.e. those not renewing their APC), which may be for a variety of reasons (e.g. retirement, parental leave, change in profession), this increase in clinical psychologists was statistically significant ($r(4)=.982$, $p<.01$).

Table 3 presents the total number of registered clinical psychologists in Aotearoa, alongside the total number of Māori clinical psychologists registered (i.e. those registered with the NZPB in March of that year).

As shown in Table 3, after analysing both existing and new clinical psychologists, the total number of Māori clinical psychologists registered increased from 93 in 2018 to 125 in 2023 ($r(4)=.94$, $p\leq.01$). Despite this rise, a corresponding increase in the overall number of clinical psychologists in Aotearoa mean that the proportion of Māori in the clinical psychology workforce had remained unchanged at 6% year-on-year from 2018 to 2023. It was noted that the total number of registered clinical psychologists comprised new clinical psychologists, including overseas-trained clinical psychologists as well as clinical psychologists re-entering the workforce.

Discussion

The primary aim of this study was to examine whether there had been an increase in Māori participation in the clinical psychology workforce, both in terms of Māori entering the profession and the overall number. The results pointed to a situation that should cause alarm for the profession; although there were significant increases in the overall number of Māori clinical psychologists, the proportion of Māori clinical psychologists had *not* significantly increased, remaining the *same* from 2018 through 2023. This study also sought to measure the impacts of immigration on the workforce, and the findings indicated it this had an acute impact; of the clinical psychologists registering for the first time in Aotearoa between 2018 to 2023, only 56% completed their training locally.

Several factors about the current make-up of the profession are extremely disappointing and disquieting. The issues pertaining to Māori participation in and access to clinical psychology as a profession are not new. Certainly, Māori have not been quiet about it, nor have we been inactive. Consistently Māori have raised issues, called for changes, offered strategic and actionable plans and pursued numerous avenues to improve Māori participation in the profession (Abbott & Durie, 1987; Levy, 2002, p. 2018; Nathan, 1999; Waitoki et al., 2023). However, we are in the same position, and find the profession unmoving. Levy (2018) observed the static nature of the profession over the past 20 years and the perpetuation of the same issues, ‘in that we [Māori] continue to struggle with legitimacy, support and space within the academy and discipline’ (p. 18). The present data supported this assertion.

As a profession, we must ask: What is getting in the way of transformational change and what is inhibiting Māori participation in clinical psychology? Indeed, the answer is not simple, but it is also not entirely due to practical factors, such as responding to workforce demands for clinical psychologists. There are worrying trends emerging in that Māori concerns are not being adequately responded to, and stop-gap measures to increase the workforce (namely disproportionate recruitment of overseas-trained clinical psychologists) are severely undermining efforts to improve Māori participation. Although the results of this study are limited in that they do not offer insights about the ethnic and cultural backgrounds of clinical psychologists who trained overseas and immigrated to Aotearoa, the predominance of psychologists who are of White European ethnicity is acknowledged. *The Aotearoa New Zealand Psychology Workforce Survey* in 2016 indicated that 90% of all practicing psychologists identified as Caucasian (survey term), with 68% born in Aotearoa and 22% born overseas. Only 3% of respondents identified as Māori (which suggested that Māori were under-represented in the survey), and the remaining 8% of respondents identified as Indian, Other Asian, Pacific, African and Other (Psychology Workforce Task Group, 2016). In summary, these data alongside the present findings pointed

to a workforce that is narrow in its representation of cultures and ethnicities, which does not reflect the communities being served. Furthermore, the heavy reliance on overseas-trained clinicians exacerbates inequitable outcomes for Māori (Te Whatu Ora, 2024).

To meet the health needs of Māori, there is a longstanding policy goal that a workforce reflects the ethnic and cultural make-up of the population it serves (Manatū Hauora – Ministry of Health, 2020). In 2023, Māori accounted for 19.6% of the total population of Aotearoa (Te Whata, 2024). To achieve similar representation of Māori in clinical psychology would be a significant aspiration. However, higher rates of mental disorder and psychological distress for Māori point to a greater need for psychological care for Māori communities (Government Inquiry into Mental Health and Addiction, 2018; Russell, 2018). Therefore, to truly reflect the population being served, a higher proportion of Māori in the clinical psychology profession is likely required. Suffice to say the current number of Māori in the workforce is far from ideal. Te Whatu Ora (2024) have affirmed plans to increase the mental health and addiction workforce. Critical evaluation and planning that specifies increases in the Māori clinical psychology workforce is vital, lest an opportunity to reduce inequities is missed.

Given the high proportion of overseas-trained clinicians registered in Aotearoa in the past 6 years, achieving equitable outcomes for Māori necessitates robust processes to ensure cultural competence and cultural safety. There is an existent framework based on the Hui Process and Meihana model to promote appropriate responsiveness to the needs of Māori and support equitable health outcomes via the *Hauora Māori Clinical Guide for Psychologists* (Pitama et al., 2017). However, to embody cultural safety in practice and engage meaningfully with frameworks grounded in mātauranga demands cultural humility, especially from those who benefit from White privilege. The humility to be open-minded, to develop awareness of positionality and to learn *from* cultures and psychologies different to one's own facilitates the stage for culturally safe practice.

Milne (2013) encapsulated the taken-for-granted nature of Whiteness in education in Aotearoa by offering the analogy of a colouring book. Similarly, Whiteness is pervasive in clinical psychology and the broader discipline of psychology in Aotearoa, but is often unseen and unacknowledged, and colour is allowed within preset and fixed boundaries. An imperative is naming Whiteness as the standard, which entails naming White privilege and White supremacy. We as Māori authors¹ do not do so to condemn our colleagues who are Pākehā, New Zealand European and of White Anglo heritage. Rather we name this as an invitation to see the pages as we see them, as

¹ The fifth author, Dr Paul Skirrow, is tauīwi and does not claim any Māori heritage.

we experience them. We name this too to offer an imagining of possibilities, as Milne puts it, ‘colouring in the white spaces’. At a systemic level, this necessitates changing the colour of the spaces, as well as recognising that the lines are oftentimes arbitrary and can be re-imagined or re-drawn to represent something *different*. As Māori psychologists, it is a transformation of psychology that we seek (Love, 2003).

From Marginalisation to Movement

Where marginalisation and migration have restricted Māori representation, progress and aspirations in clinical psychology, the focus going forward must be on movement. To shift from experiences of Māori being marginalised and towards cultural safety in psychology, the pathways highlighted in *Indigenous Psychology in Aotearoa: Reaching our Highest Peaks* (Levy, 2018) remain as relevant now as they were in 2018. Summarised following, these pathways and action areas are pertinent to our subsequent recommendations.

Pathway one: Leadership and utilising collective capacity

- This calls on the profession to be facilitative, such that Māori leadership, skills and resources can be directed towards transformative change.
- Actions include scoping for the establishment of a Māori Psychology Organisation and setting clear targets for a critical mass of Māori psychologists.

Pathway two: Workforce data, information and targets

- Here the focus is on the need for active collective responsibility among the profession and key stakeholders to grow the Māori psychology workforce via the collection of accurate workforce data.
- A key action point is to ensure workforce targets are aligned with Māori psychology workforce needs.

Pathway three: Indigenous psychology development

- This seeks to prioritise both the consolidation and expansion of the Indigenous psychology knowledge base.
- The actions include developing Indigenous Māori psychology research.

Pathway four: Training pathways

- This pathway responds to the cultural deficiencies in psychology training that have been recurrently identified.
- The call to action is to support existing Māori-centred spaces and initiatives, such as He Paiaka Tōtara, and to advance culturally defined spaces.

Pathway five: Strategic participation

- Here the need to purposefully invest the resources of Māori psychologists is highlighted.
- The action area focuses on strategic development and succession planning for Māori participation in key stakeholder organisations (Levy, 2018).

There has been some progression along these pathways. Psychology workforce data have been collected annually since 2018 as per Pathway two; Pathway four has seen continued support for He Paiaka Tōtara from key stakeholders; and Māori psychologists have been strategically positioned within professional bodies, in line with Pathway five. However, it is incumbent on us to acknowledge that the steps have been limited and the movement that has occurred has largely been initiated and driven by Māori. Movement by the profession as a whole has been sluggish, to say the least. The actions of Māori psychologists are an emphatic fulfilment of Kaupapa Māori as transformative change, whereby solutions are within and for Māori to generate (Smith, 2017), and we as Māori in psychology will be steadfast in claiming space for Māori participation and development in the discipline. However, Māori action does not excuse the inactivity of the profession on these issues, and we need not continue to identify and discuss the same concerns for years (or decades) yet to come.

Recommendations

We begin our recommendations by asserting that processes must be put in place to facilitate active collective responsibility; recommendations without the identification of measurable actions and people or groups taking responsibility are pointless. Coordinated and spirited action is required across the profession to increase the critical mass of Māori psychologists. Therefore, we challenge the professional and regulatory bodies, the NZCCP, NZPsS and NZPB as well as key stakeholders including university training programmes and associated leaders, to identify areas of responsibility and develop meaningful plans and measurable actions against these recommendations and the Pathways Levy (2018) originally laid out.

We have aligned our recommendations with the Pathways for continuity, several of which revisit and reinforce those already outlined.

Pathway one

- Establish a workforce development plan for Māori in clinical psychology.
- Commit to target for growing the Māori workforce.

Pathway two

- Ensure access to workforce data for ongoing analysis, planning and implementation.
- Promote consistent and transparent reporting on trends and identified issues.
- Expand data collection and analyses (e.g. gender, scope, overseas country where training completed).

Pathway three

- Facilitate the development of an Indigenous Kaupapa Māori clinical psychology training programme for Māori.

Pathway four

- Prioritise assertive recruitment of Māori to clinical psychology training programmes through affirmative action.
- Promote equity through strategic development of Māori clinical psychology trainees and protection of Māori-centred spaces and initiatives in training programmes.
- Enhance curriculum content and identify targets for Māori-focused content. Implement Te Tiriti in psychology teaching in all training programmes.
- Undertake holistic analysis of study and training pipelines, including access and barriers for Māori to undergraduate, postgraduate and clinical psychology training programmes.

Pathway five

- Active collective responsibility from professional and regulatory bodies, in particular those who benefit from White privilege, to demonstrate accountability and facilitate progress in strategy, planning and action.

There is a need for unifying goals and actions across the psychology profession. Whereas the present study and discussion has focused on clinical psychology, moving forward an integral goal will be collaboration across psychology scopes of practice to ensure strategies and actions are relevant across contexts. To reiterate, recommendations on their own are not enough. For decades there has been inaction or inadequate action from the profession to recommendations. This has been coupled with limited monitoring and reporting, thereby restricting understanding of actions or changes occurring within the workforce. Innovation and transformational changes are required, and collective responsibility is vital to connect recommendations with action, which entails accountability and measurable outcomes. Furthermore, these recommendations reflect the imperative to honour responsibilities to the provisions of Te Tiriti o Waitangi and to uphold our ethical and moral obligations to our Code of Ethics. All that said, as Māori psychologists, we know the drill, *ka whawhai tonu mātou, toitū tonu!*

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None of the authors have financial or other conflicts of interest to disclose with regard to the research undertaken.

Data Availability Statement

The data that support the findings of this study are available from the last author, upon reasonable request.

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