

4th December 2015

New Zealand Health Strategy Consultation
Ministry of Health
PO Box 5013
Wellington

RE: Submission on NZ Health Strategy and Roadmap of Actions

Introduction

The NZCCP represents 723 clinical psychologists and 198 postgraduate students enrolled in New Zealand clinical psychology programs. Clinical psychologists are trained in assessment and diagnosis, formulation (that is, generating a working theory about what has caused and maintains a person's mental health problems using established psychological knowledge), measurement (using psychometric instruments) and treatment of mental health disorders, and in the assessment of research into the efficacy and effectiveness of psychological therapies and interventions. All have done research at the masters or doctoral level. Clinical psychologists are registered under the clinical psychology scope defined by the New Zealand Psychologists Board; the Health Practitioners Competence Assurance (HPCA) Act 2003 requires clearly specified competences are met and maintained by all registered clinical psychologists; the title "clinical psychologist" is protected by this law. We are bound by a comprehensive code of ethics.

Thank you for providing us with the opportunity to provide feedback on the proposed NZ Health Strategy and Roadmap of Actions. We acknowledge what has been a considerable amount of work to get it ready for consultation.

NZCCP commends the MoH on its approach to the design and development of this plan. Ko tau rourou, ko taku rourou, ka ora ai te iwi – with your baskets of knowledge, and the rest of the sector's, this plan will flourish and so too will the people.

NZCCP agrees with the system architecture being proposed. The focus on prevention, early intervention and rehabilitation approaches to concentrate effort and ensure results for whānau using existing services, is central to addressing the mental health problems that create sustained hardship and poor outcomes for whanau.

We have opted not to answer your specific questions but provide you with over-arching feedback and specific feedback relating to the clinical psychology workforce.

What we observed:

The Ministry of Health has acknowledged in the document that many of the recommended actions are not very different from the current strategy. We realise that proposing detailed and prescriptive solutions is unrealistic but there is a fundamental lack of detail in how the strategy is going to be resourced and implemented and we are concerned that New Zealanders may be no better off five years from now. Unless significant changes are made to the way primary care services are funded and purchased the type and location of services delivered and the health outcome measures will not effectively change.

In addition the references made in the Roadmap of Actions document to solutions being delivered 'over time' do not provide adequate outcome measures for healthcare providers. What is needed is a blue print for expectations around timely outcomes, expected health service deliveries and collaboration with other providers so as to avoid a continuation of siloed and inefficient health care delivery.

The initiative of 'Promoting to service users and clinicians the benefit of having access to a patient portal' is not robust enough and this should actually be mandated and adequately resourced by the Ministry of Health and uptake regularly measured as health professionals become more familiar with IT.

Closer to Home

The Roadmap of Actions document refers to the need to 'fully utilise health skills and training by removing legislative barriers to allow health practitioners such as 'pharmacists and nurses' to prescribe. It is disappointing that the MOH has not considered applying this to other professional groups such as psychologists who are in the process of working towards prescribing scopes of practice.

Tackle Long Term Conditions and Obesity

The Roadmap of Actions document refers to the need for health professionals to reorient planning guidance and performance management to either diabetes or mental health or cardiovascular disease. We wish to point out that these conditions are connected, multi-factional and driven by social factors that cannot be siloed.

While we support the proposed actions to "increase the effort on prevention, early intervention, rehabilitation and wellbeing for long-term conditions such as...mental health conditions..." and to "increase support to pregnant and postnatal women experiencing mental health and alcohol and other drug conditions" we are deeply concerned that there are no other references to mental health or alcohol and drug issues in the document. This is a glaring omission in a nation where, among people of all ages, poor mental health, alcohol and drug dependency and the rate of suicide ages is one of the highest in the developed world.

Value and High Performance

We are pleased that the MOH has acknowledged the need to ensure funding and information systems support providers to improve their services and it is encouraging that a health investment approach is being considered. However we are concerned that the document does not provide enough of a mandate for providers to invest in systems that are for the good of the nation and will assist health delivery services to be joined up across both care sectors and professional groupings.

We would also argue that purchasing from NGOs and commissioning services at a local level requires sound contract management to ensure deliverables are clear and outcomes are met.

What is needed for improvement

The Health Strategy quite rightly proposes that a health outcome focused framework will be developed that will link to the IPIF work already carried out.

NZCCP emphasises that if the MOH want to increase and improve equity of health outcomes, quality and value, clinical psychology services must be incorporated into the primary care delivery model and for this to work there needs to be a health investment

approach that is supported by a complete overhaul of the funding model. As long as Doctors remain the financial gatekeepers to the way services are devolved, we will continue to get the same outcomes for patients.

Making it happen:

Clinical psychologists are pivotal to the delivery of a number of the actions outlined in the Roadmap of Actions Document. We urge the MOH to consider how clinical psychologists may be better utilised in the development of future primary care models and future funding arrangements.

Deb Moore
President
New Zealand College of Clinical Psychologists

Email: office@nzccp.co.nz