

PSYCHOLOGISTS

Newsletter

February 2019

MECA BARGAINING INITIATED

On New Year's Eve 2018, APEX formally initiated bargaining with 18 DHBs for a renewal of the Psychologists DHB MECA.

The claims and ballots on the structure of bargaining were strongly in favour of a larger MECA and show good support for our claims.

It's likely that bargaining will begin in early March. Employers have been sent a draft bargaining process agreement that regulates the conduct and composition of collective bargaining. This includes attendees, location, and what happens if anything changes.

You should have received a notice from your employer under section 43 of the Employment Relations Act stating that bargaining has been initiated. If you haven't, please let us know.

If you have any questions, comments or concerns, get in touch with your delegate or directly with the APEX office.

99.5%

voted in favour of an
18 DHB MECA

97.99%

voted in favour of
proposed claims

MINISTRY OF EDUCATION ISSUES UPDATE

On 15 January, we wrote to the Ministry of Education to begin recouping money deducted from our members during partial industrial action. The Ministry suspended APEX members who had given notice of partial industrial action for one day. We have requested that either the Ministry can reimburse our members who had deductions made, or join us at mediation to discuss further.

On 23 January, APEX, NZEI and the Ministry met to formalise the Terms of Reference for the working group on caseloads and workloads. The union's proposal is for monthly working group meetings in Wellington, with interim guidelines agreed by 1 April and full guidelines agreed by September 2019. The questions driving the working group are:

- What are appropriate numbers and complexity of cases for each discipline while taking staff experience into account?
- What is the most appropriate way(s) for staff to be supported to ensure that they can deliver high quality service and practice?

HOW **INCOME INEQUALITY** SUPERCHARGES MENTAL ILLNESS

The social epidemiologists who wrote the influential 2009 book on inequality, *The Spirit Level*, have returned with another well researched and carefully crafted tome, discussing the links between inequality and mental wellbeing in *The Inner Level – How More Equal Societies Reduce Stress, Restore Sanity and Improve Everyone's Well-being*.

Kate Pickett and Richard Wilkinson show that mental illness is more prevalent in countries with higher income inequality. New Zealand has a rate of mental illness per year of just over 20%, with high levels of income inequality. Germany has a lower income inequality and fewer than 10% of the population has experienced mental illness in the previous year.

Pickett and Wilkinson highlight data from a study of rates of depression in the United States, showing that an unequal state such as Mississippi has higher rates of depression than a more equal state like Alaska. Mental illness has a steep social gradient – an English 2007 survey says that men in the lowest income quintile were three times more likely to be depressed than those in the top income.

World Health Organisation data shows that the share of income going to the richest 1% of the population was associated with increases in people experiencing hallucinations, delusional mood and delusions of thought control. As inequality rises, it increases the amount of people who believe in an external locus of control, and "feelings that other people or external forces control your thoughts could perhaps be seen as the extreme end of a continuum from what psychologists call 'external locus of control' to 'internal locus of control'".

The book also explores how inequality drives narcissism, "the sharp end of the struggle for social survival against self-doubt and a sense of inferiority", and the links between the false remedies of addiction and consumerism and income inequality.

Pickett and Wilkinson explain how inequality has an extreme impact on our thinking and feeling, "the human brain is a social organ. It's growth and development have been driven by the requirements of social life. This is the case because the quality of our relationships with each other has always been crucial to survival, well-being and reproductive success."

Solutions to improve equality include tackling tax avoidance, rebuilding national wage bargaining systems, and providing for employee representation on employer governance boards. The research demonstrates that the more members unions have, the more equal societies are.

Union strength is indicative of the power working people have in their society.

The Inner Level is an important reminder that mental illness has a steep social gradient and that equality can make our lives more pleasurable.

An experiment carried out by Paul Piff, UC Berkeley psychologist, evaluated low and high-class individuals' narcissism. Although upper-class individuals were consistently more narcissistic than lower-class individuals, when the researchers primed the subjects by asking them to consider three benefits of equality, the narcissism score of high-class individuals on the Narcissistic Personality Inventory was significantly reduced.

The Inner Level Richard Wilkinson & Kate Pickett

How More Equal Societies
Reduce Stress, Restore
Sanity and Improve
Everybody's Wellbeing



MENTAL HEALTH INQUIRY: PSYCHOLOGY WORKFORCE IS AN IMMEDIATE PRIORITY



"While psychologists are not the only practitioners who can deliver these therapies, an immediate priority is to begin building this part of the workforce, given the likely lead in time to build capacity. Modelling by Health Workforce New Zealand suggests that, while the number of psychologists will increase over the next 10 years, this will not keep up with expected population growth."

Recommendation six of He Ara Oranga is "Direct the Ministry of Health to urgently develop a proposal for Budget 2019 to make talk therapies, alcohol and other drug services and culturally aligned therapies much more widely available, informed by workforce modelling, the New Zealand context and approaches in other countries."

The Government is expected to respond formally to the report before March.

"We can't medicate or treat our way out of the epidemic of mental distress and addiction affecting all layers of our society. We need to ensure practical help and support in the community are available when people need it, and government has a key role to play here. But some solutions lie in our own hands. We can do more to help each other."

The Government Inquiry into Mental Health and Addiction's report He Ara Oranga includes 40 recommendations across 12 broad areas.

The Inquiry recommends expanding mental health support from the current target of 3% of the population to 20% over the next five years. As the report notes, "New Zealand has deliberately focused in services for people with the most serious needs, but this has resulted in an incomplete system with very few services for those with less severe needs, even when they are highly distressed."

Importantly for the psychology profession, the Inquiry recommends the following:

"New Zealand needs to broaden the types of services available to address mental health and addiction needs, with a priority being to ensure we have the capacity and capability to provide far greater access to evidence-based talk therapies for people across the entire spectrum from mild to moderate through to severe needs that can be delivered in a range of settings including within different cultural service models."

The inquiry also calls for:

- A transformation of primary health care
- Strengthening the NGO sector
- A new central government social wellbeing agency
- Facilitating better mental health promotion and prevention
- Taking action on alcohol and other drugs
- Setting a national suicide reduction target of 20% by 2030
- Repealing and replacing the Mental Health (Compulsory Assessment and Treatment) Act 1992



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"WORKING FOR THE COMMUNITY THAT GREW ME"



Chris Murray is a Clinical Psychologist at Counties Manukau DHB and APEX delegate.

Where do you work and what do you do?

I work for Whirinaki, a CAMHS service for Counties Manukau DHB. I mainly do assessment and treatment for mental health disorders and difficulties. I am also part of a DBT consult group working with at risk youth, and I work in a family therapy clinic and do reflective family therapy. I completed my internship here in 2015 and have been here ever since.

Why did you decide to become a psychologist?

The road was a long road. I didn't consider psychology when I left school - instead, I did a bit of travel and studied Philosophy at university. I was a builder for about four years after that, but had planned to go back to university. I came back to study Psychology because my partner had studied in the field and recommended it. I had a conversation with a professor at university who became a bit of a mentor to me, and he suggested Clinical Psychology. I applied for the programme and the rest is history.

What was your doctorate in?

I did my thesis in a cognitive neuroscience topic; memory and depression. A bit part of the research was looking at how the way that we think about the past and the future interacts with things like mood, identity, and our future goals. It does impact on the clinical work I do now, but in an indirect way. Understanding how people think about their lives, their pasts and their futures is really telling in terms of their well-being.

What do you find most rewarding about working at Counties Manukau?

I grew up in Papatoetoe and moved away from the community when I left home. My family moved back to the Pacific Islands for a while, so it was quite cool coming back to the community I grew up in and working for those people. Seeing clients at my old school, driving past my old street, and working for the community that grew me - I've really enjoyed that.

What have you found challenging in your role?

Particularly for Counties there is a lot of social deprivation, poverty, historical trauma and generations of difficult stories, family dynamics and patterns. That makes things extra

hard. There is a high concentration of that in the Counties Manukau area. It's really hard to work with young people and families where it's a struggle just to have something to eat for that day or a school uniform and shoes, let alone all the other difficulties they're experiencing on top of that. Sometimes we have access to resources like food parcels or knowledge of other services that can help families with economic challenges - but often we don't. I often think, if those issues were addressed, you might not see these other things people present to our services with, or if they did they were addressed, they would be much easier to treat. There are small victories and celebrating those smaller victories with the young people and the families we work with has been a good way to stay grounded.

How have you found being an APEX delegate?

I've really enjoyed it. When my fellow delegate Simon and I became delegates at CMDHB, we were new to the profession. There was a rapid learning curve about some of the problems our profession faces and learning from other APEX delegates about the difficulties they have faced. Learning about the trials, tribulations and struggles that psychologists have experienced at the same time as learning about being a psychologist helped me learn very quickly about the profession.

How do we encourage more Maori and Pacific people to become psychologists?

It's complex. Psychology is a Western concept, foreign to traditional Pacific ways of doing things. It can be stranger than normal to a Pacific person to be engaged in a practice where you discuss quite private things with someone outside your family network - something that's still shifting at the moment. Another difference between Maori and Pacific and Pakeha is the university experience. Pakeha often come to universities in large groups of friends from schools, whereas Maori and Pacific often come to universities in much smaller groups, sometimes just one or two. They tend to be more socially isolated and it's easier for them to feel different, not part of the group. Often, this means a greater likelihood for Maori and Pacific students to drop out. Where I studied, at the University of Auckland, there was a programme called the tuakana programme that I was involved in. This helped create a space for Maori and Pacific to come and engage with other Maori and Pacific students so they could relate, interact, and not feel so isolated. There was also academic mentoring and tutoring involved to help students progress through their studies. I think we need to focus on supporting this environment if we want more Maori and Pacific psychologists - supporting Maori and Pacific through the psychology programmes. Even having a presence in schools, and giving students information about psychology and the pathways to different careers in the field.

What do you enjoy doing outside of work?

Travelling and learning about different cultures. We went to South and Central America recently. The culture, people, and the history was super interesting. The different periods of migration, the imperial conquests, and the amazing landscapes - especially in Peru and Bolivia. I also enjoy reading, listening to and playing music.