

Psychologists' Newsletter

May 2020

Well what a couple of months it's been! Fresh out of having the MECA implemented we've found ourselves thrown into the world that is COVID. What we found was the response to the level 4 lock down varied greatly between the district health boards. You may have seen the press release that was carried on TV 3 and Stuff about the issues in Auckland, with MidCentral, and Canterbury having their black moments, yet Northland, Counties Manukau, and Hastings were examples where the management saw the need to keep people safe and had staff working from home, or at least good plans in place relatively quickly. We will explore those issues over the next couple of months!

Leadership changes

After four years as the APEX psychology divisional President, Waitemata DHB clinical psychologist Rajan Gupta is signing off from his union position. Rajan was on the national bargaining team in 2016 who secured CPD funding, and has been the divisional president through interesting times including our expansion of coverage to Ministry of Education psychologists, during our submission to the mental health inquiry in 2018 and through the 2019-2020 MECA campaign.

Reflecting on the last year, Rajan said: "We have I think as a group demonstrated, much to the surprise of many, that we have the ability to consider the needs of our clients but also stand up for our right for equitable treatment and pay parity - no small feat for a group that many years ago some had believed would possibly never strike."

APEX would like to extend a massive thank you to Rajan for all his contributions both within the psychology division as delegate and president and at the national executive level. Kia ora Rajan.

Interim President and Secretary

As a result of Rajan's resignation, Annmaree Kingi will act as interim President and Amber Barry will act as interim Secretary. There will be elections held for both permanent positions running up to the next AGM.



Annmaree works as a Clinical Psychologist at Canterbury in the forensic setting; she's currently working in the service's open forensic rehabilitation ward. She has been an active member since 2012, involved in the MECA by supporting the then delegate. She was asked to

become a delegate a few years later after being very involved in opposition to the attempt to make it mandatory for psychologists to be involved in physical restraints with patients. This was successfully challenged at mediation, and Annmaree became a delegate.



Amber Barry works as a senior clinical psychologist and is the APEX delegate at MidCentral DHB. She is working at the child development service in allied health services, part of broader child health services at the DHB. Amber was also involved

in the MECA negotiations and has been a strong presence for the psychologists during some very challenging COVID moves by the MidCentral DHB.



Welcome Explore Psychologists

Welcome to the psychologists at Explore who have recently joined APEX. Explore provides behaviour support for people with disabilities around NZ.

We have initiated bargaining for a collective agreement and are looking forward to negotiating their first contract with us.

“The relationship currently is too often hindered by a lack of trust...”

Annmaree was previously interviewed in the February 2018 newsletter, where she talked about how she became a psychologist. In this issue she talks more about her COVID experience, and what she sees as the main issues moving forward.

Firstly, thank you very much for stepping up as interim President!

Thank you.

What do you see as the next steps for the Psychological Division, bearing in mind what we have experienced during this COVID time, and how the DHB's have responded to psychologists?

I think we need to do some work with each DHB to really help them understand what it is we can do from home, how we fit in with the essential

DHB WALL OF SHAME: QUOTES FROM A FEW PSYCHOLOGISTS ON HOW THEY FELT ABOUT THE WAY THAT THEIR DHB MANAGEMENT TREATED THEM.

“I have never felt so poorly treated by management”

“While they claim doctors and psychologists are valued members of the MDT, their behaviour does not support this statement”

“They continue to obfuscate and employ divisive tactics, peddle half-truths and demonise dissenters.

“The most stressful and dispiriting month of my working career”

We will keep the momentum from the MECA going plus the great work delegates and members have been doing around the country, as we continue to pursue the respect that is due to the profession, in action not just words!

workers and establish more of a trust model. The relationship currently is too often hindered by a lack of trust, but you know we're going to work safely; we're going to do the right thing. We are working hard, even though it's not on site. We do need to identify what the issues are for us, and work from there, so that moving forward in any pandemic or other crisis, we can work more collaboratively.

What was it like for you at Canterbury during the first 4 weeks of COVID?

It was a real lock down. I work in an in-patient ward in a rehab unit, and usually our doors are unlocked. So now the patients were locked in. It was really tough at work, there was no social distancing and the like, the noise factor on the ward was something I wasn't used to. I also had a vulnerable person at home, so the situation really did impact on my ability

to work. So, the first weeks were incredibly stressful. As a delegate I was getting lots of phone calls from members, whose issues I needed to give priority over my own.

What were the issues that members were coming to you about?

Members were trying to be proactive, coming up with solutions for social distancing that maintained the required distance, as well as have psychologists available on site and from home. However there just seemed to be a real lack of communication between the senior management team, the management of particular services and a lack of compassion for some of the members who struggled to be able to work from home, or who had a real vulnerable child or were pregnant. Members really felt like management thought psychologists were trying to get out of work, rather than trying to work with the DHB, to take care of their family, as well providing a professional service. This mentality created a lot of stress for members. It highlighted all the reasons why we went on strike and fought through the last MECA process. The DHB's don't seem to have values, or certainly don't behave in accordance of those values they say they have.

I don't think the behavior of management at some DHB's did anything to retain psychologists.

We worked quite hard together to get people working from home. During the period when they weren't allowing people to work from home (for Canterbury the main reason was lack of technology), you mentioned that there was no social distancing. What actually happened on site - how did they support people?

They put out newsletters saying “we care” but on the ground it was just chaotic, things changing all the time. I think they need to do a Psych 101 course, on how to deal with staff and be communitive. Open and honest communication would have achieved better results. We had to go up the top to get any traction. The lack of effective communication from the specialist managers of mental health units at Canterbury was tragic.

Reflecting on your interactions with the APEX office during that time, what did we do well to support you and what could we do better next time?

From a divisional perspective there was loads of communication about things as a whole, and it was really really good. It would have been good

to have more inter delegate communication, like we had during the collective bargaining.

What were the big issues where working from home was not an option because of the nature of the psychologists work, how they were they supported? What was it like at Canterbury?

Just acknowledging that it was a difficult situation was important, being aware of the hotspots, feelings of being siloed and isolated. With reduced movement across the service even though there were newsletters you didn't really feel connected to the task at hand, or what it was like being locked down for staff dealing with the patients, understanding where staff were at.

That is an interesting point, what was the feedback from the patients?

Initially they were really good, but again they had their freedoms lost, they gave feedback on losing access to certain things like walks in the grounds. It's a balance between doing the right thing around not spreading COVID, but they were frustrated.

With what you have learned through this experience, what will you do next in your CPD?

There are some conferences I have my eye on. I'm not very good at online learning, I want to do some more forensic study, but I've got some books I want to buy, so I'll probably do that. There are some leadership courses and management courses that I also would like to do. Just to get better from a work, and divisional point of view.

Finally, what message would you like to give to the Psychological Division moving forward?

Just recognizing that it's a profession where we work hard, where you know even though it feels like some days we are not valued by our employer, that as your President, I want to say hang in there. We need to maintain that collegial network we built during bargaining. From a divisional point of view, we have work to do, and need our collective voices to get that work done.



Like APEX on Facebook