

# REPORT TO NZAP COUNCIL, JULY 2021

## Public Issues

Public Issues has become an increasingly diverse area and one with growing significance for NZAP in the mental health landscape. So, I want to emphasise first what a committed and lively team the Mental Health and Addictions team has been. Personally, it is a pleasure to work with such a collaborative and thoughtful group.

As it needs to be, our portfolio now stretches from the acute pressures in the wider mental health arena to issues that affect us more specifically within ACC and Allied Health within the DHB system.

Attempting to have some influence in public mental health is a frustrating business. This is widely shared: accumulating headlines throughout this year highlight how slow, cumbersome, secretive and centralised the change has been which was expected from the 2019 Wellbeing Budget. There has been widespread criticism of the Ministry's failure to act, with it insisting that we simply need to wait because change is coming.

From our perspective, its changes so far largely ignores the facts of our daily clinical experience. It is hard to make any case for relational, psychodynamic work when the Ministry, which controls mental health spending, seems most focused on individualistic strategies with fast turn-over coupled to very abstract policy making. So, our insistence on family, group, community, depth or couple work has a hard time finding a foothold.

We have continued to keep a connection with the Ministry, primarily through Zoom briefings and a critical letter – which drew no response – about its plans. Recognising that our consistent input has been ignored over the last two years, we are moving towards building connections and alliances in other quarters. This is slow work for a small and voluntary team, however active, but we have made a start. Amongst these initiatives, we have established a connection with the Mental Health Foundation; assisted with new Family Violence proposals at the Justice Department's request; responded to the Royal Commission on Abuse in State Care; persuaded Ashburn Clinic to offer its psychodynamic seminar series nationally; and made contact with psychiatrists to develop a stronger connection. John has also presented to 60 Otago clinicians on the mental health rollout at Ashburn in June.

We are also engaging in some political connections: with Jan Logie from the Greens, and with Matt Harward's son, who is the President of Young Labour – and Matt has emphasised YL is supportive of our initiatives.

Where NZAP members' interests are concerned, we have learnt that ACC has disbanded its Advisory Group and will now seek individual input directly from case managers. This may presage wider changes within Sensitive Claims and may, in time, affect ACC psychotherapists in time to come.

Likewise, we have continued to have a voice within Allied Health (Mental Health) – which is the public health sector. Roy Bowden represents NZAP and describes the group's focus on interdisciplinary discussion, though it struggles to move from vision to action.

Despite promises to the contrary, mental health exists in a hostile and stressful environment at present. Our view, however, is that establishing solid long-term connections across the sector will bear fruit both for the Association and for mental health in general.

My warm thanks to our team: Andrew Jones, Victoria Smith, Veronica Watts, Roy Bowden and Lynne Holdem.

John Farnsworth  
Chair of Public Issues

## ACC

Since my last report, I not met with members of the MHLSG group; however, ACC are providing a lunch for us on 30 July which will be the last time we meet. The personnel who were arranging and managing these meetings have all departed and the new leader does not believe this meeting has a role any longer (although he had never previously attended any other of those meetings).

NZAP has a new liaison person, who seems very responsive. I am meeting with her before our next Council meeting. I have already raised the issue of Providers sending in the unprotected reports to ACC. She made further enquiries and was told that we are able to. What she was not told was that this is an onerous task and requires several emails in a back and forth process with the IT people. I told her that we were asked NOT to do this. I am now about to ask our members if they would be willing to as this might become a sufficient enough nuisance for the IT people to work on the issue in a timelier manner. It was clear that I knew much more about this issue than the liaison person did.

I was perturbed to hear from the new person responsible for engineering the Kaupapa Maori pathway that he had heard from the ACC Board that they spend \$6million on the ISSC pathway but that there is very little positive change. It seems ACC base their idea of improvement on a particular subjective questionnaire which Providers give to clients at various stages of their process in the ISSC – the Personal Well-Being Questionnaire. Although Providers are required to record behavioural changes made by clients (in reports and Case Conferences) these are not collated. This information presented by the Maori representative does not concur with clinical findings from Providers.

We have been told that ACC will still want to continue having some relationship with stakeholders such as myself and others; however, it seems that what they are wanting to do is to talk to people individually. This is still to be ironed out. I put forward my concerns about only selecting individuals, stating that there was a very positive outcome in having stakeholders come together as a group to dialogue with ACC. My feeling is that the days of dialogue have gone and what we are likely to get is presentations of changes ACC is making without any prior consultation. It is like a return to the old days.

I was contacted by Anusha Bradley, the RNZ journalist who is asking hard questions of ACC quite often with inadequate or incorrect information that she has been provided by ACC. I gave her our perspective on the ISSC and the way it was working.

I was then approached by Jan Logie, Green MP responsible for ACC. She is currently in the process of asking the Minister about the changes that are occurring at ACC and is as concerned as I am. I met with her for over an hour and then gave feedback on some of the questions she is about to ask. I have done Sensitive Claims work for ACC for 33 years, and it seems that they have now disbanded

the Sensitive Claims Unit. It is unclear whether Sensitive Claims are dealt with by people trained to deal with sensitive claims or by ordinary claims staff. This is something Jan Logie is to follow up on.

I raised the issue of our having to send non-encrypted or password protected files to ACC and she is going to follow this up, possibly with questions in the House. She is hoping to organise a meeting with the ACC Minister in the not too distant future which she will invite myself and other stakeholder representatives to.

Overall, it feels as though ACC have effectively removed the possibility of Supplier and Providers having a voice. There have not been any Supplier meetings held in 2 years.

I held a Zoom meeting with NZAP ISSC Providers and Suppliers last month. It was well received and appears to be a useful way of meeting with members.

It seems to me that without a voice we are left with no other choice than to become political on behalf of our clients.

Victoria Smith  
ACC representative for NZAP

## **AHANZ**

By the time we meet I will have met with AHANZ members at a full meeting for the first time this year. I am also going on Wednesday 23 June to Parliament to be present at the release of the NZIER report. AHANZ has prepared short clear messages about the role that Allied Health practitioners could play in the overall health system. Following that we are going to dinner. I have asked Roy Bowden to accompany me as it was opened out to members of our Professional Body Councils. Lynne was unable to go and Roy attends the Allied Mental Health Group on our behalf.

I have great confidence in this group as they are committed to really trying to make a difference. It is also a group that represents a large number of health practitioners. They have direct access to Martin Chadwick at the Ministry of Health.

I have been attending Zoom meetings with a subcommittee who are responsible for putting together recommendations for Allied Health professionals for telehealth. We have been meeting monthly. Of course these recommendations need to be very generic but it is important to have input into them.

Victoria Smith  
AHANZ representative for NZAP