APEX
APEX PSYCHOLOGISTS' NEWSLETTER FEBRUARY 2018

51% OF PSYCHOLOGISTS AT MINISTRY OF EDUCATION SAY THEIR PROFESSIONAL DEVELOPMENT IS INADEQUATE

• 56% SAY THEIR WORKLOAD IS UNMANAGEABLE

• 29% SAY THEIR SUPERVISION IS INADEQUATE

At the end of 2017, APEX surveyed psychologists working at the Ministry of Education in preparation for upcoming collective bargaining. The results illustrate widespread and serious problems with inadequate available professional development, unmanageable workloads, and a lack of support for intern and new graduate psychologists.

In 2016 psychologists working at the Ministry of Education began joining APEX, and in January 2018 we initiated bargaining for a collective agreement to improve these members terms and conditions and support for their professional practice.

APEX representatives had met with the Ministry in October 2017 to discuss our concerns about workload, professional development and supervision - but the views of our colleagues working around the country fell on deaf ears. The Ministry wrote to us after the meeting and said "We don't have any reason to believe workloads are unreasonable or unsafe".

In early February we submitted thirteen claims to the Ministry to be the basis of discussions at collective bargaining, including a 5% salary increase, a professional development allowance of $2500 per annum, reimbursement of professional association fees, and a maximum caseload of cases. The claims are based on an extensive programme of consulting our members on the main problems they have with the current terms and conditions of employment and suggestions we have collated on what can be done to improve these.

The careless attitude of the Ministry towards supporting psychologists is possibly reflected by the view of one psychologist, who wrote in our survey:

Psychologists need support in particular because we are the ones who deal with the most stressful situations - clients who are threatening suicide, clients who have mental health issues, domestic violence and other complex environments. There is absolutely no recognition of the work we do in the organisation and the stress it brings. Consequently, there is no effort put into supporting our health and wellbeing.

All employers of psychologists, especially a large government Ministry, must take responsibility to ensure the professionals it employs are practicing safely and competently. It is particularly worrying for the profession as a whole that when asked whether they thought they were receiving professional development opportunities adequate to ensuring compliance with the Psychologist Board's continuing competence programme - 51% said no, and only 39% said yes.

We will report progress with the Ministry as bargaining evolves.

DEALING WITH UNPROFESSIONAL BEHAVIOUR IN THE WORKPLACE

One of the most stressful periods of someone's worklife will be when they encountered unprofessional behaviour in the workplace. It could be a manager, SMO or psychologist colleague and often the behaviour will be hard to explain - it could be someone shouting at you, but it may also be a particularly aggressive or dismissive tone of voice. It may be that they belittle or ignore your concerns about patient treatment. It could be unfair favouritism or blaming in the workplace. You may not have unprofessional behaviour directed at you personally but you may witness or hear about it happening to your colleagues.

Everyone has a right to be safe at work and to be treated with respect by their colleagues. Productive, harmonious and contented workplaces require open and honest communication between us and our colleagues; unprofessional behaviour is often a significant barrier to a good workplace culture.

Principle 1 of the Code of Ethics for Psychologists working in Aotearoa/New Zealand requires us to respect the dignity of persons and peoples with whom we relate in our work, and to be sensitive to their welfare and rights. The practice implications include that we "use language that conveys respect for the dignity of others in all written or verbal communication" and "do not condone or engage in any form of harassment or exploitation". With that in mind, here are some suggestions of what to do if you are subjected to or witness unprofessional behaviour in the workplace.

Make a record
The first thing to do is to make a short note of what you saw or heard and why you think it was inappropriate. If another incident occurs, you will have an accurate log of the unprofessional behaviour.

Raise it directly with the person
The most effective approach to dealing with bad behaviour is to raise your concern direct with the person or persons concerned. An open and non-confrontational approach can quickly resolve many incidents of unprofessional conduct. This approach assumes that if the unprofessional behaviour is raised with the person they will want to apologise or change their approach in future. The old adage, *statements harrass, questions suggest* is useful here.

"Hey Richard, Do you think you may have come across as a tad dismissive when you were responding to Sarah's formulation at the MDT on Tuesday?"

Or, "Kate, I was wondering if you thought that you were overly critical when you were talking with Tom the intern?"

Flag it to your manager
If a direct approach to the person concerned is not practical, then you could let your manager know. It may be that they are able to raise it directly with the person concerned or know how to deal with it. The manager will also be in a position to remind all staff at team meetings of the importance of good behaviour to staff morale and teamwork.

Contact your delegate and lodge a complaint
Where informal approaches do not work, it may be necessary to make a formal complaint either through your manager or through HR. Whenever possible you should seek the advice and support of your local delegate in making this complaint.

Make sure to read the NZPB's *Guidelines on Unprofessional Behaviour in the Workplace and its Management*.

MINISTERIAL MENTAL HEALTH INQUIRY:
"NOTHING OFF THE TABLE"

"Nothing is off the table," was what Prime Minister Jacinda Ardern said when her and Minister of Health David Clark announced the composition and scope of the ministerial inquiry into mental health.

The six-person inquiry team will be led by the former Health and Disability Commissioner Ron Paterson and will hear public submissions around the country. The other members of the inquiry panel are Dr Barbara Disley, Sir Mason Durie, Dean Rangihuna, Dr Jemaima Tiatia-Seath and Josiah Tualamali'i.

As a core group of mental health professionals who have been on the frontline of the sector's underresourcing crisis, psychologists' knowledge and experience of how and where the system is and is not working, as well as the knowledge and experience of patients, will be critical to illuminating core problems and suggesting solutions.

Health Minister David Clark has said most of the hearings would be held in public, but there might be special circumstances to allow mental health professionals to give evidence anonymously if they "want to tell the story of what's going on inside the system".

"The inquiry has subpoena powers because we have heard from some people working in the sector that they feel vulnerable and that speaking the truth might be difficult in terms of their employment situation."

The inquiry is due to report back in October and will also look at wider systemic issues such as poverty, housing, family violence and the adequacy of coordination across wider sectors including education, welfare, housing, justice, and disability support. As the inquiry's terms of reference note of it's intent to search for preventative solutions:

Often mental disorders are recognised only after they become severe and consequently harder to treat. Half of all lifetime cases of mental disorder begin by age 14 and three-quarters by age 24. New Zealand's approach to mental health is not geared towards prevention and early intervention.

The Terms of Reference for the inquiry are available on the Ministry of Health's website.

HELPING THE DHBs SEE THE ADDED VALUE WE BRING TO MENTAL HEALTH

DELEGATE INTERVIEW

Annmaree Kingi is a consultant clinical psychologist in forensics at Canterbury DHB and one of three APEX delegates in psychology there.

Where do you work?
I am a consultant clinical psychologist and I have spent my career in the forensic settings in Canterbury DHB. I am currently working in the services' open forensic rehabilitation ward, and I have always lived in Christchurch.

How did you become a psychologist?
I dropped out of high school and worked in several dead end jobs. Towards the end of my twenties I questioned what I was doing in terms of a career. I always had an interest in human behaviour and in forensics. I also read a lot of criminal profiling books to serve my fascination with serial killers. So I went to university for the sole purpose of getting into forensic mental health.

I took courses I really loved, and was accepted into the clinical programme. I was lucky to have started my internship in forensic and, due to a shortage of psychologists, I was able to stay there for the whole year. I applied for a job and the rest is history. I particularly like the medico-legal aspect of my job, and working with complex mental health issues. It is very rewarding.

How did you end up as a delegate?
It has been a little bit of a journey. It started with the MECA, 2012 I think, and helping our then delegate, along with other colleagues, negotiating with management to get titles and merit progression processes in place that were acceptable to all parties. I wasn't a delegate at that point.

Fast forward a couple of years when our DHB decided to mandate in-patient psychologists to do SPEC training and had the expectation we would be involved in the restrain of patients. And I objected to being mandated to do that. There are some psychologists who did it but I was in favour of choice. So I had a real long journey, accompanied by several psychologists, with APEX over the matter. It went to mediation and we got the outcome we wanted that psychologists cannot be mandated to restrain patients and that these types of decisions rest with the individual clinician. So, that was a good outcome for our profession. After the mediation meeting APEX asked me to be the delegate for mental health services in the DHB and I said, "Oh, ok yeah" and here I am!

How would you describe the role of delegate?
I think the role is to support my colleagues get their MECA entitlements. I also think my role as a delegate involves exploring and solving other issues such as where the profession is headed, the DHBs perception of us, and helping them to see the added value we bring to public mental health in DHBs. So it's a mixture of resolving MECA implementation barriers and broader professional issues at a national level. The qualities delegates need include, a sense of humour, passion for the employment issues, and willingness to compromise. The ability to sit with the management team and hash out differences of opinions while maintaining good relationships over the longer-term is also important.