S99 Inspection of Waikato DHB’s Mental Health Service

The New Zealand Public Service Association: Te Pūkenga Here Tikanga Mahi (the PSA) welcomes this opportunity to put forward some views to assist the S99 Inspection of Waikato DHB’s mental health service. We appreciated the opportunity to talk with Dr Crawshaw and his team last week.

The PSA is the principal trade union for mental health workers, with members working in DHB services and for community based providers of mental health services. Our members are nurses, allied health workers, Psychiatric Assistants and support workers. In Waikato DHB we have approximately 400 members within the Mental Health and Addictions Service. We have engaged with members to discuss the issues in mental health and to ask them what they wish us to convey on their behalf to the inspection team.

The recent spate of incidents involving patients has taken its toll on staff with many feeling that they have been blamed in some way for what has happened when in fact they feel they were just doing their job to the best of their ability under difficult circumstances.

The PSA strongly believes that the quality of workplace culture makes a significant difference to the performance of a workplace and, in a mental health setting, to the quality of outcomes for service users. In a positive workplace culture staff feel that their contribution is valued and that their voice and ideas will be listened to. The PSA’s aim is to work with employers and members to support this.

This short submission is focused on the areas we raised with the inspection team at our teleconference:

- Morale in the mental health service
- Confidence in management
- Workloads and team structures
- An adversarial approach to employee relations and unions generally
- The approach to dealing with concerns and complaints

**Morale in most areas of mental health is low.**

Our members’ perception is that since the Time for Change review things have become worse in this respect. The low morale is caused by several factors, but in a large part by what they experience as a dictatorial and unilateral management culture that is prevalent across the DHB (with a few notable exceptions). The views of employees are often ignored. Recent examples of this include the decision to remove a long standing roster from inpatient wards despite staff voicing reasoned and significant views against the proposal and the imposition of a controversial vaccination policy.

**Lack of confidence in management**

There is a widespread low level of confidence in immediate and senior management. In the case of community mental health and some inpatient services some managers appointed to lower level positions during the last four years are viewed as incompetent and often brusque in their approach.
to interacting with staff. In the case of more senior managers the cause is more to do with communication style and invisibility to staff on the wards and in the community. Added to this is the view that management are not genuinely interested in hearing from staff and, in the cases where feedback is sought, it is frequently ignored.

Workloads and team structures
Workloads are generally high in all areas and, in some cases such as community teams, are unmanageable for nurses in particular but also Allied Health staff. This quotation from a communication from a Community Mental Health Nurse typifies the current situation for many CMHNs:

Since the management restructure when most of the nurse managers were replaced by generic staff there has been a significant reduction in nursing staff overall. The community has seen nursing staff replaced by OTs, social workers etc who are often newly graduated, new to the country and unfamiliar to the role previously done by Nurses. This has placed enormous pressure on the remaining nursing staff who are expected to carry out the nursing functions plus key-work for most of the patients. There is added documentation with the role and nurses are finding it impossible to keep up with workload expectations and added work. Generic staff see themselves as “therapists” who don’t in general key-work, provide crisis cover, attend to walk-ins, do D.A.O work etc. Issues raised with management around the inequitable workload and stress nurses are under often result in staff being threatened regarding performance which as stated is unable to comply with expectations due to load. There has been an enormous increase in disciplinary actions against nurses for failing to comply with expectations. There is also a corresponding loss of vital experience with the loss of nursing staff and their replacement by generic staff.

An Allied Health member addresses similar matters, as well as practice around appointments:

South Sector Urban Community Team has now had four different team leaders since T4C began – is again with a temporary TL who had only recently been appointed to a position as inpatient CNM then moved to the community team. This does not seem like good management for either the inpatient ward or the community team as temporary appointments are not a good way of operating a service when it is already struggling.

... the view of many staff is that nepotism reigns supreme and it is not a matter of what you know but who you know that gets you appointed. Genuine merit appears irrelevant.

The PSA believes that these issues — the reduction in nursing staff, and replacement with generic staff; rapid turnover of team leaders, and questionable appointment processes; unmanageable workloads and unreasonable expectations; lack of support for new and inexperienced staff; and understaffing — must be addressed as a matter of urgency and that the inspection report should make recommendations to this effect.

The PSA has considerable experience in working with members and employers in transforming workplace culture and would be happy to work with WDHB on this, provided that the employer was genuinely willing to do so.

An adversarial approach to employee relations and unions generally
During the last year, relations between staff and management, and management and union representatives have become strained. Although there are currently some difficult issues being traversed by the parties which remain the subject of disagreement it is the unilateral and unconstructive approach that is predominantly causing this. An example of this is captured in the
attached letter dated 21 May 2015 to the DHB from the PSA. We have not yet received a reply. A non-response or tardy response has become a more recent theme when unions attempt to communicate with the DHB. We also attach correspondence between the DHB and the unions about the roster issues in the Henry Bennett Centre; once again our letter dated 19 June has had no response.

While it is not directly related to the mental health service, the recent decision to require staff to wear masks if they are not vaccinated against influenza is seen as an example of this management attitude. In the case of the influenza policy, Human Resources staff undertook to consult unions and most unions made submissions against the policy but it became clear that the Chief Executive had already made key decisions on the policy that were not up for negotiation. The unions to date have not received feedback on their submissions despite requesting it several times.

The PSA’s view is that this breakdown in the union/management relationship must be addressed as a matter of urgency, and that the inspection report should make recommendations to this effect. Until a positive relationship of trust can be re-established, it will be very hard – if not impossible – to make sustained progress towards resolving some of the underlying issues we have noted.

The approach to concerns and complaints

We are particularly concerned by unconfirmed reports that several of our members raised complaints about Mohammed Siddiqi’s practice with their superiors as early as six weeks after he began work, yet it took a further five months before he was suspended. This raises questions for us about what was done as a result of the complaints. While we don’t know the full facts, it would appear that the complaints were not taken seriously enough to warrant thorough investigation to establish whether they had foundation, possibly because they came from nurses. It is not hard to imagine this being the case given the workplace culture which has strong and well established occupational hierarchies that discourage speaking up.

We think it is important that the inspection establishes whether the problem could have been acted on sooner and whether the appropriate systems and culture are present to encourage reporting, investigation and action in such cases.

The PSA believes that it is important employees are able to safely disclose any wrongdoing they observe and express concerns about professional or other matters. The Protected Disclosures Act sets a very high ‘serious wrongdoing’ threshold that must be met before a disclosure can be made, and there is clear guidance about how it operates and what the responsibilities of the various parties are to protect the both the disclosure and the whistle blower. The threshold however is so high that it is rarely invoked, and the complaints about Mohammed Siddiqi may not have met the PDA threshold in any case.

Following the high-profile case involving the CE of CERA last year, the PSA worked with SSC to develop sexual harassment guidance for the state services\(^1\). This has now been issued by the State Services Commissioner. While the guidance is situation-specific, our view is that this approach could be a useful template for developing guidance and protocols for DHBs around disclosures that do not meet the PDA threshold, so that there are robust internal procedures that also protect a whistle blower from repercussions. It would also support a positive workplace culture, where staff can have confidence that concerns will be taken seriously and dealt with appropriately.

**Conclusion**

We make a number of points about the need to improve workplace culture, and establish a positive union / employer working relationship. In our view, this is the key issue. Staff are demoralised, and until they feel that they are valued by the employer and that they can have a say in how their work is shaped, it will be hard to sustain and embed any progress made following this inspection.

We recommend that:

- The report makes proposals about how the workplace culture can be improved, and how staff, through their unions, can be part of this improvement.

- Workplace issues such as high and unsustainable workloads, lack of experienced staff, and the replacement of specialist staff with generic staff are also matters that the report should address.

- There should be guidance and protocols developed so that disclosures can be made safely. Staff must have confidence that these will be treated seriously and acted on appropriately, and that there will be no repercussions on the discloser.

We would be glad to talk to the inspection team about any of the points we have made here. Please contact us for any further information you may need.

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