

PSYCHOLOGISTS

Newsletter

June 2019

WELLBEING BUDGET - WHO WILL STAFF THE NEW SERVICE?

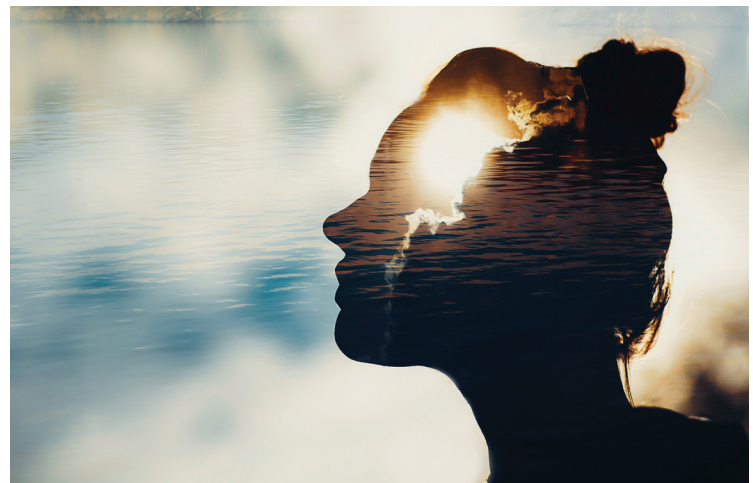
- **A New Frontline Mental Health Service**
- **Mental Health and Wellbeing Commission**
- **Replacement of Mental Health (Compulsory Assessment and Treatment) Act 1992**
- **\$200 million for mental health & addiction facilities**

The Government has laid out its response to *He Ara Oranga: The Government Inquiry into Mental Health and Addiction* with commitments to create a new mental health service embedded at the primary care level, replacing the Mental Health (CA&T) Act and establishing a Mental Health and Wellbeing Commission.

The centrepiece of the Government's 2019 Budget – the “Wellbeing Budget”, provides for \$455 million investment to make mental health workers available in GP clinics, health centres and iwi health providers.

But the Government has yet to commit to ensuring psychology training gets funded at adequate levels to ensure a sufficient supply of trained psychologists into the new service. So, questions remain about whether the Government will be able to meet its bold target, particularly ensuring adequate numbers of psychologists are trained each year to meet the increasing demand for them in the primary mental health space. The development of a psychology wellbeing practitioner workforce will have to be carefully thought through.

Although the \$200 million to be invested in new mental health and addiction facilities is likely to be the most visible impact of the wellbeing budget for psychologists as new mental health buildings are increasingly being built, the replacement of the Mental Health Act will have the longest lasting effect – especially if it opens up opportunities for psychologists to be involved in care decisions for patients in a similar way as the Substance Addiction (Compulsory Assessment and Treatment) Act 2017.



MERIT PROGRESSION: WHAT THE DATA SHOWS

Psychologist utilisation rates of the merit progression system in the APEX and DHB MECA is low, but submissions are nearly universally approved by DHBs.

Data from DHBs received by us last year under the Official Information Act as we prepared for MECA bargaining displayed eligibility for merit applications for the 12 months to October 2018, and revealed that although 361 psychologists were eligible across the country to apply for merit progression, only 80 made an application – a total application rate of 22%.

Although the application rate was relatively low, all but one considered merit applications were recorded as approved.

Most surprising is the strong regional variation with two DHBs – Nelson Marlborough and Taranaki not having any merit applications.

MERIT PROGRESSION DATA

DHB	Eligible	Submit	Submit %	Approval	Approval %
Northland	10	2	20%	2	100%
Waitemata	26	10 ¹	38%	10	100%
Auckland	78	ND	ND (at least 26%)	20	ND
Counties Manukau	27	7	26%	7	100%
Waikato	38	5	13%	5	100%
Bay of Plenty	13	6	46%	6	100%
Lakes	12	3	25%	3	100%
Taranaki	7	0	0%	NA	NA
Hawke's Bay	12	3	25%	3	100%
Whanganui	4	1	25%	1	100%
Midcentral	11	4	36%	4	100%
Hutt	9	ND	ND (at least 33%)	3	ND
Capital and Coast	43	8	18%	7	87.5%
Nelson Marlborough	19	0	0%	NA	NA
Canterbury	52	8 ²	15%	8	100%

¹ One additional application under consideration, one application made by someone not on step 9-17.

² One additional application under consideration.

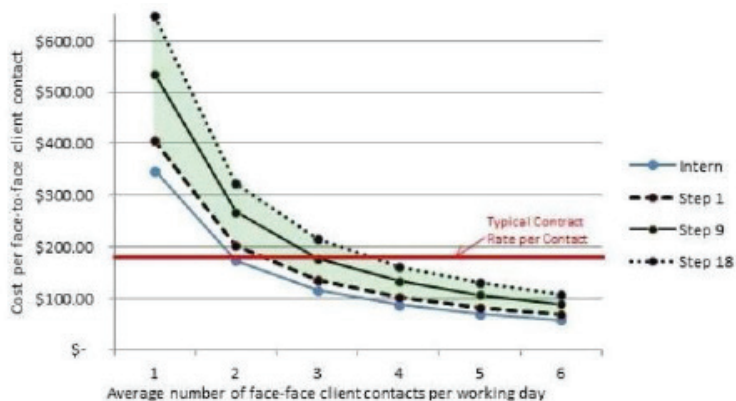
The process for merit progression is set out in clause 9.3 of the psychologists' MECA, and a template merit application is provided on the [Psychologist Division page](#) on our website.

All psychologists on step 9 and above can apply for merit progression at any time but not more frequently than once a year. A merit application is made to a "higher salary step", which may include making an application to increase one or more steps in a single progression.

ND = No data; NA = Not applicable.

HOW MANY CLIENTS SHOULD PSYCHOLOGISTS SEE PER DAY?

Average Cost Per Face-to-Face Client Contact For DHB Employed Psychologists Compared With a Contracted Psychologist Rate



Although there is no set policy in most DHBs on how many client contacts psychologists should have per day, we have had an increasing amount of enquiries from members on how many client contacts a psychologist should have per day.

In 2017 Lakes DHB commissioned Malcolm Stewart to review their delivery of psychological services and Dr Stewart, a former psychology professional leader at Counties Manukau and Waikato DHBs, modelled costs of contracted psychology versus employee costs weighted on different steps of the APEX Psychology MECA.

The modelling shows that on average costs were less for directly employed psychologists where there were more than 3 client contacts per day. Some DHBs have directly inferred from this an expectation of 3 client contacts per

day, however expectations of client contacts needs to take into account other responsibilities psychologists have including supervision, consultation, report writing and group work responsibilities.

KNOW YOUR MECA ANNUAL LEAVE - ELIGIBILITY FOR FIVE WEEKS LEAVE

Under clause 16 of the APEX and DHBs psychologists' MECA, employees with five years continuous service are eligible for five weeks annual leave.

The definition of continuous service is slightly unusual but includes all service with a DHB that is continuous and includes all other service the employer recognised for the purposes of the initial placement into the salary scale. For example, an employee placed at step six of the salary scale based on them having more than five years' experience, perhaps at an overseas or non-DHB employer, will be entitled to 5 weeks annual leave from the commencement of their employment with the DHB.



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HAS YOUR DEPARTMENT GOT TRAINED HEALTH AND SAFETY REPS?

UNIONS ARE WHY THERE ARE FIRE EXITS AT YOUR WORK, AND WHY THE DOORS AREN'T PADLOCKED DURING WORK HOURS



Making sure our workplaces are healthy and safe is all of our responsibility. A survey we carried out in April 2017 found high levels of concern by psychologists about their workplaces. For example, 29% of psychologists had felt so unsafe at work in the previous 12 months

that they had felt an adverse impact on their health, performance and functioning. And problems ranged from asbestos, leaky buildings, lack of office equipment to slow recruitment into staff vacancies and inadequate responses to adverse events such as the death of clients.

In recent months, APEX along with other health sector unions, have signed a number of Worker Participation Agreements under the Health and Safety at Work Act 2015 including with Canterbury, Waitemata and Counties Manukau DHBS as well as with the Ministry of Education.

The Worker Participation Agreements commit the parties to ensuring that workers have trained health and safety reps on site elected to represent members concerns about health and safety issues.

Health and Safety representatives have an important role under the Act representing employees, investigating complaints about health and safety, monitoring the workplace safety, making recommendations and issuing provisional improvement notices.

Provisional improvement notices (PIN) allow health and safety representatives to require an employer to remedy an unsafe work practice, building or other hazard. Trained

health and safety representatives could for example issue a PIN in a situation where there are unsafe buildings or an unhealthy physical environment; understaffing including a failure to recruit promptly into vacated positions, unsafe workload or work practices or to remedy issues of unaddressed bullying.

If your department does not have a trained health and safety rep, or you would like to nominate someone from your department, get in touch with your employer's Health and Safety adviser to arrange representation.

UNITED STATES CONSIDERING LEGISLATING ON WORKPLACE VIOLENCE AGAINST HEALTH AND SOCIAL SERVICE WORKERS

The United States House of Representatives is considering passing a new law to require health and social service employers to have violence prevention plans.

The Workplace Violence Prevention for Health Care and Social Service Workers Act (HR 1309) is being passed to deal with growing rates of violence against staff and will require plans in place for all mental health clinics and facilities including – security and alarm systems, exit routes, lighting, incident reporting and investigation, emergency response, staff training and sufficient numbers of staff and security guards to reduce the risk of violence against staff.

The law would also require annual reporting to employees on the numbers of total violent incidents, the number of recordable injuries, and total number of hours worked by employees in the workplace.

FLEXIBLE WORKING RIGHTS

All employees have a right under part 6AA of the Employment Relations Act 2000 to request flexible working. Flexible working means asking for a variation to the place of work, the hours of work or the days of work.

An employee may make a request at any time, but the request must be in writing and state the employee's name, the date the request is made, specify the request is made under part 6AA of the Employment Relations Act 2000.

The request must also state:

- The working arrangements requested and whether the variation is permanent or for a period of time;
- Specify the date the variation will take effect upon; and
- Explain, in the employee's view, what changes the employer needs to make to the employer's arrangements if the employee's request is approved.

An employer must respond in writing not later than a month after receiving the request to the employee, and

state whether the application is approved or refused.

If refused, the employer must state the ground for refusal and explain the reasons for the refusal.

An employer can only refuse a request on certain grounds:

- (a) inability to reorganise work among existing staff;
- (b) inability to recruit additional staff;
- (c) detrimental impact on quality;
- (d) detrimental impact on performance;
- (e) insufficiency of work during the periods the employee proposes to work;
- (f) planned structural changes;
- (g) burden of additional costs;
- (h) detrimental effect on ability to meet customer demand.

There are limited ground to challenging a refusal of a request for flexible working, however the employer must comply with their policies and procedures on flexible working and be a "good employer" – recognising that some employees such as parents have other responsibilities they need to balance with work.

"CHANGING THE SUPPORT THE CHILD HAS FOR THE REST OF THEIR LIFE"



Amber Barry is a senior clinical psychologist and the APEX delegate at Midcentral DHB

Where do you work and what do you do?

I work at the Child Development Service, an allied health service as part of the broader child health and paediatrics service at DHB. Our service focuses on children aged 0 to 16 with developmental delays or disabilities. My role is primarily comprehensive diagnostic assessments which can be around intellectual functioning, suspected autism spectrum disorder or other neuro-psychological assessments.

What do you enjoy most about your role?

Although we might do the formal testing here in the office, we often travel to people's homes, meet teachers in schools or visiting children in classrooms, chatting to them in the playground. We are quite a big geographical area in our DHB, so you get to meet people in quite different places and get to know the families and services in their different communities. Being able to provide the feedback at the end of the assessment is my favourite part, because for a lot of our families the assessment is a foundational point in that child's life. We might often be making a diagnosis that really does change the support and understanding people have of that child for the rest of their life. So it's a really important time when we are giving feedback to the family or going into the school to discuss the results with the teachers. I really enjoy that process, because I feel like I may be making a difference.

Why did you decide to become a psychologist?

I first trained as a primary teacher. From an early age I recognised that the adults who are in a child's life when they are young could have a significant impact on changing their life path, so I thought if I was a teacher I might make a difference in children's lives, set them off on a better path than perhaps they were going to be on. And then when I was at university doing teacher training I discovered psychology, which sounded like it might have a better chance of me actually being able to make a difference more effectively. So I changed into psychology and the rest is history.

What have you done in your role as APEX delegate?

Members come to me with questions, but with the odd exception, people have then figured it out themselves or

the situation has resolved. I will often get an email saying, "I've got this situation I may need to talk to you next week." Then I'll get an email saying, "don't worry, all sorted." There's been times where although I haven't been involved directly, it helps people for me to be a sounding board, someone to check things with.

How has your experience been with MECA bargaining this year?

I have enjoyed it more than I expected to. It's probably been a different process than I expected it to be. It's been slower and more complex than I had thought it would be. It's been quite heartening to hear that the DHBs generally share our concerns and understand the issues we are bringing, that's been nice to hear. The frustrating thing is that our proposed solutions haven't been enthusiastically embraced... yet. There is a lot more subtleties than I expected there to be. I thought it would be like buying a house where you put your offer in, they counter it and you meet somewhere in the middle. But it's not like that at all. I think the DHBs agree with the issues but are constrained by what solutions they can endorse. The process is slow because everyone is trying to work around the constraints surrounding what the DHBs can and cannot do.

What do you make of the Wellbeing Budget?

I think if you have got a budget that is heavily investing in mental health, and child wellbeing and violence prevention, that's got to be good for our country. The investment in mental health is fantastic but it'll be interesting to see the detail of that and whether it does what psychologists hope it will do. We have \$35 million for Child Development Services which is good, but is earmarked in a vague way, "increasing access and modernising child development services", who knows what that means.

What advice would you give to yourself as a new graduate?

I would have told myself not to try and master everything at once. Get good solid skills in one area, and then move to developing good solid skills in another area. You feel like you've qualified and therefore you should know everything. But you don't need to master everything straight away. I wish I had known more about that developmental progression psychologists have through their career and how your competence builds and changes over time. There is still a developmental trajectory that has to happen, and if I'd known that it would have taken some pressure off.

What do you enjoy doing outside work?

I am a solo-mum of a five-year-old so a lot of my outside work time is playing lego or scootering along the river. We are fortunate here in Palmy with easy access to great bush walks, and the beach is only half-an-hour away, so getting out of town and into nature as much as I can. And meeting up with friends, chatting over coffee.