

# MECA BARGAINING COUNTDOWN

There are just five months left to run on the current APEX Psychologists' Multi-Employer Collective Agreement (MECA).

The contract which covers over 550 psychologists across 15 DHBs will be up for re-negotiation in early 2019 as it expires on 28 February. This time around three more DHBs will be added to the MECA – Wairarapa, Southern and Tairāwhiti.

As we countdown to MECA bargaining, we will be gathering information, preparing claims and ensuring the current MECA is being complied with.

### Timeline

- 12 October 2018 – Claims survey sent to all members.
- 15 October 2018 – Claims survey closed.
- 18 October – OIAs due back from DHBs.
- Late October – Claims sorted and prioritised. Bargaining team constituted.
- 30 December – Bargaining formally initiated.
- Mid-February – List of claims sent to employer.
- Late February – Bargaining begins.
- 28 February 2019 – MECA expires.

On 18 September, Official Information Act requests were sent to all DHBs requesting the following information:

- How much CPD money psychologists have used;
- How many psychologists are receiving external supervision;
- Where in the scale psychologists are being paid;
- How many psychologists applied for merit progression;
- Headcount and total FTE of psychologists employed at DHBs and their distribution.

The information will be used to help determine any changes that need to be made in the way the MECA addresses

remuneration, professional development, supervision and staffing.

In Northland DHB, members have already met to identify any issues with the DHB not complying with the MECA and to agree changes to claims they are in support of.

At Waitemata DHB members were emailed the follow by their delegates:

*In preparation for bargaining, it is important to check in re: compliance with our current MECA. We don't want to go into bargaining around these issues, we want to have addressed these issues already so that we can target new issues. There are 3 main issues (facilities, supervision, professional development) we wanted to highlight for you, and would ask if anyone is having any difficulties with these areas – please let us know!*

Keep an eye on your inbox for a SurveyMonkey email on 12 October which will have a link to a survey where you can anonymously feed in what claims you want us to advocate for in MECA '19.

### What should you do?

1. Read your copy of the MECA.
2. Discuss the importance of union membership with non-union colleagues and help them join.
3. Raise and resolve any breaches of the MECA.
4. Suggest changes to the MECA when claims open.
5. Waikato and Auckland DHB members need to arrange for two extra delegates each.
6. Support your delegates and provide them information they request.
7. Apply for merit progression if you are step 9 or above.

# NIGEL LATTA CALLS FOR MINDFULNESS IN SCHOOLS

New Zealand's most famous psychologist, Nigel Latta, issued a call for mindfulness to be taught in schools.



Latta who had a new TV series *The Curious Mind* out in the last month explaining psychology to non-psychologists, told a Seven Sharp reporter, "If I could

pass a law and if there was one thing I could do to change New Zealand forever, it would be to teach mindfulness to every kid in every school in this country."

"That would be the one thing that I would do. I would put mindfulness-based training into every school in New Zealand and the difference that it would make would be vast."

Making similar comments on RNZ, Latta elaborated, "There are fifty years of research that shows that mindfulness is hugely beneficial for kids. We filmed with a group that does this training for kids in school. They did one mindfulness exercise with a group of kids, 75% of the kids that did this simple mindfulness exercise their scores improved in a test."

"It would make such a difference to our country, this is not just "I think", this is freaking fifty years of science that says it..."

[Listen to Latta's interview on Radio NZ here.](#)

# PROTECTING PROFESSIONAL STANDARDS

One of the key concerns public sector psychologists have about their work relates to concerns about loss of specialisation and about how we ensure safe practice, especially for new graduate psychologists.

Part of the issue for psychologists is that the professional association does not audit employers to ensure professional standards in the psychology workplace.

In contrast, the RANZCP, the college for psychiatrists, regularly audits DHBs to ensure they meet a range of

accreditation standards for psychiatry trainees. These standards require DHBs to provide the following for psychiatry trainees:

- Adequate orientation to the MDT;
- A position description stating place of work, nature and quantity of clinical work;
- Process to support when involved in critical incident;
- Minimum amounts of supervision, and written feedback;
- Access to a range of training experiences;
- Support to develop leadership and management skills.



# KNOW YOUR CONTRACT

One of the most versatile clauses of the MECA is **CLAUSE 13: WORKPLACE FACILITIES**. It reads: "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'".

This is a very valuable clause which can be used not only to negotiate improvements to office space but also to ensure that the environment where the clients are met is appropriately therapeutic. This clause has been used by psychologists in Northland DHB to ensure extra soundproofing of consult rooms. The psychologists at Counties Manukau DHB used this clause to advocate against large and noisy open plan offices, at Hutt Valley DHB to ensure the provision of WISC – V and at Canterbury DHB to protect the playrooms of children at their service.

The **SUPERVISION CLAUSE, CLAUSE 15** is important to know. It states: "The employer, in consultation with the professional advisor will ensure appropriate supervision is provided in relation to the psychologist's level of clinical specialisation and experience, developing specialist skills, dual relationships and supervisory needs.

Wherever possible, dual relationships should be avoided. The blurring of social and supervisory relationships may compromise the supervision. Overlap of line management and supervisory relationships may reduce the safety for the supervisee to acknowledge areas of difficulty.

When external supervision is necessary to meet the

above needs, appropriate authorisation for payment must be sought in advance."

This highlights that in situations where the supervision is not safe and effective an alternative supervisor should be sought after consultation with the principal psychologist/professional leader.

**SCHEDULE C – THE CORE COMPETENCIES OF DHB PSYCHOLOGISTS** is an often overlooked part of the MECA. The pressure of long waiting lists and service demands can lead to the feeling that the role of a psychologist is to assess the patient, do the therapy and get the patient discharged. Rinse and repeat. Schedule C is a reminder that the role of a psychologist goes beyond assessment and therapy.

One of the competencies addressed in Schedule C is evaluation – carrying out clinical audits, quality improvement initiatives and evaluation of service outcomes. Another is consultation which for senior psychologists (those with ≥3 years of service) means local service development and for consultants regional or national service development. It is essential to allocate time for these competencies and assess how skills and knowledge can be utilised and developed at the service improvement level.

There is also an important implied term in all employment agreements; employers take reasonable care not to cause employees harm by reason of volume, character or nature of the work provided. Everyone has the right to a safe workload. If concerns were raised regarding the workload, for example, the number of clients on one's caseload or the particular level of risk, the employer should respond to the concerns raised. The use of undue pressure to carry an unsafe workload will ultimately undermine and breach the implied **OBLIGATION TO PROVIDE A SAFE WORKLOAD**.



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# "WE HAVE A LOT OF LONELY PEOPLE"



## Oloff Arnold

Oloff Arnold is a clinical psychologist in Whakatane in community mental health services and an APEX delegate in Bay of Plenty.

### And in the long term?

In the long term, Elsabe van Wyk and I established a series of debriefings for different groups from the wardens that worked on the ground to the rescue people and those who kept the area safe and secure, right up to the business people, doing emotional debriefing in terms of what they experienced, in terms of their fears and ambitions. It was very gratifying working so close to the people and seeing how Edgcumbe has risen from the mud so to speak.

### In Whakatane you help run a number of groups. Tell us about that.

When you do clinical work you find there is quite a lot of repetition for example, anxiety patients. There is a lot of skill learning, skill teaching so that could be done in a group and be more effectively done if you had 10 people in a group for one hour a week than 10 hours with 10 people. The group I find most gratifying is a men's group that was born from the Edgcumbe floods. There was a lot of political pressure for us to put something in place for the flood survivors and the people who were affected by that.

Initially there were a lot of politics involved but Geoff Bristow from the Eastern Primary Health Alliance and I decided on putting a men's group, by men for men, to talk. Open agenda. This means anyone, any guy, can come on a Tuesday night and we provide a feed for them and then we pick people up who have fallen through the cracks within the health and mental health service. We have a lot of lonely people. On one hand you despair that people can be that affected by loneliness and on the other hand it is a very gratifying setting these things up and seeing how people interact – the dynamics in and amongst the group. It is really gratifying.

### How have you found APEX delegate training?

The delegates training was really an eye opener. On the one hand it annoys me a bit to see that there seems to be a deliberate obtuseness on the hand of management to stall certain issues that could easily be resolved for the patients. On the other hand, I really enjoyed the training and I hope to play a bigger role within the Bay of Plenty district. A lot of the stuff that I have done as an APEX delegate is basically information provision. If I can be half as effective as Quinton Crystal (a previous APEX delegate) was, I think I will be doing a decent job.

### What do you like doing in your spare time?

I enjoy fishing, reading, music and family and I am also a rugby referee.

### How did you become a psychologist?

It's actually a long story. In 1980, after my dad died, I was part of a school group that went around to various jobs to see different people to learn about different jobs. One of them was Marita Brink who was a child psychologist in private practice. She is a very, very imposing woman. I totally fell in love with her and then thought of becoming a psychologist. From age 16 I had my mind set on becoming a psychologist. I was very fortunate to have to have gone through the university and to make the selection for the postgrad programme. On the first of October it will be 17 years completed at the BOP. Before that I was a psychologist in the National Defence Forces back in South Africa.

### Was there a change from being a psychologist in the military to one in community mental health?

The biggest change was the scope of the job. Within the defence force you were responsible for a hell of a lot more. Not just assessment, diagnosis, treatment and discharge, write your reports and put your stats in the computer. As a psychologist there you did the whole scope of psychology.

### When the Edgcumbe floods happened you were part of the response. How did psychologists and community mental health respond?

First and foremost: my colleague and I in Whakatane in adult health are part of the community. When something like that happens whether we are psychologists or not, we would have been part of the response. What it came down to from a psychology point of view is we worked there with three different evacuation centres and we worked there with people doing debriefings – helping people deal with the emotional impact of the flood, identifying possible pathological issues for follow up.

Quite frustratingly though was the lack of information that came through and we tried to manage that through texting/phoning each other at the different centres asking "what you doing, have you heard anything about this or that?" Because there is nothing in circumstances like that which is as undermining as rumours? You would get rumours there were people from the insurance industry coming. Then we all flock to the place and nobody is there. Then there are emotions and frustrations and people get angry. So it was basically trying to manage that in the short term.

