



# H+S: ROOM FOR IMPROVEMENT

One hundred and fifty-three psychologists took part in our Health and Safety survey and the results provide an important insight into the safety risks we face at work:

- 29% of psychologists have felt so unsafe at work in the last 12 months to the point of adversely impacted health, performance or functioning.
- 50% do not think their employer is doing enough to minimise and eliminate H&S risks.
- Comments repeatedly mentioned four key areas of concern – 1. Poor quality buildings and physical environment; 2. Understaffing and resourcing; 3. Emotional/mental wellbeing of staff; 4. Bullying.
- 83% are satisfied with how their employer addresses the risk of violence and harassment from patients.
- We need better support following adverse events such as the traumatic death of clients or when we are abused by clients. Only 26% of us receive a "defuse event" after an adverse event, but 71% of us would like one to occur.

The problems associated with buildings ranged from mould and asbestos problems to air-conditioning, leaks, lack of furniture and office equipment. As part of the process for improving building safety we have asked Auckland DHB to provide formal risk assessments of Community Mental Health Centres and to ensure these workplaces have appropriate access control measures, panic buttons and CCTV.

There were lots of good suggestions made about how employers can improve staff safety such as:

"Recent introduction of Grand Rounds to discuss serious incidents or complex cases has been helpful learning and support cases".

"Clearer guidelines and support in area of self-care."

"Improved emotional support following critical incidents including client suicide."

"Replace staff who leave more quickly."

Our priority now is to begin discussions with employers to improve responses to adverse events. As one of our colleagues noted, "Safe and healthy staff work more efficiently."

# SUPERVISION

Twelve of the fourteen District Health Boards who received letters from us have replied formally and we are aware that a number of psychologists have been provided with external supervision since we raised these issues with the DHB. The responses show external supervision is available at all DHBs, however there are large regional variations in the accessibility of supervision. For example in Northland ten out of seventeen psychologists are receiving external supervision, whereas in Whanganui only one in six is. If you require external supervision or are unsatisfied with your supervisory relationship we encourage you to raise this with your manager or professional leader in the first instance.

## Psychologists receiving external supervision/total number of psychologists

Northland – 10/17  
Counties Manukau – 20/60  
Auckland – 31/94  
Waitemata – 27/ 69  
Waikato 7/52  
Bay of Plenty – 1 team  
Midcentral – 7/20  
Hawkes Bay – 5/15  
Capital and Coast – 7/45  
Hutt - 8/21  
Whanganui – 1/6  
Nelson Marlborough 5/29

# PATIENT RESTRAINT

Since our last newsletter, the issues with Canterbury DHB requiring psychologists to take part in restraint were resolved at mediation. Prior to mediation the Psychologists' Board emailed us to state:

*The Board holds the view that it is quite reasonable for an employer to expect psychologists to undertake SPEC training alongside their colleagues from other professions. We think it wise, in fact, for psychologists to be prepared to deal safely with any situation where the skills taught in this course may be required.*

*This is not to say, however, that we would support any employer instructing psychologists that they must engage in restraining clients. Indeed we would expect psychologists to*

*ensure all other options are exhausted before restraint is employed. And, just as is the case with something like CPR training, we would expect psychologists to defer to those more expert and/or able than them should a restraint situation arise. Restraint should only be employed as a last resort to protect the welfare of the patient or other persons, and should be conducted by the most appropriate people present.*

Many of you will have seen the DHB Psychology Leadership Council's position paper on the issue. A copy of this is available at [www.apex.org.nz/psychologists](http://www.apex.org.nz/psychologists) If you have any thoughts or comments on this position paper you can provide it directly to us at [psychologist@apex.org.nz](mailto:psychologist@apex.org.nz)

# MINISTRY OF EDUCATION

We continue to be in correspondence with the Ministry of Education over unpaid internships and professional association fees. On the issue of internships we provided the Ministry with detailed descriptions of the work interns do and we have offered to work collaboratively with the Ministry to jointly make a request that Health Workforce New Zealand fund internships at the

Ministry of Education on the same basis they fund internships at District Health Boards. Our offer was declined by the Ministry.

The Ministry has also now come up with a set of guidelines on reimbursing professional association fees. These have been provided to members for consultation.



# ADVERSE EVENTS

Inadequate support for staff affected by adverse events is leaving psychologists feeling burnt out and stressed. We will be writing to DHBs and the Ministry of Education asking for formal policies to be written up and implemented to support staff after adverse events as the current situation is unacceptable.

Comments from our members highlight the personal impact of how responses to adverse events can make a significant difference.

**"I'm lucky my team leader will listen and support, but that's about as far as it goes."**

**"Lack of a response from the DHB is contributing to staff burnout."**

**"Some debriefing meetings not that helpful and done too late."**

**"The debriefing meeting was so awful I actually walked out."**

**"No manager for a significant period of time meant no process for safety could occur."**

**"Allied Health members often left out of the loop and have to process events on their own during supervision."**

**"We have a supportive and caring team."**

**"I think we do critical incidents ok."**

**"Change culture so that blame is not automatically placed on field workers without first analysing what actually happened."**

**"I think ADHB has no idea how to build and maintain a good team culture."**

## **What supports/responses currently occur at your employer following an adverse event?**

27% - A defuse event - coordinated "check in" of staff before leaving work for the day.

36% - A debrief meeting - structured and facilitated team meeting within 72 hours.

36% - A systemic review of the cause of incident (root cause analysis or incident review).

47% - Address and support a good team culture.

7% - Address and support wider organisation supportive culture (external to team).

56% - Offer and advice on EAP (external counselling).

30% - Good organisation monitoring and recording of events.

## **What supports/responses would you like to routinely occur following an adverse event?**

72% would like a defuse event.

64% would like a debrief meeting.

75% would like an incident review.

86% would like team culture addressed.

57% would like organisation culture addressed.

61% would like offer and advice on EAP.

67% would like good organisation monitoring of events.

# WELCOME TAIRAWHITI

Psychologists at Tairawhiti DHB have just joined APEX, elected a delegate and we are excited to be bringing them across onto our MECA in September in line with the expiry of the PSA Allied MECA at the end of October. Tairawhiti DHB covers sunny Gisborne and the East Cape region.

We will also be writing to the DHB to ask that they appoint a professional leader to ensure the professional interests of psychologists at the DHB are looked after; the standards and ethics of our profession are maintained; and issues of professional development, merit progression and supervision can be resolved.



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# "SAFETY CONCERNS WERE NOT BEING ADDRESSED"

## **Why did you become a delegate for APEX and why did you volunteer for the role?**

I became a delegate in October last year because there wasn't anyone in the role, and our DHB was undergoing restructuring. I felt it was important that psychologists had someone as a point of contact for them. Being a delegate provides an alternative pathway for queries psychologists may have with either APEX or with management. In our DHB the psychology workforce has dwindled in size, partly because of a decline in working conditions. Sometimes you need to have that extra person to help advocate for your workplace.

## **How have the CPD changes impacted psychologists at your DHB?**

Prior to the CPD provisions, psychologists were feeling frustrated that they were not having sufficient access to professional development to develop their skills. There was a lengthy process to get training approved, and at each stage there was uncertainty whether training would receive approval. CPD allocations give psychologists an opportunity to start looking closely at developing skills we need for our work.

Some specialist roles do not have training available within New Zealand. CPD will allow psychologists to look further afield or find other ways to get access to other professional development. Books, literature and e-learning are alternative ways of receiving CPD.

## **Psychologists have identified as a problem, psychologist positions being replaced by OTs, nurses or social workers. What are the risks of this?**

The risk of losing psychologists is that teams lose another set of diagnostic skills. Aside from medical practitioners, psychologists are able to give diagnoses. Often psychologists work with multifaceted and highly complex clients that other team members require more clarity around what is occurring for that person in order to work with them more effectively.

Psychologists train for between five to seven years. Aside from diagnostic skills, the type of training we receive is based on a scientist practitioner approach, so we bring analytical and problem-solving skills which allow us to develop and implement therapy in a unique way compared to other professions.

## DELEGATE INTERVIEW



**Evelyn Aranas** is an APEX delegate working at Midcentral DHB.

Other health professionals can be trained in providing therapy, for example CBT, but they may not always appreciate mechanisms that underpin that therapy, and why that therapy may not be as effective for one person in comparison to another person.

## **What was your perspective on what happened in Feilding last year?**

Feilding is a good example of why workplaces need unions. The Feilding team is comprised of experienced clinicians working effectively in their community. The team identified issues and challenges they faced, and the impact changes to the way crisis cases were managed by the team had on their workload.

Despite informing managers, the team felt their safety concerns were not being addressed. They asked for advocacy from APEX and after taking some quite strong and direct action APEX has been able to support the team and management to bring some changes for the Feilding team. Without APEX's support I am certain the DHB would have lost employees from the team.

## **What do you enjoy doing outside of work?**

I love spending time with whanau and friends and belong to a very social book club. I enjoy live theatre, movies and art, but I don't get to indulge in these as much as I would like.

I have a household full of teenagers and there always seems to be sport or things happening around them most weekends.