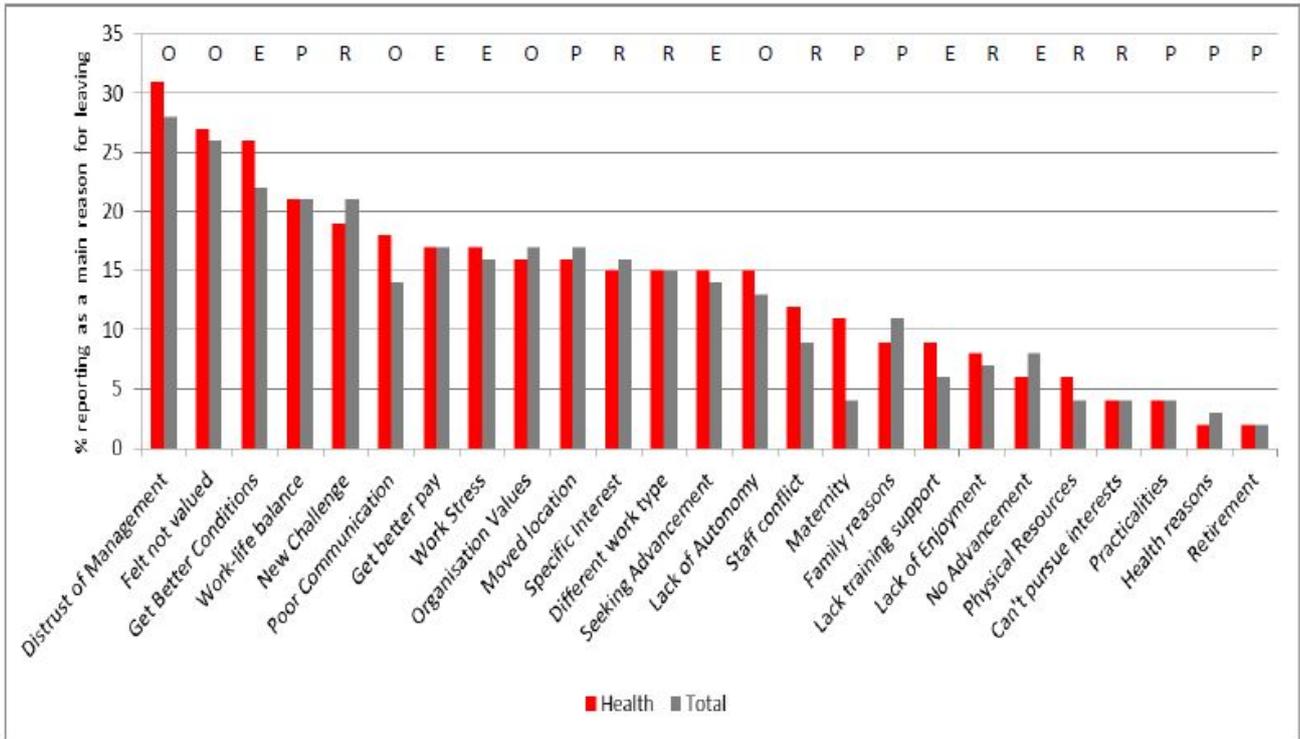


APEX

APEX PSYCHOLOGISTS' NEWSLETTER

MARCH
2018

WHY ARE PSYCHOLOGISTS LEAVING DHBs?



Preliminary analysis done by the Psychology Workforce Group shows that many DHB psychologists are considering leaving the sector and "distrust of management" is a significant reason.

The analysis should come as a wake up call to DHBs who are losing experienced psychologists hand over fist to ACC and private practice.

Of serious concern also are findings that just under one-third of former DHB psychologists left their previous positions because of "Distrust of management"; and that over twenty-percent of psychologists who had left DHBs said "not feeling valued", "get better conditions" and "work life balance" were their main reasons for leaving.

Some managers are fantastic. But the failure of too many of our managers to retain our trust is particularly worrying. APEX will assist any psychologist who wants to raise issues of poor management either individually or collectively. Since the beginning of the year we have raised these issues separately with Bay of Plenty,

Canterbury, Lakes and Auckland DHBs with varying levels of success.

If we want our managers to succeed tomorrow, we need to tell them why they are failing today. They may be unaware of their poor management style. Or they may feel there are no consequences for capricious behaviour.

If we do not do anything about poor management, we will make no progress. Psychologists who feel raising issues with managers individually leaves them vulnerable should work with their colleagues on collective responses or complaints and ask the assistance of their union delegate or APEX office to raise these issues.

The analysis also shows over one-third of DHB psychologists are considering leaving their role because of low pay. The preliminary analysis calls for DHB salaries to come into line with Corrections. Psychologists at Corrections can be paid over \$100,000 within 8 years of beginning work.

Read the full analysis on our website: www.apex.org.nz/psychologists

MINISTRY OF EDUCATION **BARGAINING** BEGINS

Multi-union bargaining between the Ministry of Education and APEX and NZEI kicked off on 21 and 22 March for a new collective agreement for psychologists there. The first two days focused on workload and our claim for a maximum caseload of fifteen for psychologists in Learning Support working with severe and challenging behaviours.

We have been informed through the workforce group:

Ministry of Education plans to expand Behaviour

SOUTHERN DHB ATTEMPTING TO **CLAW BACK \$1000 CPD**

Collective bargaining with Southern DHB for an interim agreement before they join the MECA in 2019 has hit a road block with the DHB attempting to claw back longstanding continuing professional development entitlements. For many years, all psychologists at Southern DHB have been entitled to \$3500 CPD funding per year and 10 days study leave.

But the DHB has taken an aggressive approach to our new members there. First, they refused to join the MECA. Then, they failed to negotiate meaningfully about merit progression. Now, they want to preference non-APEX

Services, recruiting 50 – 55 FTE (predominantly psychologists) to provide services to an additional 1,000 families. They have increased the number of interns they are taking on and plan to grow that number over the next four years. They are concerned about the capacity to properly supervise the interns because of growing difficulties with retention of staff in their first five years of practice. Some indications that this is related to the Skills Progression Framework necessary for progression beyond the automatic steps.

members in training entitlements. As our delegate noted of the whole experience;

At times it has felt like quite a personal attack towards those Psychologists whom have chosen to move over to APEX. It feels as though the DHB is happy for us to belong to a union as long as it's PSA and it feels as though the DHB and the PSA are in cahoots with each other. So much for freedom of choice.

APEX and the DHB will head to mediation on April 6 to resolve this issue.

NEW BOOK TAKES AIM AT MEDICAL MODEL OF MENTAL HEALTH

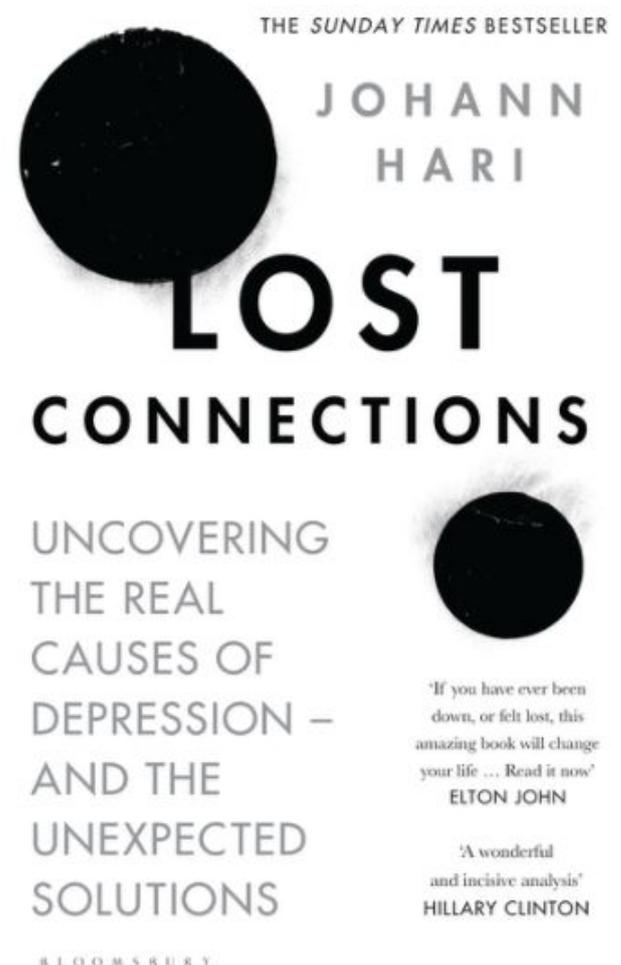
British author Johann Hari has written a new book *Lost Connections; Uncovering the Real Causes of Depression and the Unexpected Solutions*, in an attempt to correct what he sees as an over emphasis on the biological determinants of mental health and the limitations of pharmaceutical treatments.

Hari's book looks at a number of innovative models of care, including London GP Sam Everington's Bromley-by-Bow Health Centre, which in addition to providing GP services and psychological therapy, prescribes patients to over 100 different social programmes – gardening, art classes, employment programmes.

Interviewed on Radio New Zealand by Kim Hill in February, Hari said, "What I do know about New Zealand and the treatment model there from having read about it... there are three kinds of causes of depression and anxiety – biological causes like your genes which can make you more sensitive to [risk] factors; psychological causes, which are how we think about ourselves and our place in the world; and there are social causes, which are factors in the way we live together."

"The New Zealand model clearly speaks to the biological causes because New Zealand has very high anti-depressant prescriptions; it speaks somewhat to the psychological causes... it doesn't speak to the social causes because no one in the world apart from a few extraordinary experiments...is talking about the social causes."

You can find Hari's interview with Kim Hill on the Radio New Zealand website - www.radionz.co.nz



After twenty-three years in secondary care, Aaron O'Connell, an Auckland DHB delegate and APEX psychologists division secretary is off to primary care. A union delegate for the last nine years, Aaron brought ADHB psychologists across to APEX and has been part of the national MECA bargaining team for the last three rounds.

Farewelling his colleagues, Aaron said; "A core group of us used a long game strategy (6 years) to get improved conditions (including the lump sum training entitlement). Please continue to work together to improve conditions for DHB psychologists – there is so much more we can achieve."

Thanks Aaron for all your union work over the years! Best of luck!



THANKS AARON

MINDFULNESS FOR RESIDENT DOCTORS: MEDITATION PROVES USEFUL FOR MANAGING ANXIETY AND STRESS

In July 2017 NZRDA, the union representing resident doctors in District Health Boards, bought 500 12-month subscriptions to the mindfulness mobile phone application Headspace and encouraged our members to download the app, and try the meditations.

As of March 2018, 403 NZRDA members had redeemed their subscriptions and meditated over 118,000 minutes in 11,622 individual sessions. The most popular sessions were those that teach people how to deal with anxiety, stress and sleep. NZRDA surveyed members who took up Headspace subscriptions in February 2018 and asked how helpful they had found the app and got 236 responses. 68% said they found it very helpful; 31% found it somewhat helpful; and 1% found it not helpful.

Ninety-six residents provided comment about the effectiveness of the app and how it had assisted them including;

- *It has helped improve my baseline mood. I feel I can focus better and take on more because of it.*
- *Definitely makes my day better when I allocate the time to do this. Sometimes it gets put on the back-burner, but whenever I restart the daily 10min sessions I remember how much better I feel and how better equipped I am to cope with stressful situations at work.*
- *Headspace gives good strategies to manage what might otherwise be stressful situations. Not only do*



doctors benefit but we interact better with our patients and can even equip them with some of the tools we learned

- *I take time to use Headspace every morning before work. I think it helps me deal with both professional and personal issues in a calm way with more insight than I previously had*
- *Good coping strategies for those busy days when you feel like everything is starting to spiral. It helps to put things in perspective and prevents me from taking out my frustrations on others around me*
- *Professionally it really helps me to rationalise my anxiety when dealing with uncertainty or after a stressful busy day when I'm feeling overwhelmed. Personally it helps me in any stressful situation. I get less annoyed or angry. I am more aware of my feelings and can use them productively rather than become overwhelmed by them. And I also now recommend Headspace to my patients, especially those dealing with anxiety or depression, or thoughts of suicidality or self-harm. Most people are really open to the idea of gaining control over their emotions - I find it empowers the patient.*
- *Headspace has given me a structured way to dedicate a little time each day to slowing down, calming my thoughts and switching off from the pressures of a hectic schedule. Definitely worth a go!*

OUR SOCIETY HAS FAILED TO UNDERSTAND THE COMPLEXITY OF MENTAL HEALTH ISSUES

DELEGATE
INTERVIEW



Why did you become a psychologist?

Psychology provides a unique way to help people with complex problems, and that's something I wanted to do. I started university around 23 and I took computer science and psychology. I didn't know anything about either of them. I realised there was a real practical element to psychology which was teasing apart complex problems with people. The more I learnt about that the more interested I got. I wrote my thesis on the recovery experiences of Māori, who had been through the whānau group at Higher Ground (a residential addiction facility).

Where do you work now?

I work at Te Puna Waiora, Māori mental health at Counties Manukau DHB, working with adults in an MDT. Assessment and therapy are the parts of my job that I really enjoy. When people are at their most vulnerable, you feel really privileged to be with people in that space.

What do you find challenging in your role?

It can be easy to personalise a client's disengagement, as it makes me question my therapeutic skills, especially since I am new to the role. Also, I find fortnightly supervision a challenge at times, as it often means I only get to discuss one or two, of my most challenging clients. An hour every fortnight does not cover the entire caseload for new psychologists. Part of the problem is also how we went from working in a room with four psychologists where you got fresh input from your colleagues before or after a session, to an open plan office where we are very rarely in contact.

What has the impact of Counties Manukau's restructuring of mental health services been on you and your colleagues?

We have similar challenges to all teams, such as difficulties providing adequate, preventative services to our clients. Consequently, we often engage with clients when they are most unwell, and this can bring a lot of stress to the team. A unique experience for our team is the challenge of operating as a genuine, Māori mental team. We do our best; however, we are a small part of a big organisation that is predominantly non-Māori in its

Simon Waigth is a clinical psychologist in Maori mental health at Counties Manukau DHB and one of two APEX delegates in psychology there.

approach to working with clients. The most recent proposal to change mental health services signals quite a significant change for the team, and the way we work.

There is some concern that this will make it more difficult to provide Māori mental health interventions and improve our client's experience. In saying that, the proposal is still being finalised and our feedback to the proposal has been given. We are hopeful, and anxious, as we await the final outcome.

What do you think the solution to the mental health crisis is?

There is no doubt that funding plays a significant role in improving the current 'mental health crisis'. But I think the issue runs a lot deeper; the 'crisis' is a consequence of the way our society has failed to understand the complexity of mental health issues. The fact that we are talking about the crisis, and that there is a mental health inquiry, is positive; it shows that we have acknowledged the issue.

The challenge is to ensure that this progress continues, which is a challenge that must be faced by capable and courageous leaders.

How do you find being a union delegate?

Even though I am still 'learning the ropes', I have really thrived in this role. The small wins have been enjoyable – helping colleagues to receive back-pay and being put on the right pay-step; clarifying CPD policy and processes; engaging the DHB in conversation about the MECA and helping new Psychologists engage with union are just a few of the highlights. Also, I get to be in this role alongside Chris Murray, an old-time school buddy.

What do you think we should focus on MECA bargaining in 2019?

Some psychologists are in danger of losing their specialisation. Therefore, we need to be mindful of this when we approach bargaining and take opportunities to ensure that we protect our role.

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