

# PSYCHOLOGISTS

## Newsletter

December 2019

# MECA BARGAINING GOES TO FACILITATION

Collective bargaining for renewal of the psychology MECA has travelled the now well-worn path to facilitation by the Employment Relations Authority at Auckland.

In the last eighteen months collective bargaining for nurses, midwives, RMOs, radiographers, paramedics, anaesthetic technicians, care and support workers, teachers and laboratory workers have all been to facilitation as part of protracted negotiations with the state.

Over four days in early November and December, Authority Member Vicki Campbell facilitated bargaining in an attempt to resolve the ten-month long dispute over wages and conditions for the DHB psychology profession.

Recommendations on the bargaining are expected in mid-December. All of our delegates, but especially those on the bargaining team, put a significant amount of time, energy and enthusiasm into representing the profession. Make sure to thank your delegate when you see them next!



*Bargaining team delegates at facilitation. L-R: Dr Chris Murray, Dr Emma Edwards, Siaan Rodger, Annmaree Kingi, Oloff Arnold, Dr Amber Barry, Dr Simon Waigth. Absent: Dr Clare Calvert.*

## Delegates

We almost have a full delegate team for the psychology profession – 37 brilliant delegates across the country!

However our Auckland DHB team need two additional delegates – one for health psychology and one for Kari Centre. We would encourage our Auckland members in these areas to arrange for an election of one of their colleagues into each role.

We also need a Canterbury DHB delegate for CAFs.

## Ministry Of Education

- **New salary scale effective 1 January 2020**
- **Working group agrees piloting caseload guidelines in term 1, 2020.**

A new salary scale for Ministry of Education psychologists comes into place on 1 January 2020, with a salary increase of 3%, a new top automatic step for psychologists of \$96,000 and a top Skill Progression Framework step of \$114,095.

The pay scale increases effective from 1 January 2020 will be paid in the pay period 22 January 2020, including backpay.

The working group on caseloads and workloads have agreed interim guidelines to be piloted by psychologists in two regions in term 1, 2020. Our delegates on the working group have done a marvelous job representing their colleagues.



APEX delegates on the Ministry of Education working group (I-R): Jim Morgan, Clare Barczak, Claire Ewens.

## BoPDHB - Tauranga CAMHS



APEX has recently provided support to members at BoPDHB CAMHS.

The outgoing service manager described the service as being a 'toxic' workplace,

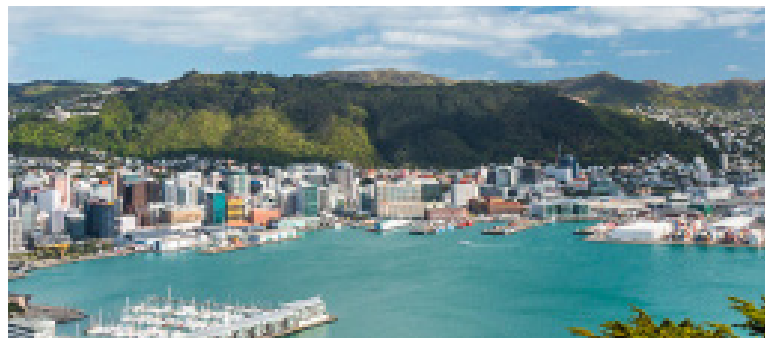
criticising caseloads, lack of staffing, inadequate buildings and a culture of fear in an internal report which the Bay of Plenty Times published.

We continue to engage with the DHB over the workplace issues at Tauranga CAMHS.

## Wellington Region - MHAIDS Restructure

At a time when there is a 58% vacancy rate for psychologists in adult community mental health teams in the Wellington region, the Wellington DHBs are embarking on further restructuring of mental health and addiction services.

The proposed new structure includes 15 personal assistant positions for service managers and directors.



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## A Letter from Rapua te Ao Waiora Psychology Department

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To: South Auckland MPs

When you read this letter I hope you can hear a tone of desperation contained within. I am not sure if you are aware, but the last psychologist resigned from Rapua te Ao Waiora, a community mental health centre in Papakura, Auckland, a month ago. This means that an entire community, a predominantly Maori community, has zero psychological support. At what point does this become a concern? At what point do the “powers that be” decide that mental health is a serious issue and not simply a political issue worth giving lip service to? I could quote statistics about the disproportionately high rates of suicide in New Zealand. I could quote the stats about how certain population groups continue to be disenfranchised and marginalised from receiving adequate health care. But, you know all this information and still you refuse to dare to change a thing.

Where do I fit into this equation? I am employed as a full time psychologist at another community mental health centre, but I was asked if I could assist to try and keep psychology afloat at Rapua te Ao Waiora. Let me start by assuring you that this is by no means a small undertaking. It has impacted on the number of face to face contacts I have at my current location. The amount of time it takes to coordinate psychology requests, screen Service Users, consult with my colleagues is far greater than you probably realise, not to mention the one-hour return trip in travel time. Let me tell you, I would love to be sitting doing therapy with my service users directly, rather than trying to keep another service afloat.

What is the extent of the wait list? As of this morning there are 94 open requests that are requiring intervention in some form or another. Nine are requiring neuropsychological assessments, and about 20 are on the list for a Dialectical Behavioural Therapy (DBT) informed treatment. Due to a staffing crisis, the full DBT program is no longer available and has not been offered for over half a year. 15 have been allocated to a shortened DBT group. These 35 clients carry a diagnosis of borderline personality disorder or have traits of this disorder. These are the clients who present a huge demand on services due to self-harming, impulsivity and chronic suicidality. Psychologists provide the only comprehensive evidence based treatment for this disorder, thus we have the ability to relieve the demand on other services. Other clients require intervention for depression, anxiety disorders and trauma (due to the complexity of their presentation ACC is not indicated). Many have been referred by psychiatrists because they are not responding to pharmacological interventions. For some of these clients, we really are their last, best hope for a life worth living.

My fear is that unless there is an incentive for psychologists to stay in this sector, there will continue to be a haemorrhaging of the uniquely skilled people who can undertake this line of work. Very few psychologists have the disposition to manage these high intensity clients. Those of us that can, do this work do it with passion. Unfortunately, that often comes at a personal price. Burnout is a huge risk for us, and that is exacerbated when there is a lack of staff which makes workloads unmanageable.

Yours sincerely,

Garth Baldwin, Clinical Psychologist

# "I'VE LOVED BEING ABLE TO INFLUENCE OUR MECA"

An interview with Dr Clare Calvert, one of two Auckland DHB APEX psychology delegates.



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

I am a clinical psychologist at Hapai Ora, which is an early intervention service for people up to the age of 30 who are experiencing a first episode of psychosis or are at high risk of developing psychosis. My job involves working with colleagues to jointly assess people who present to the service, and provide individual and group treatment in a safe and non-judgemental environment. I typically use a combination of CBT, ACT and Compassion approaches to help clients readjust to their experiences, and to help them get back on track with their lives and their goals.

## Why did you decide to become a psychologist?

I started doing A-level psychology at school and was really interested in when things start to go wrong for people during key development periods. I continued studying psychology and sociology at university and became more interested in the differences between those with severe mental health issues who offend and those who do not. This interest took me into working into forensic mental health settings and acute psychiatric hospitals.

## What are the main differences between working in the UK and New Zealand?

Well, apart from the weather, there are not that many differences. Obviously the UK has a much larger population than New Zealand but there are similar issues facing psychologists working in the NHS- pay gaps, lack of leadership opportunities, and

a lack of resources - which has led many to go into private practice.

## How have you found being an APEX delegate?

I decided to volunteer for the role because I wanted to represent our profession and have a small influence over our working conditions. It's been a learning curve, but interesting to find out how decisions are made at management level, and helpful to join up with other delegates from the rest of New Zealand. I have really enjoyed being able to influence our MECA, becoming a voice that represents over a hundred psychologists at ADHB; that's been really rewarding so far.

## What's your experience of bargaining been so far?

Frustrating at times, but it's good to have some movement and some ways forward, knowing that through the process we will get some of what we want, and some of what we need. Industrial action has been tough, cancelling clients and not taking on new clients. We all want to provide a good service but it has been reassuring the majority of members are voting to strike and we are all clubbing together and making a difference. In the end you have got to think about the long-term reasons why we are doing it. It's going to be hard at the start, when we are going through it, but it is to get a better service for clients at the end of the day. So it's worth it because that's why we are all doing this job.

## What does the future psychology profession need more of?

Firstly, we need more training places at Universities to cope with the increasing population in NZ. We need passionate, highly-skilled and resilient psychologists who are committed to improving the lives of our clients as well as the system we work within. We need more leadership opportunities for senior psychologists so that we can retain their skills. Finally, we need to be able to grow and adapt to the challenges that the future will bring.

## What do you enjoy doing outside work?

I'm lucky to live on Waiheke Island and try to get outside for walks and swimming in the sea whenever I can. I also run a walking group on the island for women who like wine! I spend time hanging out with my cats and husband, cooking and baking and singing in a community choir.