

PSYCHOLOGISTS

Newsletter

August 2019

PSYCHOLOGIST STRIKES: HOW DID IT COME TO THIS?

In June 2018, we presented a submission to the *Government Inquiry on Mental Health and Addiction* that incorporated the views of hundreds of DHB psychologists on their view of the sector. Psychologists reported that what was working well currently was the good will and dedication of staff. But for every comment about what was working well, there were many that spoke about the problems. As one of our members reported:

My current work environment is toxic as I am being told that the pressure and stress is a product of my own working practices. Management refuses to verbally acknowledge the growing caseloads/acuity, I cannot prioritise my clients care the way I'd like and I believe clinician turnover is a major issue. We are losing a number of experienced clinicians to private or overseas work.

Similarly one psychologist submitted:

We are, as a service, unable to attract skilled (or even early career) psychologists / therapists due to our poor working conditions and facilities, lower pay relative to Dept. of Corrections or compared with private practice.

Perhaps because of reading comments like these, *The Report of the Government Inquiry* concluded, "an immediate priority is to begin building [the psychology] workforce".

Numerous reports have been identifying similar issues for years. In 2017 the Psychology Workforce Task Group published on reasons psychologists are leaving DHBs.

Between thirty three and twenty percent of participants who indicated they were likely to leave their job in the next five years cited getting better pay, work life balance, feeling not valued, and get better conditions as the main reasons they would potentially leave their health sector role.

But DHBs came to bargaining this year with nothing to address the problems they have known about for years. Unsurprisingly DHBs failed to take meaningful action to address these problems before they grew, and then once things became bad they failed to respond to the warning signs of a workforce crisis - increasing turnover, unfilled vacancies, and a growing feeling that our work is not valued. There have been years of insufficient investment in the psychology workforce and lack of action from DHBs. That's how we got to where we are now.

**NZ mental health workers
prepare to strike over
'unsafe' conditions**

Overtime the norm for Kiwi psychologists with staff vacancies prompting strike action

**New Zealand's DHB
psychologists vote to strike
later this month, to refuse
overtime work for five weeks**

**MidCentral psychologists
ban overtime in bid for
more staff**

**District Health Board psychologists
begin five-week strike**

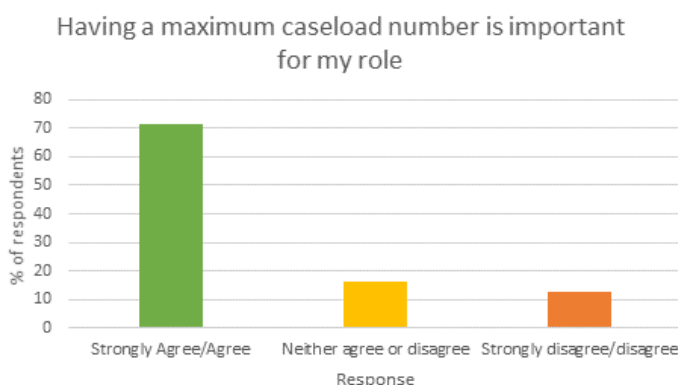
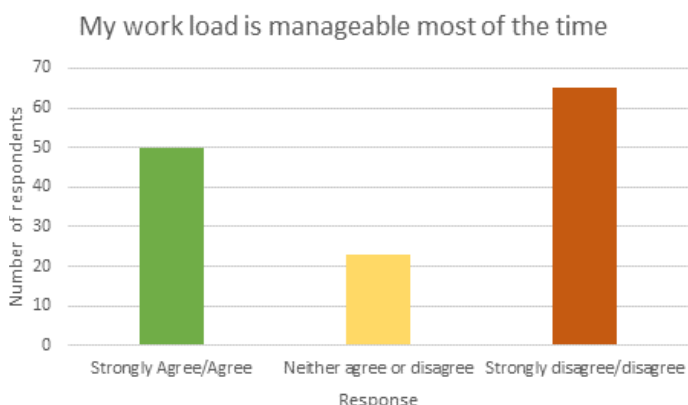
**Psychologists vote to strike, will not
work overtime for five weeks**

**Mental health service on
hold during clinical
psychologists' strike**

**An unhealthy climate around government's
DHB priorities**

**Labour's wellbeing
problem**

MoE WORKING GROUP: SURVEY ANALYSIS BEGINS



The joint Ministry of Education, NZEI and APEX working group has begun analysing the results of the survey of Field Staff on caseloads and workloads, breaking the data down by profession to set appropriate caseloads for each discipline.

The graphs above are for psychologists only and shows that more than 71% of psychologists feel maximum caseload numbers are important to them and that large numbers of psychologists do not agree that their workload is manageable most of the time.

Over 72% of Field Staff employees participated in the survey, and the preliminary results seem to confirm what we took to bargaining in 2018 around caseloads.

A full analysis of results is due before October 18.

DISCIPLINARY ACTIONS

In the last two months we have represented a few psychologists during disciplinary investigations in DHBs. Happily, no recent investigation resulted in any further action against the psychologist. However, the disciplinary investigations are a good reminder of the Dos and Dont's

action is making sure that you have all the information in regard to the complaint from your employer. Get a clear explanation of what the allegations are, before agreeing to have any meetings scheduled to discuss them. Gather all the evidence your employer intends to use to justify the complaint made and any information you want to provide in response.

In order for an investigation meeting to be initiated by an employer, you should first be notified in writing that either a complaint has been made against you or that there has been an allegation made against you. The complaint or allegation can be for example an issue with the manner in which you performed your duties, your behaviour towards a patient or it could be an allegation of serious misconduct. For simplicity we will refer to the notification as 'the complaint'.

During the investigation meeting itself, the employer is required to raise all concerns with you, give you a reasonable opportunity to respond, and genuinely consider the employee's explanation. You are entitled to be represented during all parts of this process.

Our advice to you when you are faced with a complaint or allegation that has been made against you is: do not discuss the matter with any other person in your workplace. Instead take some time to absorb that you have had a complaint made against you and do not instantly react. Being notified that there is a pending investigation with regard to a complaint does not mean the complaint has any basis or validity. Contact APEX to discuss the complaint, we can help you put things in perspective and offer support, advice and guidance on how to deal with this stressful situation. Further discussing the matter with us will give you an opportunity to vent your feelings and allows you time to process what has happened.

In regard to managing the complaint, your first course of

KNOW YOUR MECA WHAT IS A SENIOR PSYCHOLOGIST?

Under clause 2 of the APEX and DHBs psychologists' MECA, employees with three years full time practical experience post registration are recognised as senior psychologists.

Like APEX on Facebook:

www.facebook.com/APEXUNION





“It’s the hardest of the hard work and there’s often not a lot of variety so you’re dealing with people from really complex backgrounds with complex difficulties that they’re seeking help with. If that’s all you’re doing especially if you’re a relatively new in your career, that can be a recipe for burnout.”

- Dr Dougal Sutherland, Victoria University

THEY SAID IT

Comments on the psychologists’ strikes.



“It’s got to the point where the psychologists are putting their feet down and saying it’s not good enough.”

-Dr Deborah Powell, APEX

“You don’t have to be a rocket scientist to realise that those DHB services have had a huge number of people trying to get through the door and the staff are extremely overworked and overloaded.”



- Shaun Robinson, Mental Health Foundaion

"PEOPLE ARE SEEING THE NEWS AND SAYING 'GO THE PSYCHOLOGISTS'"

Anna Chesney is a senior clinical psychologist at Canterbury DHB and the APEX delegate in the Child, Adolescent and Family Service (CAFS).

Where do you work and what do you do?

I work 0.4 FTE in CAFS North, which is the child and adolescent outpatient service in Canterbury, which covers from the central city right up to Kaikoura. I am a senior clinical psychologist, carrying a caseload, mainly treating anorexia, OCD, mood and anxiety disorders. Most of the work I do is at the office, but with anorexia there is some meal and snack-based exposure work to do in a café. Encouraging them to be ordering and eat things, which is something you would expect them to be able to do with their peers in the future.

What does a good day at work look like?

I like my day quite full, so a good day involves doing some supervision. Completing a cognitive assessment or a full assessment. This year there has been lots of transgender assessments. Seeing young people for therapy. I've got one patient who seems to have made a real change in their thinking recently around how they can look after themselves. So those are the good days, seeing young people have moments where they make progress towards wellness.

What's the best thing about working in CAFS?

It's almost like an early intervention opportunity. You've got this opportunity, especially with adolescents where they are intelligent enough to be able to take on psychological strategies and make change. And so there is a high chance of being able to discharge people with a remission of symptoms, which makes it a very satisfying job.

Why did you become a psychologist?

I don't think I really understood what a psychologist was when I thought about becoming a psychologist. My parents had always pushed me, and I knew I enjoyed working with people and I knew I didn't want to be a teacher. So I tried to look at what other options there were and guessed at what a psychologist was, but don't think I fully understood what it was until I started working as a psychologist. I've been working in the same building since I finished university ten years ago, and many times I have thought I could work there until I retire, but I don't feel so sure of that now.

How has the job changed since you began?

Complexity has increased, we have a higher threshold for what we will accept into service. The social issues - care and protection, the earthquake, housing - has all made young people's lives more complicated. Self-harm also seems to have become more normalised and more common. The team has remained stable, but with constant pressures from waitlists that have lengthened. Psychologists are hardworking and high initiative people, and in general we at times carry higher caseloads than we probably should.

Has Canterbury DHB been supportive of you balancing parenting and work?

Yes, I think it's a great career for balancing being a parent and being a psychologist. I am really supported in my team to choose my hours and do what I need to for the school holidays. There are two other members of my team who balance work and parenting with flexibility to take more time off during school holidays and work more during the term time. It hasn't always been like that, but my current manager is really supportive which is awesome.



How have you found being an APEX delegate?

I've really enjoyed it. It gives lots of opportunities for being assertive and for advocating for people. It's funny because our MECA is quite a black and white document but we work in a really, grey system. So when managers are making it difficult to progress, or take leave it is easy to say this is what the MECA says, which is pretty cool. I've been on the bargaining team which has been enjoyable, although I've found the DHBs to be less open to negotiating than I expected. It seems like the DHBs focus is just budget, and the DHB negotiators didn't seem to have a sense of valuing psychologists, but maybe recent changes signalled are hopeful.

How is the strike going?

I know my colleagues have stopped the after-hours DBT group, and the feeling is people want to see a difference, and there is a real comradery between colleagues about this. People found it difficult to stop running groups, but they saw it within the bigger picture, and were happy to make this choice, and this is an opportunity to stand up for the psychology group as a whole. My mum sent the Radio New Zealand article about the strike to me, and that's quite exciting, other family members and people in the community are seeing the articles in the news and saying "go the psychologists". We feel responsible for risk and wellness, but if the community can see this as an opportunity for us to stand up for better access for people in the community, and better conditions so we retain psychologists in the DHB, then it makes it all worth it.

What do you enjoy doing outside work?

I have two boys, so that's what I enjoy outside work mostly! Also this year my husband and I are restoring a heritage-listed commercial building which has been a great challenge.