A Submission to the Ministry of Health's Review of the Mental Health Commission

From: The New Zealand College of Clinical Psychologists.

Date: 9 May 2006

PREAMBLE

The New Zealand College of Clinical Psychologists (NZCCP) was written to by Kathy Spencer of the Ministry of Health, and invited to give feedback on the expiry of the Mental Health Commission (MHC) with a view to ensuring that the achievements of the Commission are taken forward into the future.

Clinical psychologists represent one of the allied mental health professionals who combine with mental health nurses and psychiatrists to provide multi-disciplinary assessment, treatment, and rehabilitation for mental health consumers in public health services at the primary, secondary, and tertiary levels. Clinical psychologists also have management and leadership roles within mental health services. In addition, clinical psychologists work in private practice with fee paying clients, and conduct research and teach graduate students in clinical psychology in New Zealand Universities.

The NZCCP is the first professional services organisation for clinical psychology in New Zealand. The College was formed in 1989 and is situated centrally in Wellington. There are 380 financial members and a growing list of student members (currently 210) and our members are predominantly working in clinical roles with people with mental health difficulties or similar issues. We are committed to public and professional education, the quality practice of clinical psychology, and the representation of the profession in New Zealand.

TERMS OF REFERENCE

The letter from Kathy Spencer of the Ministry seeks feedback with regard to the following key questions:

1. ***Do you consider that the Commission has fulfilled its statutory functions? These include:***
    - ***Monitoring the implementation of the National Mental Health Strategy;***
    - ***Monitoring and reporting on the performance of key agencies in relation to implementation of the Strategy;***
    - ***Working with the health sector to promote better understanding by the public of mental illness and to eliminate discrimination; and***
    - ***Working towards strengthening the mental health workforce.***

Comment:
Consistent with the Ministry perspective put forward in the letter from Kathy Spence, the NZCCP sees the Commission as having largely fulfilled its objectives with regard to overseeing the implementation of the National Mental Health Strategy. We also see the Commission as having been active and effective in fulfilling its function of working towards the elimination of discrimination against people with mental illness and enhancing public understanding of mental illness. However, we are not aware of the Commission having had a significant impact or presence in the area of mental health workforce promotion. With regard to strengthening the clinical psychology workforce, we have heard little from the Commission other than a heartening endorsement from the current Chair Ruth Harrison in her editorial in the August 2005 edition of the "Mental Notes" newsletter. This noted the importance of psychological therapies and the shortage of clinical psychologists in District Health Boards. However, we are aware that there is a large amount of other activity occurring in New Zealand at present, at the ministry level, the NDSA level, and the DHB level, amongst others, towards workforce development. Given this other activity, we consider that this may not need to be a primary focus for the Mental Health Commission, and effort by them in this arena could be unnecessary duplication.

We would however, identify another way in which the Mental Health Commission could support workforce development for the mental health workforce. A notable impediment to the retention of the mental health workforce has been the "culture of fear" and demoralisation that has evolved through the perception of, despite making an honest effort to do the best for their clients, being constantly under attack collectively or individually, often through the media from many directions. This also adversely affects the clients of mental health workers as it makes the workers less inclined to support their clients in taking a degree of risk that may be necessary for optimally supporting their recovery, for fear of the "shame and blame" process if the risk is not successful. The Mental Health Commission has at times through its media releases contributed to this sense of fear and demoralisation. While it is clearly the role of the Commission to challenge the role and function of health systems and health professionals, and we are supportive of this role, it would be helpful if this was undertaken in such a way that it is not needlessly contributing to the fear and demoralisation described above.

2. How do you think the Commission has contributed to the mental health sector over the past 10 years?

Comment:
The Blueprint has been a truly remarkable document in terms of the extent it has been able to define the direction of mental health services in New Zealand and its impact on funding. The MHC's role in the development of the Blueprint was a significant contribution, It has also been the ongoing efforts of the MHC as well as the Ministry that has kept progress towards achievement of the goals of the Blueprint and a series of related documents occurring. We believe that there is still considerable scope for further advancement in this direction and that the MHC or a similar structure can provide a valuable role alongside clients, the Ministry, health professionals, and other stakeholders in helping to continue to promote this improvement.

3. What is your view on the expiry of the term of the MHC?

Comment:

Our understanding is that the public education and anti-discrimination work undertaken by the Commission is now being carried out by other agencies such as the Ministry's Public Health Directorate through the "Like Minds" campaign. Similarly we are aware that there are numerous workforce development initiatives currently being undertaken outside of the Commission. Therefore we do not see the need for the Commission to continue its involvement in these aspects of its statutory functions.

However, we do see an ongoing need for a body that is independent to the Ministry and able to provide a monitoring role around the delivery of mental health services. This body could potentially be the Commission with a refocused mandate. We see the Commission's Services Configuration project, which aims to conceptualise an accessible and broad-ranging mental health system which integrates the primary care end of the services spectrum, as potentially requiring monitoring in the same way that the National Mental Health Strategy and the Blueprint for Mental Health Services have.

If such an independent body were to be established, NZCCP would emphasise the need for it to have a balanced make up that offered a collaborative perspective on issues of concern. We see that it would be important for such a body to include stronger representation from clinicians than exists in the Commission currently. The lack of a clinician in the three commissioner's positions is of some concern to the NZCCP. We would also like to see clinical psychology and other allied mental health professions participating in wider reference groups for any future independent body, as these disciplines make up approximately 25% of the mental health workforce. We would welcome seeing the commission (or another body that replaces it) modeling more closely than is often evident at present, in its composition and approach, the collaborative spirit between clinicians, clients, their family/whanau and other stakeholders that we would wish to promote in mental health work .

4. Do you have any other comments?

Comment:

The College has no further comment. Thank you for the opportunity to meet with Ann Connell (Hon Secretary), Elliot Bell (the College representative with the Commission) and myself.

I trust you will find these comments helpful

Yours sincerely

Nigel Fairley
PRESIDENT