

APEX

APEX PSYCHOLOGISTS' NEWSLETTER

JUNE
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VOICES FROM THE COAL FACE: OUR SUBMISSION TO THE MENTAL HEALTH INQUIRY

Ten copies, printed and bound, of the APEX Psychologist Division submission to the Mental Health Inquiry were couriered off to the Inquiry at the end of May.

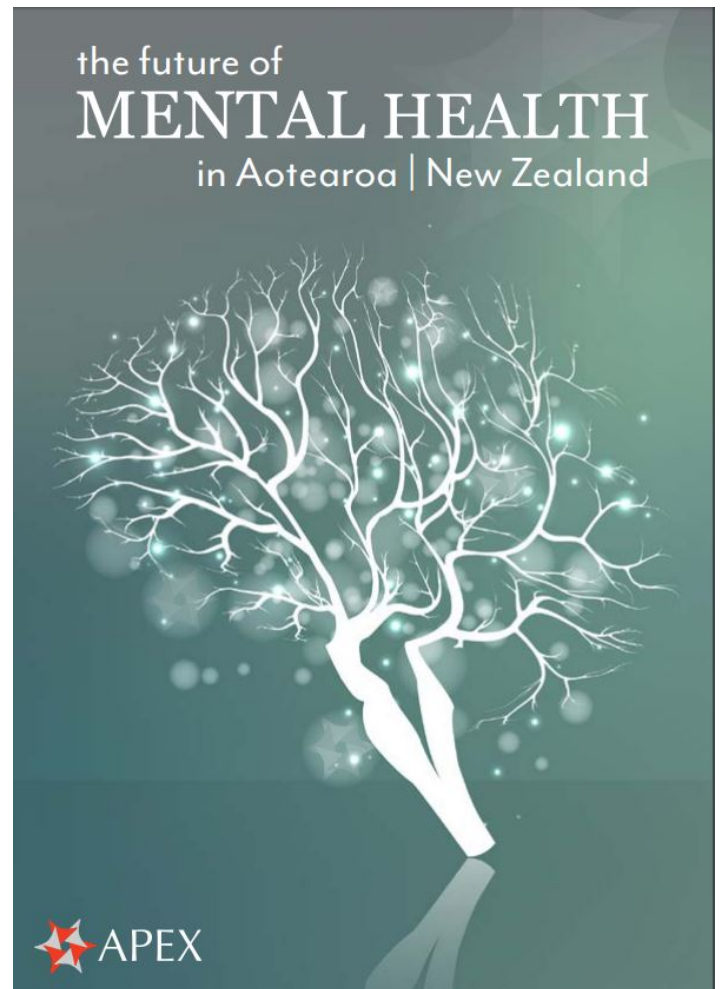
The document is available to read at apex.org.nz/psychologists and is based on the responses of our members to open-ended questions regarding the current status, and importantly, the future direction of mental health care in this country. The draft document was sent out to all members for a week for any extra feedback.

An APEX delegation will meet with the Inquiry on Wednesday 20 June to discuss the contents of the report and answer any questions the Inquiry may have.

The introduction from APEX National Secretary Dr Deborah Powell asks the Inquiry to consider the submission on the basis of it containing voices from the 'coal face' - "From the professionals interacting with people with mental health and addiction issues in the community. They have direct, relevant, and valid experience to contribute to this Inquiry, and we encourage the Inquiry to carefully consider our recommendations."

In the submission's concluding remarks, Divisional President Rajan Gupta says, "The voices in this submission can light the way. We don't have all the answers, but we have some, and together with other voices that are sure to emerge, especially those of tangata whenua, we must take responsibility and lead the country towards necessary change."

The submission sets out ten recommendations to begin solving the mental health crisis. We encourage you to read and share the submission with your colleagues. If you would like a paper copy of the document, email us at psychologist@apex.org.nz



Our Ten Recommendations to the Inquiry

- Increase funding, staffing and services in DHBs, primary care services and schools
- Focus on families and early intervention
- Address social and systemic issues
- Facilitate closer collaborations between services
- Build an integrated system that works from primary to specialist services
- Ensure the working environment has a positive influence on the work of psychologists and their colleagues
- Integrate the model of care
- Develop the workforce
- Improve managerial systems
- Educate the public

Read the full submission: www.apex.org.nz/psychologists

SOCIAL PRESCRIBING: THE NEXT BIG CHANGE TO THE MODEL OF CARE?



British health professionals are becoming increasingly excited about the potential benefits of a new way of providing care - social prescribing.

The idea behind social prescribing, also known as community referral, is that GPs and primary care professionals should be able to refer their patients to activities and community organisations from cooking and art classes, legal budget advice to swimming lessons and gardening groups.

The King's Fund, a United Kingdom charity that works in the health sector, is enthusiastic about the opportunities from the model, "Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary or secondary health care."

In the Somerset town of Frome, a social prescribing service attached to primary care has had a dramatic effect on the town's health outcomes. The town used volunteers and paid "health connectors" to connect the

town's 28,000 residents with 400 different organisations and activities.

Palliative care consultant Julian Abel, reported of the effect of Frome's experiment, "While emergency admissions to hospitals across Somerset have increased by 30 percent, incurring a 21 percent increase in costs, Frome has seen admissions fall by 20 percent, with a 21 percent reduction in costs. This represents five percent of the total health budget. No other interventions on record have reduced emergency admissions across a population."

In May 2018, the UK's Royal College of GPs issued a call for every GP practice to have at least one "social prescriber" noting it was one of the "most effective and beneficial actions for both GP clinics and patients".

The last Director-General at the Ministry of Health was an enthusiastic advocate for digital solutions to health issues, but social prescribing suggests the need for real rather than virtual connectivity.

INTERIM DIVISION SECRETARY APPOINTED

Anmaree Kingi, consultant clinical psychologist at Canterbury DHB has been appointed as the interim divisional secretary. Anmaree's appointment by divisional president Rajan Gupta follows Aaron O'Connell's departure to primary care.

Anmaree will be well known to Canterbury psychologists as one of their union delegates. She was one of a group who worked to ensure psychologists were not mandated to do physical restraints of patients by the DHB.

Nominations are now open until 5pm on 22 June 2018 for the position of divisional secretary. As per the APEX rules nominations must be in writing, signed by the proposer and seconder (both of whom must be financial members), accompanied by the candidate's signed consent to nomination. Scanned copies of these documents should be emailed to psychologist@apex.org.nz

A ballot on nominations, if necessary, will be held after 22 June.

MINISTER CLARK SETS OUT DHB EXPECTATIONS

David Clark, Minister of Health, has released his first letter of expectations to District Health Boards.

The letter sets out the Government's focus of improving population health through public health and promotion measures as well as better resourcing of primary care to reduce pressure on emergency services.

Clark thanks staff of DHBs "for their commitment and service to the public, particularly during difficult times" and their role in keeping health outcomes up "despite nine years of under investment".

In a section entitled Workforce, the Minister says, "With a growing and aging population, there will be more work for all, and an increased emphasis on the use of generalist workforces for less specialised tasks will be required. Health care professionals from allied health, nursing, medicine and related fields will need to operate at the top of their scope of practice." The Minister, also asks for consideration of more roles for health professionals in schools and early education.

Other expectations include:

- Improving health outcomes for infants, children and youth as well as Maori, Pacific and people living in high deprivation areas;

- Requiring better reporting from PHOs, especially better accountability for improving care for long term condition management such as diabetes;
- Implement a climate change response.

The Honourable Dr Clark also calls on DHBs to implement the Mental Health and Addiction Workforce Action Plan 2017-2021, which has four priority areas and fourteen actions including growing and developing the Maori workforce and developing strong leadership programmes and pathways.

The Action Plan is mostly the sort of bureaucratic jargon that regularly gets released from the Ministry of Health but contains some useful actions in it if ever implemented. For example action 4.4 is;

Support and strengthen rural and regional recruitment and retention initiatives by developing career pathways that accommodate a more mobile workforce, enhancing professional networks to connect isolated health professionals and improving access to supervision, mentoring and professional development.

Consultant clinical psychologists should consider the Action Plan when thinking about planning their merit progression tasks.

PROPOSED PSYCHOLOGY INTERNSHIP SERVICE

APEX are proposing a national psychology internship service to improve workforce supply as many DHBs and other employers of psychologists such as the Ministry of Education struggle to recruit and retain psychologists.

The proposal has been circulated to the Psychology Workforce Group, universities and psychologist employers, and our hope is that it will be given contestable funding from Health Workforce New Zealand that is becoming available this year.

The proposal is for a service which can forecast future internship numbers, confirm internships at employers of psychologists and then match interns to available positions, on a rolling three year basis.

As the draft proposal notes, There is very strong and growing demand for psychologists in public health, education and social services. In health a lack of supply post clinical internship is leading to significant level of vacancies in some regions and specialties. This is being increasingly felt in rural areas such as Northland and Tairāwhiti where workforce shortages are impacting the ability of DHBs to provide services to high-needs population. Larger regions are also being affected however with Canterbury experiencing a shortage of clinical psychologists and Counties Manukau DHB more recently indicating they wish to recruit more clinical psychologists from overseas due to a lack of domestic supply.

RECENT MEETINGS AND CORRESPONDENCE

On 23 May APEX met with the Psychologists' Board at their invitation to discuss how we support psychologists during investigations and complaints. We described the process by which psychologists come to us, often in distress, and we work with them to put their account of events before their employer.

After a meeting with Auckland DHB mental health managers we received correspondence on 18 May indicating the "2:1" meetings at the Kari centre have now stopped. Our delegates told the DHB that the meetings where psychologists were called individually to meet with two managers and pressured into taking on more work were unacceptable.

Southern DHB have been advised by letter on 11 May that we will file in the Employment Relations Authority unless they desist their attempts to claw back CPD from \$3500 to \$2500.

After bargaining with the Ministry of Education on 17/18 May, we are getting closer to a final offer for psychologists. The bargaining has been robust and mostly constructive; the pay offer is 2% for a twelve month agreement, and two steps removed at the bottom of the scale will mean a 12% increase for new graduate psychologists in education, a new merit process for the top steps of the scale, and agreement to jointly develop workload guidelines which may include caseload caps.

TOUGH GOING, BUT WE CAN SEE PROGRESS



Where do you work and what do you do?

I am based in Porirua. One of a team of two psychologists in our severe behaviour service team, supporting children referred by schools in our patch (34). My colleague and I are also available for callout when schools need support around traumatic incidents.

How did you become a psychologist?

I went to university straight out of College when many of my cousins and friends had long dropped out of school. The pull to follow them was strong but I was fortunate to have parents who understood the value of education. At uni, I was influenced to study psychology through contact with people such as Dr Henry Bennett, and Professor Jim Ritchie.

What do you enjoy most about your job?

Helping to make a difference for our tamariki and rangatahi, their whanau and caregivers, and for our schools. I am Maori on my Dad's side (Ngati Kahungungu raua ko Ngai Tuhoe) and Cook Islands on my Mum's side. My parents were Teachers and Mum was also a leading light in early childhood education with Anau Ako Pasifika, and with the establishment of Cook Islands language nests. I feel very fortunate to have this opportunity to be walking in their footsteps in a sense, giving something back to our Maori and Pasifika communities.

How did you come to join APEX and become delegate?

Conversations with a group of colleagues and a feeling we shared that this was the best way for us to have our concerns about our work conditions heard in a way that would lead to much needed change. The things we were concerned about, such as high work and caseloads, and concerns about resourcing, are represented in our list of claims in bargaining

Jim Morgan is a psychologist and APEX delegate at the Ministry of Education's Porirua office.

We have been in collective bargaining with the Ministry of Education for the last three months. How have you found that?

It has been eye-opening and rewarding. Tough going initially but we can see positive progress and attitudinal change starting to happen around many things we took to bargaining and on that, having the guidance & leadership from APEX through this has been very important.

What is the future for psychology in the Ministry? What needs to be done?

The funding announced this year for our sector to ramp up support and services for children and families, endorses our work and emphasises the role psychologists will need to play. Staffing the new work will be problematic unless current concerns around poor retention and difficulty attracting psychologists to vacancies are addressed. Appropriately addressing the things we have tabled at bargaining would go a long way to alleviating those concerns.

What is the impact of working in an organisation where you do not have a guaranteed professional development fund?

It is very unsettling. The current approach does not acknowledge the obligations on individual psychologists under the HPCA Act 2003 around maintaining competence. Hence taking this to bargaining as something that belongs in our contractual arrangements.

What do you enjoy doing when you are not at work?

We have a grandson living with us and a granddaughter nearby. With them so close, there is no such thing as downtime for my wife and I when we are not at work, but we love it, it brings a lot of joy into our lives. We are both keen cyclists and do that when we can. I'm also a keen fisherman but with few opportunities to indulge. The ideal for me is to go to the far North, Kapowairua - Spirits Bay, to fish the rock ledges off the headland, waiting for gullible Kingfish to come along.

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