

# PSYCHOLOGISTS

## Newsletter

October 2019

# PSYCHOLOGISTS TAKE A STAND

Psychologists will vote on a new offer by DHBs to settle the MECA as the unprecedented nationwide strike action continues.

DHBs returned to bargaining with an offer of a shorter term document and relatively vague wording for a working group to address the crisis that has beset the psychology profession.

At bargaining DHBs acknowledged previous workforce taskforces had failed, being long on words, and short on action, but failed to explain how the new offer would be significantly different.

The Government says they are investing in frontline mental health, but it seems the promise to train 1400 mental health workers is likely to go the same way as the Kiwibuild ghost houses.

Over the last two years a Prime Minister who came to power committing to put the wellbeing of children first has been sluggish to resolve messy industrial disputes with teachers, nurses and midwives over short-staffing and under-resourcing.

Already many are bemoaning “too much hui, not enough doey”. That’s why psychologists taking a stand is a critical step forward.

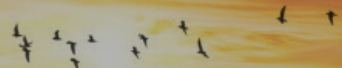


*“I would like to express my support for the Psychologists industrial action. I would like to see a speedy end to this and to an agreed resolve. In my personal opinion, the psychologists I work with at the Kari centre do an incredible job and literally help save lives and put whanau back together.”*

**- Auckland Community Support Worker**

**Tairāwhiti DHB - By the numbers:**

<b>49,050</b> People living between East Cape and Wairoa.	<b>11</b> Psychologists have resigned in the last 4.5 years.
<b>40%</b> Vacancy rate.	<b>2.8</b> Current FTE.



## Dear Jacinda, An Important Omission from Plan to Reduce Suicide

Dear Jacinda,

[Attached is a paper by Dr Ian Lambie](#), Chief Science Advisor to the Justice Sector, written in his capacity as a fellow clinical psychologist.

- We have effective, evidence-based psychological treatments for people with chronic suicidality and self-harm.
- This population is left out of the primary mental health care services being planned.
- Therefore, demand for secondary community mental health services will increase, and there are already waiting lists of a year or more.
- There are not enough clinical psychologists employed to provide this evidence-based treatment for our most complex and traumatised people, who long to die, but with the right psychological intervention can build a life worth living – no longer requiring mental health service use.
- Without effective treatment, they are high users of ineffective primary care and emergency services. And without effective treatment many commit suicide.

Please see Dr Lambie's brief summary of the evidence, attached.

I'm so pleased Labour is beginning to turn attention to important aspects of NZ society which have been neglected over the previous decade. This includes poverty, education, health, and mental health in particular.

I'm also a clinical psychologist who's worked in public mental health frontline services for over 20 years. It's very meaningful work, providing psychological treatments to people with severe mental health issues and often histories of trauma and/or neglect. Without a public mental health system, these people would never be able to access the psychological treatments they need. Over this time I've become a specialist in working with people with chronic suicidality and self-harm. This group of clients are at significant risk of suicide. The rate of completed suicide in this client population is as high as for any other severe psychiatric condition at 10%, but they will attempt suicide or carry out near-lethal self-harm, often requiring emergency intervention, at a much higher rate.

The good news is that we now have effective, evidence-based psychological treatments which not only prevent suicide, but enable these people to

create a life worth living. However, these treatments are complex and require 1 to 2 years of treatment. This requires highly skilled clinical staff such as clinical psychologists. However, due to chronic underfunding of psychology within mental health services over the last 2 decades, there has been little or no increase in Psychology FTE over that time and there are commonly long wait lists for this treatment. So, if someone attempts suicide and is seen by emergency services, they are then likely to be referred to a community mental health centre and then told that we have an effective treatment, but they may have to wait a year or longer to obtain it. Some people commit suicide while on these waitlists.

This means these people with complex mental health problems and high risk of suicide cannot get the help they need, when they need it. And unfortunately, your current mental health policy will not change this. Providing front line mental health staff, without training in providing complex psychological treatments, will not help this group at risk of suicide. As in the UK, with the IAPT model, the new mental health workers will need to refer on to secondary mental health services, where highly suicidal people have to wait a year or more for treatment. As far as I'm aware, your suicide prevention policy has not made any reference to the provision of evidence-based treatments in secondary services for suicidal people.

So please, in the interests of reducing suicide and providing these New Zealanders the help they need, provide some funding so that DHBs can employ more clinical psychologists to increase the capacity of these treatment programmes for people with chronic suicidality and self-harm. By doing this we can save more lives.

I am including Dr Lambie's document which discusses the issues I raise and provides the evidence base for the arguments I make.

Yours sincerely

Dr David Semp (PhD)

Registered Clinical Psychologist

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# Why I'm Striking: From A Psychologist In Youth Mental Health

As a psychologist that works in youth services, I feel incredibly privileged to be able to do what I do; supporting children, young people and their families as they navigate the really difficult parts of life. However, there are times in my career where I've wondered how long I am going to be able to stay in this job. Not because of the work itself, but because of the working conditions. Psychologists working for DHBs are underpaid, under-resourced, and under-valued. And it's driving many psychologists away.

We are struggling to recruit and retain psychologists in DHBs. This means people have to wait longer to get the help they need, or may never be able to see a psychologist at all. That's why I am one of 600+ DHB psychologists striking nation-wide.

I've worked as a psychologist with children and youth across three DHBs in my career. One prided itself on not running a waitlist, which of course is optimal. Anyone would want a young person to have immediate access to mental health care if they were in need. Our reports to the Ministry of Health probably looked great. In reality we didn't have the staff to meet demand. Unmanageable client case-loads, sub-standard client care and unpaid overtime became the norm. I watched clinicians burn out and leave, making the problem worse.

The other two services I've worked in ran a waitlist, with a focus on client care and staff wellbeing. The flip side was a wait of up to 12 months to see a clinician. Either way, its unacceptable - The reality is, we can't run our services with the current level of funding. The value of mental health services needs to be recognised, and this starts with valuing the frontline staff, including psychologists.

Yes, part of why we are striking is better salaries. I don't know a single psychologist, especially one who works for

the DHB, who is in this for the money. But in a DHB, I'm significantly underpaid compared to psychologists who work for Corrections, or those who work privately.

Access to a psychologist should not be reserved for the wealthy. And it's a sad truth that you are more likely to see a psychologist under the criminal justice system than through a DHB. Unless the Government increases salaries and improves conditions, we will never be able to retain the psychologists that we desperately need to work in DHB funded services, meaning longer waiting times, less access, and lower quality client care.

The mental health statistics in New Zealand are crushing. Our rates of suicide are growing, as are the number and complexity of referrals coming through to DHBs. Yet it feels as if there is diminishing value of those who work within mental health services.

Psychologists train for an average of seven years. We are highly specialised and have a unique set of skills necessary for mental health and wider services. It's time for the Government to support psychologists in our work. This includes better professional development, salaries reflective of our important work, and adequate leave and support to prevent burnout.

We need a culture shift that recognises that mental health is just as important as physical health. We need more funding and better services. We need to replenish the psychology workforce and retain experienced staff in the DHB.

We need the support of the public to help us achieve these things. That's why we are striking.



A strike you may not have heard about... but probably should.

So we're all painfully aware of the urgent need for quality mental health services in New Zealand. The statistics tell the story, and it's not a good one. That's why I was astounded to learn that psychologists in the DHB's are on strike at the moment. This is a big deal. People who do that for a job care a lot about the people they work with so for things to have got to this point something has gone badly wrong.

What's the issue? Basically unless we do something then a lot of those psychologists are going to leave the DHB's and go work in places where they are supported more, where they get listened to, where they have real career opportunities, and where they get paid more.

And it's not like that means they're all leaving for private practice, the reality is that many of them could get paid something like \$20K more if they went and worked for the Dept of Corrections.

The long and short of it is that we need psychologists. They bring an expertise and skill base the DHB's desperately need. And we need these people now more than ever. And let's not believe the hype that this is all about the present governments failings. The health system is where it is after 9 years of the last lot. They don't get off the hook by blaming the people running the ship now. They had a long time to sort things. They didn't. This particular ship has been in need of repairs for the better part of a decade.

So I just wanted to put this post up to let people know who may not know that this is going on. I support the striking DHB psychologists, and not because I'm a psychologist... I support them because they're right.

3.4K

320 comments 1.1K shares



# "THE STRIKES MADE A DIFFERENCE"

Clare Barczak works at the Albany Ministry of Education office and is one of eight APEX delegates at the Ministry.



## Where do you work and what do you do?

I am an educational psychologist and I work for the Ministry of Education in the Intensive Wraparound Service. We provide an intensive service for young people who have unmet needs at home, at school, and in the community.

## Why did you decide to become a psychologist?

I had always wanted to be a teacher when I was younger. When I went to university I took an undergraduate developmental psych paper out of interest and I loved it so much that I changed my whole plan. Educational psychology has been a good way of bringing the two pathways together again.

## How do you find working at the Ministry of Education?

I've been working here for five years now, and I work with a great group of psychologists. The collegial support at the Ministry amongst the psychology group is excellent and I work with a bunch of psychologists who are passionate about supporting kids in schools. There are quite a few challenges in relation to working with the Ministry. We face many of the same challenges as psychologists in other sectors in terms of funding and recruitment, high caseloads and turnover of staff.

## Why did you join APEX?

I joined APEX because I wanted to be part of the growing voice for psychologists at the Ministry. Previously representation at the Ministry has been for all of the professions in Learning Support (SLTs, OTs, physiotherapists) together.

As psychologists we have different expectations and guidelines around our practice that some of us felt were not being met. When APEX came to talk to us, I felt for the first time a union understood my role and what we needed as a profession.

## How did you find the experience of bargaining last year?

I found it a long, frustrating process. We struck by keeping to a maximum of 15 cases and I found that a really effective way of managing my workload, and having conversations with management about when I was at capacity. That part of the strike went really well and empowered a lot of our psychologists to stick to

what was manageable for them. When we took another strike, taking a professional development day together, I felt that wasn't well understood by the Ministry and they responded poorly. The strikes made a difference for psychologists, we gained a lot of support from psychologists and raised our profile.

## How did you come to be a delegate?

I never really intended to be a delegate, but I got involved with tele-conferences between delegates during bargaining, and over a couple of months became really invested in the conversations and felt I could make a difference by being a delegate. I've found the role both enjoyable and challenging. Some colleagues have approached me with quite tricky problems, and it's an interesting new line of work for me to help them through the process of having conversations with their managers. But I do enjoy supporting my colleagues. For example, one of my colleagues early in her career was struggling to find appropriate supervision and I found that the conversations I had with her and management led to some positive shifts in the managers' understanding of the importance of supervision.

## What's your experience been of being on the joint MoE, NZEI and APEX working group?

Things move slowly when you've got a lot of people involved. Conversations move slowly with lots of people on the group, but I have really enjoyed the data analysis part of it, and being able to hear voices of psychologists all across the country who are facing the same problems and being able to draw that into a coherent picture of what's going on.

## What do you like doing outside of work?

I really enjoy playing board games and taking my puppy on adventures to the different parks and beaches around Auckland.