



# APEX

# APEX PSYCHOLOGISTS' NEWSLETTER

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# MERIT PROGRESSION: A FRAMEWORK FOR SERVICE IMPROVEMENT

The DHBs and APEX MECA allows for all psychologists employed on step nine and above to apply for merit progression. More than just providing for salary increases, merit progression provides a framework for clinical excellence and service development.

The progression criteria reflects the role consultant psychologists have in public health and the expectation they practice "at an advanced to expert level, are able to supervise others and have some focus on overall service improvement e.g. through research, quality improvement initiatives, new services initiatives, workforce development."

Merit progression applications require a psychologist to be doing the core tasks as evidenced by a satisfactory annual performance review and to be supervising other staff. In addition, applications require three optional tasks to have been completed. These tasks cover research, teaching, service and programme development, recognition of expert and consultant roles within clinical areas, and leadership within the profession.

We encourage you and your colleagues to work together to make and support each other's merit applications.

**INSIDE:**

**REPORT FROM THE MEETING  
BETWEEN APEX & THE  
MINISTRY OF EDUCATION.**

# SUPPORTING PSYCHOLOGISTS AT THE MINISTRY OF EDUCATION

Representatives from APEX and the Ministry of Education met together in Wellington on Tuesday 24 October to talk through key issues for psychologists. The discussion was robust and constructive and a chance to work through and resolve some of the important professional issues psychologists at the Ministry have before we meet for bargaining in early 2018. We talked through the following key issues:

## **Workload – Guidelines on caseloads**

In short, the workload many psychologists have in the Ministry of Education is not sustainable. We need a policy in place for all psychologists to ensure our caseloads and our workloads are manageable and safe. Reports psychologists managing up to 35 or 40 cases is unacceptable and unsafe. Psychologists need guidelines on maximum caseloads that also take into account our other workload demands (supervision, training and leadership roles). We had to convey, across the table to the Ministry, comments made by our members about the current situation:

*“Currently pressure is being placed on service managers and staff to reduce waitlists by making initial contact (a phone call) with families but this still requires them to wait for service. This does not seem ethical to me for anyone involved.”*

## **Professional development**

We discussed requirements the Psychologists’ Board places on psychologists to engage in rigorous professional development, and presented them with a copy of the Board’s Continuing Competence Programme Guide for Participants. We also pointed out that there is significant regional variation in the ability of psychologists to access funding. In some areas and teams it is very simple, while in others it is next to impossible.

*“No PD unless it is in-house (danger of “group think”) or has the words “behaviour” and “schools” in it. Very difficult to get any PD at all. No acknowledgement of the value of training/experience in frameworks of psychology other than behavioural analysis.”*

*“[We need] access to professional development in line with requirements of registration with Psychologists Board.”*

## **Supervision**

Supervision, we explained to the Ministry, is essential to safe and effective practice, and there is a glaring need for a formal supervision policy as well as an audit of current practices.

*“Needing external supervision to keep up my competencies/training which are not around behaviour analysis.”*

## **Internships and new graduates**

We reiterated to the Ministry our position is that unpaid internships are exploitative, and if funding is an issue we should work together to resolve it.

## **Health and Safety**

Some of the issues we raised around health and safety were: traumatic incidents, support for managers, tools to do the job (i.e. latest testing materials), and having initiatives that address staff safety and wellbeing and prevent burnout.

The agreed outcome of the discussion was that we would meet again in early December to progress the above issues. APEX will soon survey MoE psychologists on where things are and are not working well on each of the above areas, and we are aiming to devise with the Ministry nationally consistent guidelines on these areas of professional practice. Please take the time to fill in this survey before Friday 24 November.

# WORKPLACE FACILITIES

One of the unique clauses of our MECA with the DHBs is clause 13 on workplace facilities. It states:

*All employees within the application of this agreement shall have made available to them, subject to priority and availability, suitable office space with computer and telephone facilities for the purposes of performing their duties. Appropriate space for meeting clients and undertaking psychological testing, assessment and intervention (which may not be the employee's office) shall also be made available. Such accommodation will be provided on site. Prioritisation of office space shall be done on the basis of the employees needs for such space.*

*It is acknowledged that employees will require ready access to up to date test material, software and an appropriate confidential filing system for storing test materials and results, and that these should be provided by the employer.*



APEX has recently raised concerns with Northland DHB about child and adolescent mental health facilities in the mid-North, Kerikeri and Kaikohe. Our concerns are:

- Lack of soundproofing of interview rooms, where psychologists report when you are with a client, you can hear exactly what is being said by clients in adjacent rooms.
- No physical separation between reception area and office space being used by clinicians. Clinicians are concerned when they are having conversations with colleagues or over the phone while at their desks, they can be overheard by clients.
- Shared waiting room between adults and children, creating a physically intimidating space for children using the service.

We have raised these concerns with the Northland mental health manager and are awaiting their response.

# WORKFORCE DEVELOPMENT

In October the *Christchurch Press* ran an article on some of the problems we are facing - **Kiwis more likely to see a psychologist in prison than in mental health system**. Our national secretary Dr Deborah Powell was interviewed for the article:

*APEX national secretary Deborah Powell said mental health patients were getting "the raw end of the deal". "It's awful when we hear of people in prison finally getting the mental health care they need. It's an indictment on the delivery of our mental health services."*

*There was a "sizeable needs gap" for psychologists in DHBs around the country. The recommended average number of psychologists per 100,000 people was about*

*14, but DHBs' mental health services employed about 9 per 100,000. DHBs did not offer enough internship positions, which was "incredibly short-sighted", Powell said.*

The NZ Psychologists' Society issued a media statement supporting our concerns:

*The NZPsS endorses the Association of Professional and Executive Employees (Apex) concern in the media today that the shortage of psychologists in mental health services is both unsustainable and unfair on patients.*

*"It does not make sense that problems have to be so severe and the crisis compounded before you can see a psychologist," comments NZPsS president Quentin Abraham.*

# "STRATEGIC IN GETTING BETTER CONDITIONS FOR PSYCHOLOGISTS"

Jessie Gwynne is a clinical psychologist in the Infant, Child, Adolescent and Family Service at the Hutt Valley DHB and one of the APEX delegates there.



**DELEGATE**  
INTERVIEW

## How did you become a psychologist?

I grew up in Dunedin, and studied psychology at Victoria. Wanting to help people was a big part of why I went into psychology. Throughout my training I really enjoyed working in the child and adolescent mental health area and was passionate about early intervention and prevention which led me into my current role.

## How did you become involved with the union?

When I was an intern psychologist, I was working alongside an APEX delegate who talked a lot about what was happening around our MECA negotiation and I found that quite interesting. When I came into my new graduate role at Hutt I did not have quite as much on as others so was asked to take on the delegate role.

## How did you find psychologist delegates' training in July?

It was really interesting hearing what is happening in other DHBs around the country. Particularly, it seems there are lots of issues for psychologists that are happening across the board. There were lots of heated discussions about the issues and also some good support from APEX about how we can be strategic in getting better conditions for psychologists. A lot of passion and agreement about what the difficulties we face are.

## What do you need to be an effective delegate?

One thing is having the knowledge of the MECA and being able to inform your fellow members about what they are entitled to, because a lot of members do not know. And being able to listen to the views of all your members and try and take a non-biased,

outsider perspective on what all the issues are and report those to management in a way that will be effective for your members.

## What have you done as a delegate?

At delegates training we discussed the requirement in the MECA that DHBs provide us with up to date test material. This came up because at Hutt we had a problem getting the latest WISC test. As a group of psychologists, we made a strong argument and decided we would not do certain assessments until we had a WISC-V. They have now purchased one. I have also been supporting members around assessing professional development funds and problem solving any issues that arise when there is a breach of the MECA.

## Hutt DHB's services have been under pressure around waiting lists. What do you see as the role of psychologists advocating for patients?

As psychologists, we are bound by our code of ethics and as part of that, we need to advocate for our clients to ensure they have access to evidence-based interventions provided in a timely manner. This involves raising issues with management and continuing to voice our concerns that without enough resources, we are not able to meet the needs of the families within our community.

## How do you think we can improve support for psychologists in DHBs?

This is a big question that is hard to answer in a mini-interview! If we could retain more experienced staff, this would allow for more support and mentoring of new graduates. I would like to see psychologists more engaged in research alongside clinical work and also have more opportunities to pursue their interests in specialist areas.

## What do you enjoy doing outside work?

I have recently bought a house with my partner so lots of our time has been spent on DIY projects at home lately.

**CONTACT APEX**  
**PSYCHOLOGIST@APEX.ORG.NZ**  
**09 526 0280 | APEX.ORG.NZ**