



# NZCCP

The New Zealand College  
of Clinical Psychologists

## **A Submission to the Mental Health Commission re Destination 2015 - Te Hongona**

From: The New Zealand College of Clinical Psychologists.

Date: 26 May 2007

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### **PREAMBLE**

The New Zealand College of Clinical Psychologists (NZCCP) was approached by the Mental Health Commission (MHC), through the College's representation on the Commission's clinical reference group. The College was invited to give feedback on the Commission's draft document Te Hononga, which describes the MHC's vision for what a recovery-oriented system will look like once Te Tahuhu (the Second National Mental Health Plan) has been implemented through the actions laid out in Te Kokiri (the associated Mental Health and Addiction Action Plan).

Clinical psychologists represent one of the allied mental health professions who combine with mental health nurses and psychiatrist 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.

The College is grateful for the opportunity to participate in the peer-review of Te Hononga.

### **TERMS OF REFERENCE**

A teleconference pertaining to the Te Hononga peer-review was facilitated by MHC analyst Fiona Julian on 23 May. At this it was noted that feedback focusing on whether the various goals of Te Tahuhu and Te Kokiri are reflected and connected in Te Hononga would be particularly helpful. At the same time it was stated that any "high-level" feedback would be welcomed.



## COMMENT: THE CONTEXT – TE TAHUHU

The NZCCP advocates strongly for mental health consumers having access to professionals who engage in evidence-based practice – including validated psychological assessments and interventions. Furthermore, we see the need for quality controls around delivery of these so that they are provided safely and competently. Consequently, the College identifies particularly strongly with a number of the challenges noted in Te Tahuhu. These are reflected in many sections of that document, and the College would like to see these set out clearly in Te Hononga. Therefore, to provide some context for the NZCCP feedback on Te Hononga we begin by making reference to the aspects of Te Tahuhu (and more briefly Te Kokiri) which we believe justify stronger emphasis on expanded, effective, and safely delivered psychological inputs in the MHC vision of services in 2015.

### *Te Tahuhu: Introduction*

The Introduction to Te Tahuhu notes:

“a number of important developments have impacted on the way mental health services are delivered. These include.....the continuing growth of a clinical workforce committed to evidence-based practice, and the recognition that service delivery must be both needs and evidence based (pp.1-2)”.

The NZCCP fully endorses these developments, and looks forward to them continuing and seeing them reflected in Te Hononga.

### *Challenge Two: Building Mental Health Services*

The second of the ten leading challenges (“Building Mental Health Services”) spells out the need to “build and broaden the range and choice of services and supports, which are funded for people who are severely affected by mental illness” (p. 9). Within this challenge is the acknowledgement that service users need access to services that are “high quality” and “built on an evidence base of what works best” (p. 9). Te Tahuhu also makes specific reference to consumers being best served by having access to “*safe and effective* resources”, including psychological therapies (p. 10, italics added).

Also noted in Te Tahuhu under the challenge of building mental health services, is the call for *expert* input for consumers with specific mental health needs. Examples noted include “people with eating disorders, personality disorders, people who have suffered trauma, and people with disabilities” (p. 10). The NZCCP notes that psychological assessment and treatment are frequently essential aspects of mental health services for consumers presenting with these needs.

### **Challenge Three: Responsiveness**

The third of the ten leading challenges (“Responsiveness”) points out the importance of improving the responsiveness of services for a variety of client groups, including those with specific disabilities such as “intellectual disability and mental illness and people who have experienced head injuries” (p. 11). Again, the College identifies these groups as having particularly significant needs for psychological inputs.

### **Challenge Six: Primary Health Care**

The sixth challenge listed in Te Tahuhu is to “build and strengthen the capability of the primary health care sector to promote mental health and wellbeing and to respond to the needs of people with mental illness” (p. 14). Particular mention is made of the high levels of anxiety, depression, and substance use disorders in primary health care patients, as identified by the MaGPIe research group (2003). Well developed, validated psychological therapies are available for these conditions (particularly anxiety and mood disorders). The NZCCP believes that if primary health care professionals are to engage in the provision of treatment for individuals with these presentations, then there are significant implications in terms of the need for an appropriately trained and supported expanded workforce.

### **Challenge Seven: Addiction**

The seventh challenge taken up in Te Tahuhu is to “improve quality addiction services and strengthen the alignment between addiction services and services for people with mental illness” (p. 15). Contained within this is a goal of “building the expertise of addiction and mental health providers to conduct complementary assessments and treatment planning” (p. 15). This implies a call for increasing competency in mental health and addictions clinicians, and would include those providing psychological treatments, given the strong tradition of talking therapies in both fields. Again, the NZCCP anticipates the need to ensure that the workforce providing these inputs is able to do so competently and safely.

### **Challenge Ten: Working Together**

This final challenge notes the need for “regional and national collaboration between DHBs to promote the optimal use of resources, minimise clinical risk and maximize in-demand work force capabilities” (p.18). The College endorses this recognition that while services (such as psychological inputs) are developed, that potential clinical risks accompanying this are addressed.



### **Te Tahuhu Conclusion:**

The NZCCP concurs strongly with the following point made by the Ministry in the Conclusion section of Te Tahuhu:

“New Zealanders need to know that government investments in mental health make a difference and that services are effective, efficient and accountable” (p.20).

It is the view of the College that this statement must apply to all aspects of services, including the provision of psychological assessments and interventions. This will be particularly needed if professional groups that have previously not had experience or base-level training in evidence based psychological practices are required to be involved in the delivery of these as services expand.

### **Te Kokiri: Implementation**

In the section of Te Kokiri on Implementation (pp. 7-9), the role of professional groups is noted in the following statement:

“A wide range of mental health and addiction professionals are integral to the ongoing work of the mental health and addiction sector. These professionals and the organizations representing them (including unions), have an important role to play in implementing Te Tahuhu – Improving Mental Health and the action plan, particularly in relation to workforce training, continuing professional development, cultural and clinical standards of care, and through providing leadership” (p. 9).

The NZCCP looks forward to taking its place in this process, particularly where this applies to the future delivery of psychological services.

### **COMMENT: DESTINATION 2015 - TE HONONGA**

The following comments connect the above mentioned points with the relevant sections of Te Hononga where the College believes Te Tahuhu’s commitment to a workforce delivering broader, evidence-based, safe practice could be elaborated on.

### **Introduction**

The College believes the overview statements in the introductory section would be improved by making reference to the 2015 workforce. Te Tahuhu appears to set the goal of services being staffed by skilled professionals with developing expertise in evidence based approaches to their work.

### **Being Connected: Resilience, Recovery, and Well-being**

“Te Hononga means both being connected and the results of all of the people involved coming together” (p. 3). Evidence based practice is consistent with this, through bringing what has been learnt from all the participants in the research that has informed best practice, to the mental health consumers entering our services.

### **Putting People First**

Te Tahuu identifies the need to put consumers’ needs first. One of these needs is to have access to competent staff who can provide a range of validated treatment options. Te Hononga makes good mention of consumers in 2015 getting “early access to effective support services and treatments” (p. 7), and integrated services supporting access to “mental health and addiction services including screening, assessment, and more intensive treatment skills” (p. 8). The NZCCP would like to see more direct reference to the competence of the workforce in terms of its training, competence, and safety.

### **Policy that Puts People First**

An expectation noted that New Zealand’s policy settings will “promote evidence-based and recovery directed services and treatments which are service user lead and responsive to their needs” (p. 11). This appears to be the only mention in Te Hononga of evidence-based treatments, and seems to be placed in a context (policy settings) somewhat disconnected from the 2015 workforce.

### **The shape of the mental health and addiction sector**

While Te Hononga acknowledges the need for a multidisciplinary approach, it would perhaps be more consistent with Te Tahuu to note the broader types of services expected to be provided in a multidisciplinary approach (i.e. “quality crisis services, psychological therapies, peer support services, home and family support services, service user lead services, and culturally specific services”, p. 10).

### **Workforce development and investment**

Te Hononga emphasizes the need for the workforce in 2015 to have access to a strong understanding of pathways to illness and diagnostic systems. However, again there is no mention of treatment or intervention knowledge or competencies (in psychological or other modalities) that workers would be expected to have should Te Tahuu come to fruition.



### *Services, Settings, and Programmes*

This section of Te Hononga states that “psychologically focused therapies such as counseling, cognitive behavioural therapy, motivational therapies with be widely available” (p. 16). While it is pleasing to see psychological approaches acknowledged specifically here, it is difficult to connect all the examples mentioned with the call in Te Tahuhu for safe and effective practice to be pursued.

The expectation is noted in Te Hononga that the range of therapies delivered in 2015 be expanded. Again this statement is not accompanied by the anticipation that these will be delivered by competent, appropriately supported staff in a safe manner.

### *Integrated Specialist Services*

The College endorses the importance placed on the establishment of specialist services staffed by clinicians with particular areas of expertise. To provide more complete alignment with Te Tahuhu, we recommend that Te Hononga includes sufferers of trauma syndromes in the list of conditions that would receive specialist input in 2015.

I trust you will find these comments helpful

Yours sincerely

**Nigel Fairley**  
**PRESIDENT**