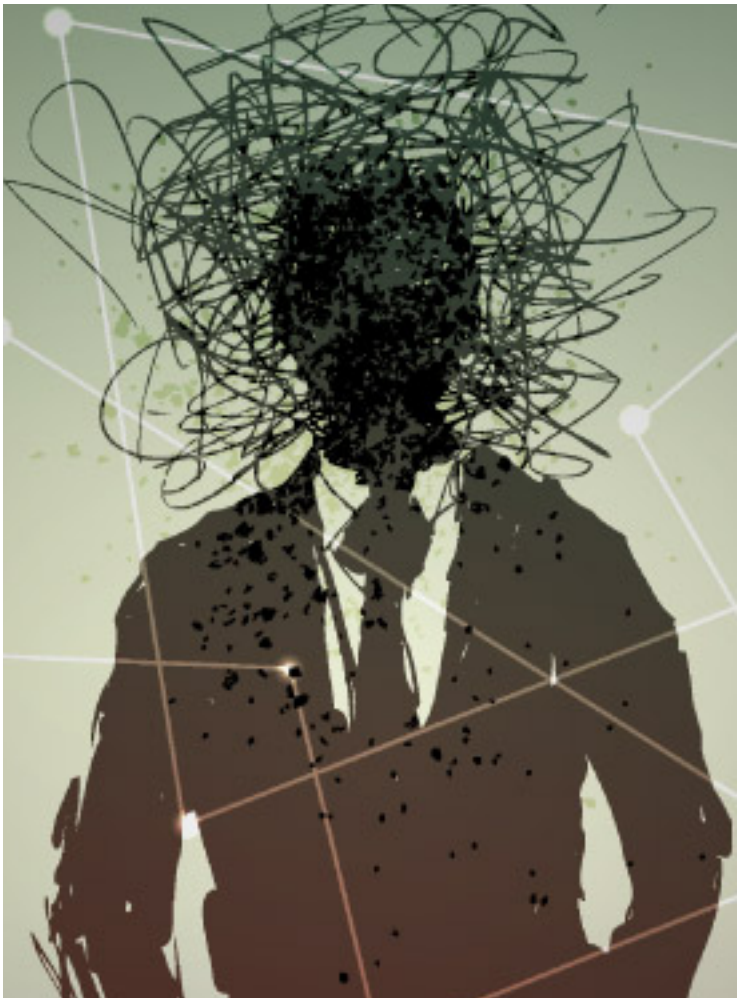
APEX
Association of Professionals and Executive Employees

APEX PSYCHOLOGISTS' NEWSLETTER SEPTEMBER 2016

# HOW MANY PSYCHOLOGISTs DO DHBs NEED?

In recent weeks APEX has begun the process of collating information relating to the provision of psychological services within New Zealand DHBs. What we have discovered is a public health system with vast and unexplainable differences in the numbers of psychologists working at the various District Health Boards.

Across the DHBs the average ratio for psychologists to catchment population is one psychologist to every 12,508 people in the area. From this average there are extreme differences. From Capital and Coast DHB with 1 psychologist to every 5265 people, to South Canterbury with 1 psychologists to every 84347 people there.



As the table shows, the worst ratios for psychologists to population services tends to be in the small especially within rural DHBs. The best ratios for psychologists to population are in the urban DHBs – notably Capital and Coast, Hutt, Auckland and Canterbury. Nelson Marlborough is an outlier as a provincial DHB with a good ratio of psychologists to catchment population.

The question now: is the full-time equivalent to population ratio helpful? If you and your colleagues see a correlation with this data to unmet need for psychology services – let us know.

## PSYCHOLOGIST FTE PER 100,000 PEOPLE

| | |
|---|---|
| CAPITAL & COAST | 19 |
| NELSON MARLBOROUGH | 16.3 |
| AUCKLAND | 16.1 |
| HUTT | 15 |
| CANTERBURY | 14.6 |
| WAIKATO | 12.9 |
| MIDCENTRAL | 12.3 |
| LAKES | 12.3 |
| COUNTIES MANUKAU | 12 |
| WEST COAST | 11.6 |
| WAIRARAPA | 11.4 |
| TARANAKI | 11.1 |
| WAITEMATA | 11.1 |
| SOUTHERN | 10.9 |
| NORTHLAND | 10.1 |
| BAY OF PLENTY | 9.1 |
| TAIRAWHITI | 8.8 |
| WHANGANUI | 8 |
| HAWKES BAY | 7.7 |
| SOUTH CANTERBURY | 1.2 |

# MECA IMPLEMENTATION

## MECA signed, implementation underway

At the beginning of September the DHBs Chief Executives met and signed the psychologists MECA. Provisions are now in effect and we have been engaging to ensure members receive salary increases effective on the 3rd of October, CPD funding is freed up as members begin to make applications and the telephone on-call pilot is being run properly.

Collectively psychologists are now entitled to over $1 million of CPD per year as a direct result of our new MECA. Make sure you read the MECA carefully and begin applying for conferences, textbooks and courses.

Congratulations to our Auckland DHB delegate who arranged a meeting with service managers and agreed a straightforward and user-friendly process for CPD tracking and applications including working towards getting peoples' individual allocations available to be seen by themselves on their employee portal.

If you have any concerns with the implementation of the MECA, such as non-notification by your DHB about the on-call pilot or not having CPD funding released, contact your delegate or the APEX office as soon as possible.

## CONTACT APEX

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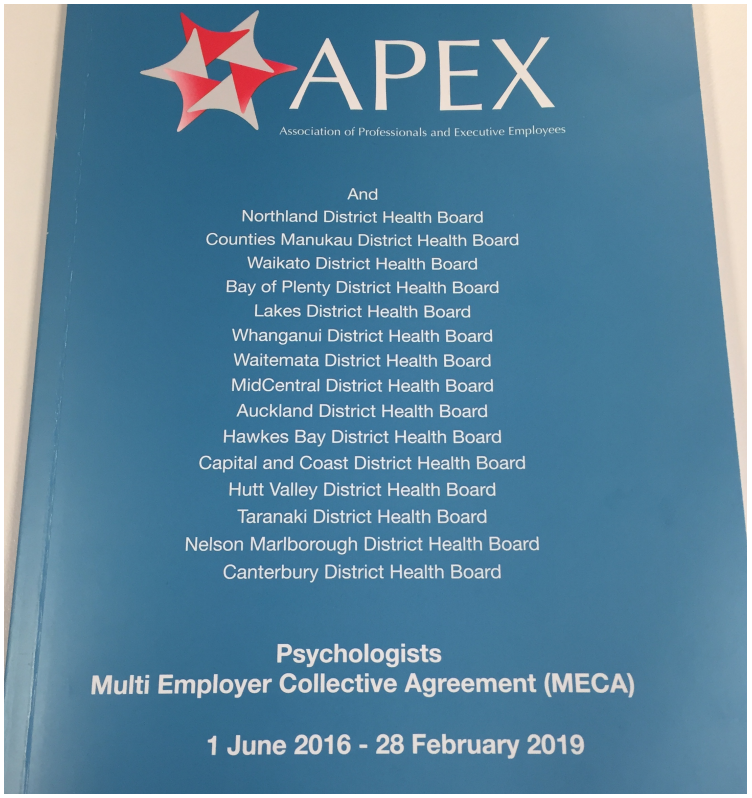


## On-call telephone trial

As part of the MECA settlement we agreed that a telephone call trial would be conducted between September and November 2016 to collect data on telephone calls taken by psychologists at home while on-call. The data on number, length and frequency of these calls is essential to understanding how to properly remunerate this work. Data will be collated and discussed with APEX to agree on a process for remunerating on-call work done over the telephone.

As at 20 September the following DHBs had indicated implementation of the trial: Waitemata, Auckland, Canterbury, Northland

The following DHBs are not conducting the trial as psychologists do not work on call: Whanganui, Nelson Marlborough, Lakes and Midcentral.

APEX is following up this issue with the other DHBs: Counties Manukau, Waikato, Bay of Plenty, Capital and Coast, Hutt, Hawkes Bay, Taranaki.

## Members meetings being held

As part of MECA implementation and delegate renewal APEX has been holding meetings at a number of DHBs over the last month to ensure that members are aware of the new provisions and feel confident in applying for CPD, as well as getting feedback on local issues of concern and electing new delegates. We have held meetings with psychologists during professional group time at Northland, Counties Manukau and Waitemata DHBs and had productive discussions around local CPD process, merit progression, understaffing and whether office and interviewing facilities are "appropriate" and "suitable" for the demanding clinical work our colleagues are carrying out. We have meetings coming up on October 17 in Midcentral and Whanganui DHBs.

## Union membership growing

In the last two months APEX's psychologists division has grown by 6.6%. The more members we have the stronger we are when dealing with DHBs on the issues that arise from time to time; understaffing, unpaid overtime, bullying or unreasonable internal DHB policies. As our division grows we may need to increase delegate numbers to ensure members have union leaders within their DHBs who can represent and advise them. In the last month two new delegates at Northland and at Auckland DHBs have stepped up to represent their colleagues. However some DHBs still lack adequate representation. If you work at Waitemata, Counties Manukau or Canterbury DHBs and are interested in becoming a delegate email us at psychologist@apex.org.nz

# CANTERBURY IN FOCUS

**Canterbury DHB continues to lurch from crisis to crisis, looking to post a deficit of $37 million in next year's budget. Canterbury's mental health crisis was recently covered in a Radio New Zealand story and short documentary that highlighted that there had been a 37% increase in people entering mental health services since the quakes.**

**The following stories show how Canterbury's psychologists are bearing the brunt of the crisis. Watch the Radio New Zealand video here: www.chchdilemmas.co.nz/mental-health/week**

## Restraint

Some psychologists working in inpatient mental health units at Canterbury DHB are pushing back against their employer's attempt to require that they take part in the physical restraint of patients. In a letter to the general manager of mental health APEX said stated that,

*Any blanket policy whether written or unwritten that all restraint trained staff are universally expected to take part in the restraint of patients is a breach of the Health and Safety at Work Act 2015, specifically section 83 which gives employees the right to refuse to carry out unsafe work.*

The reply from the service was deeply concerning, implying that all staff would need to take part in physical restraint of patients, regardless of safety concerns. As well as the risk to psychologists being injured, participating in restraints may be a breach of ethical obligations to patients. For example one of our colleagues noted that, "If we are trying to treat their trauma, and are then involved in restraining that patient or are seen by our patients restraining others, this will have a significant effect upon patient's perceptions of their therapy as a safe space in which to process traumatic experiences."

APEX is in the process of preparing to formally raise mandatory participation in restraint as a potential breach of the Health and Safety at Work Act and the custom and practice of psychologists.

## Clinical Research Unit

In May 2016, Canterbury DHB began the process of disestablishing positions held by psychologists (0.4, 0.4, 0.5 FTE) within the Clinical Research Unit (Mental Health). The Clinical Research Unit is a joint project between Otago University and Canterbury DHB to research improving current treatments of serious mental disorders. Research has included randomised controlled trials examining the efficacy of depression medications and psychotherapeutic treatments, and earthquake trauma research. Large clinical trials for eating disorders, mood and anxiety disorders have compared psychotherapies, including cognitive behavioural therapy, schema therapy, interpersonal psychotherapy, and specialist supportive clinical management, some of which were developed within the Clinical Research Unit. Many publications have resulted from this research. APEX's view is that the unit is a nationally unique site of academic and health sector collaboration, and the DHB's decision to

reallocate the FTEs into clinical roles, released on 16 September is short-sighted. In our view it was determined primarily by fiscal problems faced by the DHB not by a reasoned assessment of the value the roles provide, particularly when the research into post-earthquake psychology was not even completed. APEX made submissions to the DHB that these roles, without equivalence in New Zealand and in existence since the early 1980s, should not be sacrificed as part of organisational cost-cutting. Our submissions fell on deaf ears and the final decision document released by the DHB is that the roles will be disestablished.

## Princess Margaret Hospital

As part of the restructuring of health services within Canterbury, a number of our colleagues were told that they would have to begin working in Princess Margaret Hospital buildings – buildings described in the media as having "complex structural damage". When members inspected the buildings they found cracks in the walls and bracing in the corridors. APEX immediately requested the DHB provide engineers' reports on the buildings and has advised members not to move into the buildings until we are satisfied they are structurally sound. In addition, members have very real concerns about the workplace facilities, such as waiting rooms where very young and vulnerable clients will be sharing a waiting space with adolescents who may be quite unwell and sometimes highly emotional.

APEX have signalled to the DHB that we regard unsuitable offices and inappropriate interviewing facilities a breach of clause 13 of the MECA. As this newsletter went to print, a working party including union reps and DHB managers was being agreed to investigate and resolve these issues, the engineers' reports had been released to unions, and the DHB committed to bringing the engineer onsite to speak with staff affected by the move.

# "A UNIQUE SET OF SKILLS"

## AN INTERVIEW WITH OUR WAITEMATA DELEGATE

**Last week we caught up with Rajan, our psychology delegate at Waitemata and Divisional Secretary, and discussed his role with APEX.**

**Where do you work and what do you do?**
I work at the Mason Clinic which is the regional forensic psychiatry services in Auckland.

**How long have you been with APEX?**
I have been with APEX for a while. I was previously at the regional eating disorders service at Auckland DHB when I joined APEX about five and a half years ago.

**How did you find the last round of bargaining?**
I thought it was quite an interesting process. Two things that struck me which was that bargaining was not claims based and it was interest-based bargaining. And being able to engage that in good faith requires that the employers have some understanding of the shop floor issues that have faced psychologists in the last term. There was a sense from me at least, that we had to spend some time letting the employers fully understand what has actually been happening around the previous MECA and its implementation. The employers' bargaining team was fair and reasonable. It was just that we had to impress upon them how significant the issues were for some of us, for example in the area of CPD. At times it got robust, but both teams were clear we each had a role to play and our imperatives.

**What types of things did you have to tell the employer to win the CPD?**
Perhaps the employers were not as aware of the difficulties that some psychologists have had certainly had in trying to access CPD. The main issue was around parity. We, the union delegates, recognised that there may be some DHBs where CPD is quite favourable and people are getting opportunities to get CPD to go for example to international conferences. I think our primary concern was a lack of fairness across that. So there might be some who accessed significant amounts to attend some good conferences, while others may not have even got a few hundred dollars in the same year. So it was that larger disparity across the group, that was quite important for us to be able to communicate, and for the employers' representatives to hear.

**Apart from bargaining what other things have you done as a delegate for Waitemata?**
I've been the Waitemata delegate since the beginning of 2013. Activities that the delegate gets involved with include; joint consultative committees at the local service level, joint union management forum at the MH services group level, consultations when the unions are invited to give submissions on a particular issue. And on a day to day level being available to give advice confidentially to the psychologists around any employment questions or clarifications they have around specific clauses/interpretations of the MECA.

**What have you learnt from being a union delegate?**
I think being a delegate teaches you to negotiate, in this instance with employers. It prepares you in some sense to engage in difficult conversations around entitlements, leave, largely what one would normally consider management issues. It is as if as a delegate you learn how to bring an employment lens into that same picture. But because you are discussing this with senior management, there is a level of sophistication you have to develop in how you can put forth the employee-union argument/ lens to the employer while maintaining a relational stance. It certainly trained me quite well in that, like riding a bicycle perhaps, once can become good at it through practice.

**What do you see as the future for psychology within the DHBs?**
I have a personal view on this. I think that psychologists are quite critical in terms of both mental and physical health services. My reason for thinking like that is psychologists are trained in

therapy and assessment and some of the skills we bring in are quite unique. The ability to sit with the client's distress, to work with that distress emotionally, and to help them figure out solutions to that. To empower them to manage some of the difficulties in their life. That is a unique set of skills the psychologist brings – talking therapies.
We do it particularly well, we do it by reference to evidence based models that we are aware of, that's a particularly important thing. There is a risk that if psychology does not increase its profile in terms of these activities we could unfortunately harken to quite a medicalised view of illness and treatment. I think the value of the psychologist within the DHB is to continue to go beyond the more obvious diagnostic level into 'knowing' the unique person sitting in front of us, working with them and helping them in their recovery journey.

**What do you enjoy doing in your spare time?**
When I go away from work my goal is to try and meet some of my personal needs and fulfil them in a way that when I come back to work I am refreshed and reinvigorated. Alive again to the work I need to do, alive to the patient and client again. A lot of the things I do on the weekend are pretty mundane – grocery shopping, making sure bills are paid – but also the very valuable time I spend with my family, wandering in the bush, gardening, playing with our pets.