




Psychology and the Mental Health Act

A DISCUSSION

NZ Psychological Society conference

6 September 2018

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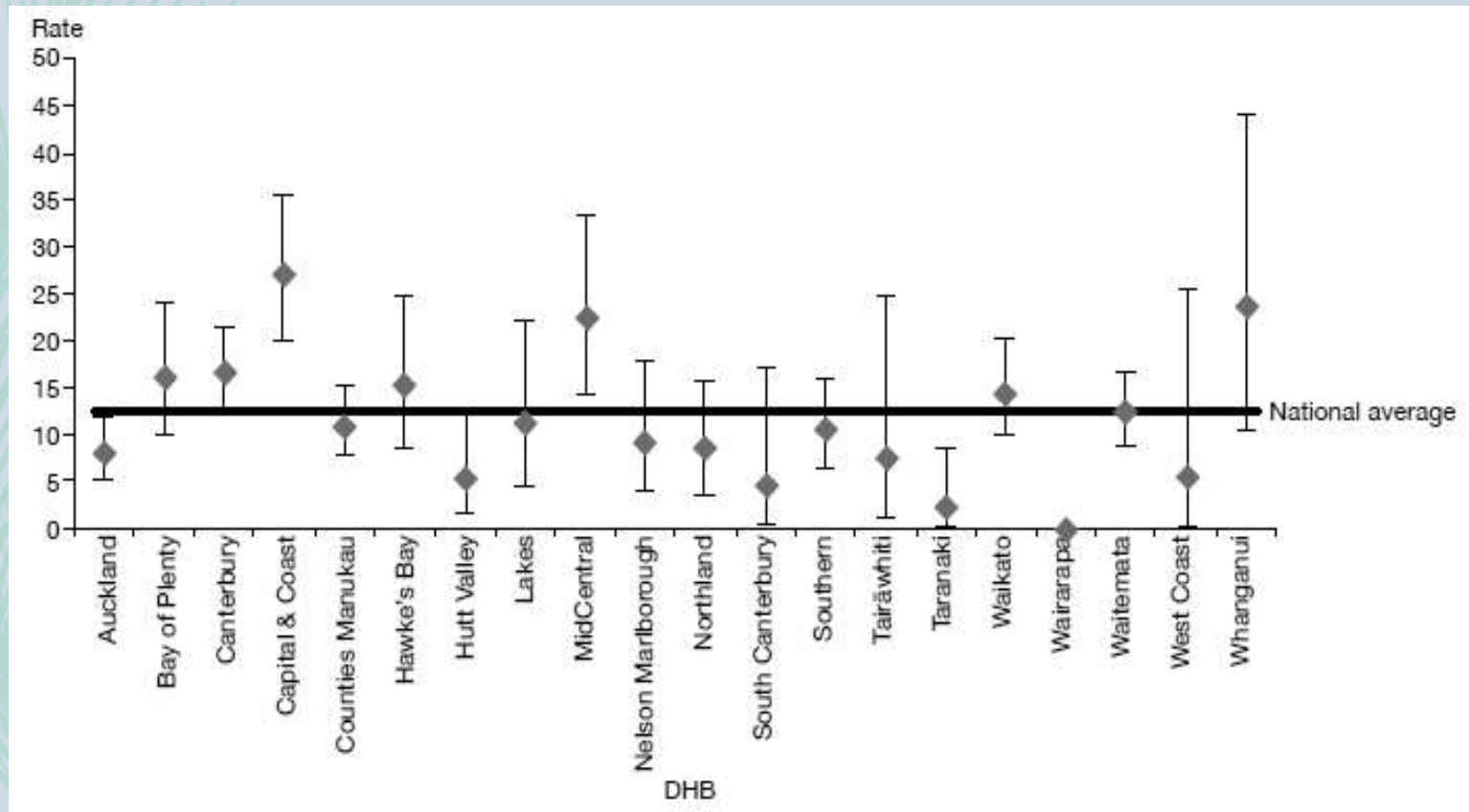


Office of the Director of Mental Health Annual Report 2016 (MoH 2017)

The 12th annual report

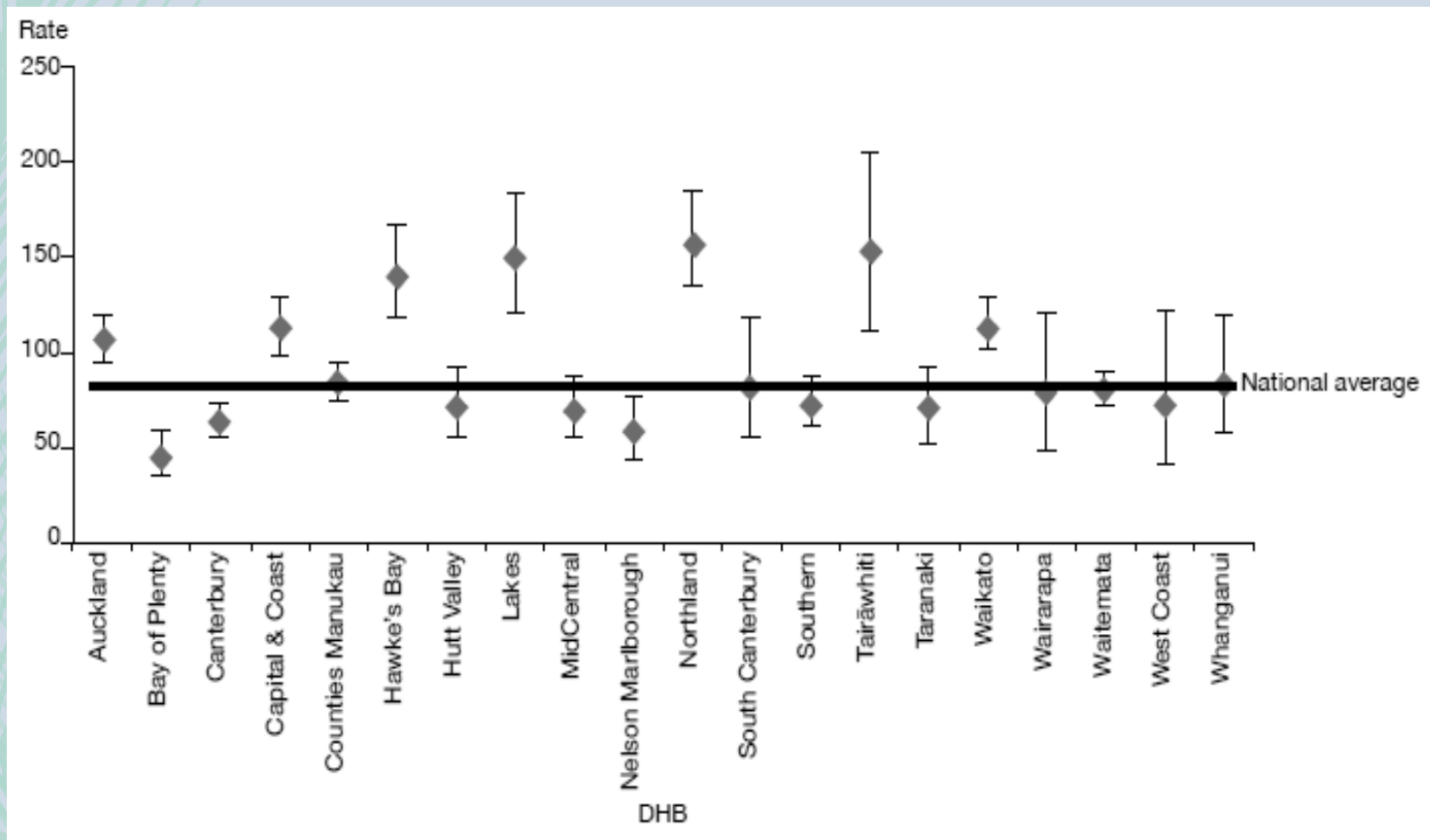
*with the purpose to present information and statistics that
serve as indicators of the quality of our specialist MH services*

Average number of people per 100,000 on a given day subject to an *inpatient treatment order* (section 30), in 2016

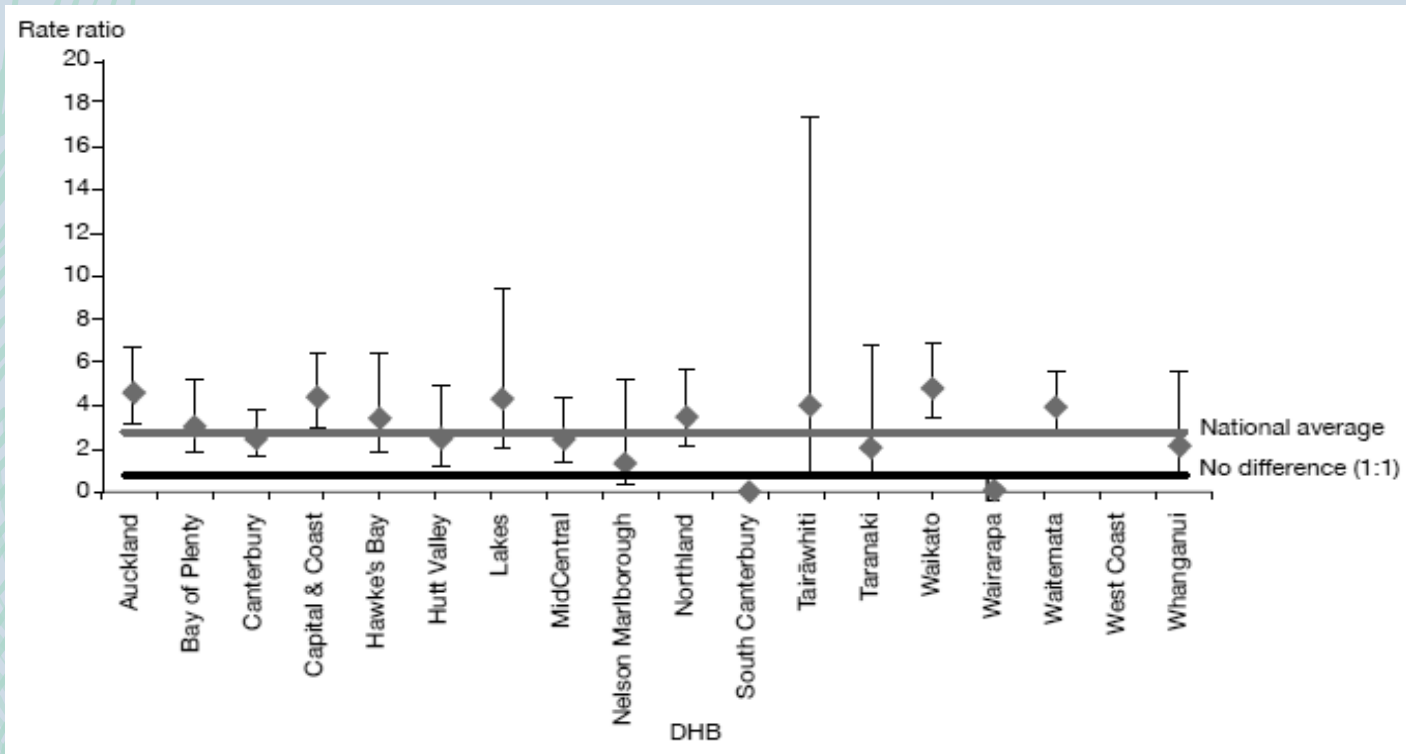


Does not include forensic and other regional rehabilitation units

**Average number of people per 100,000 on a given day subject to a
community treatment order (section 29), in 2016**

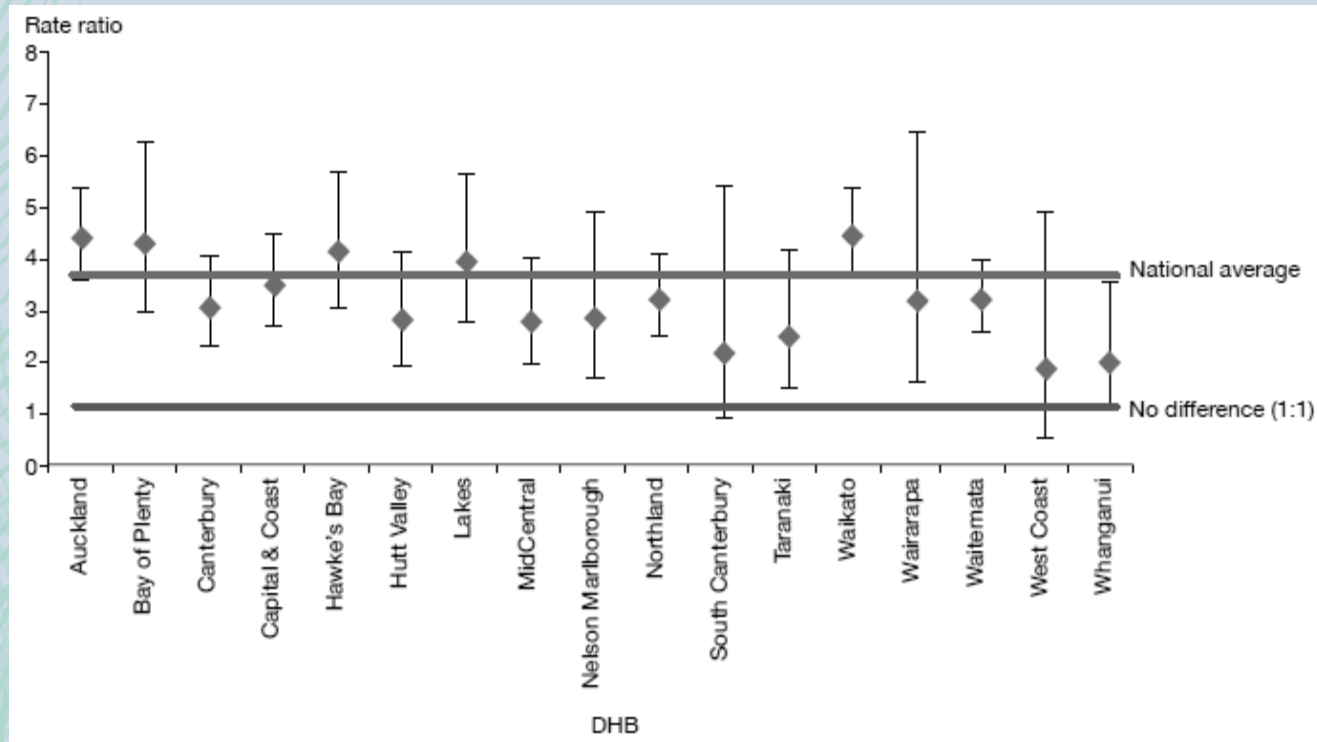


Rate ratio of Māori to non-Māori subject to an inpatient treatment order (section 30), by DHB, in 2016



- The (non-age standardised) rate ratios for Counties Manukau and Southern DHBs were 3.2 and 2.1 respectively

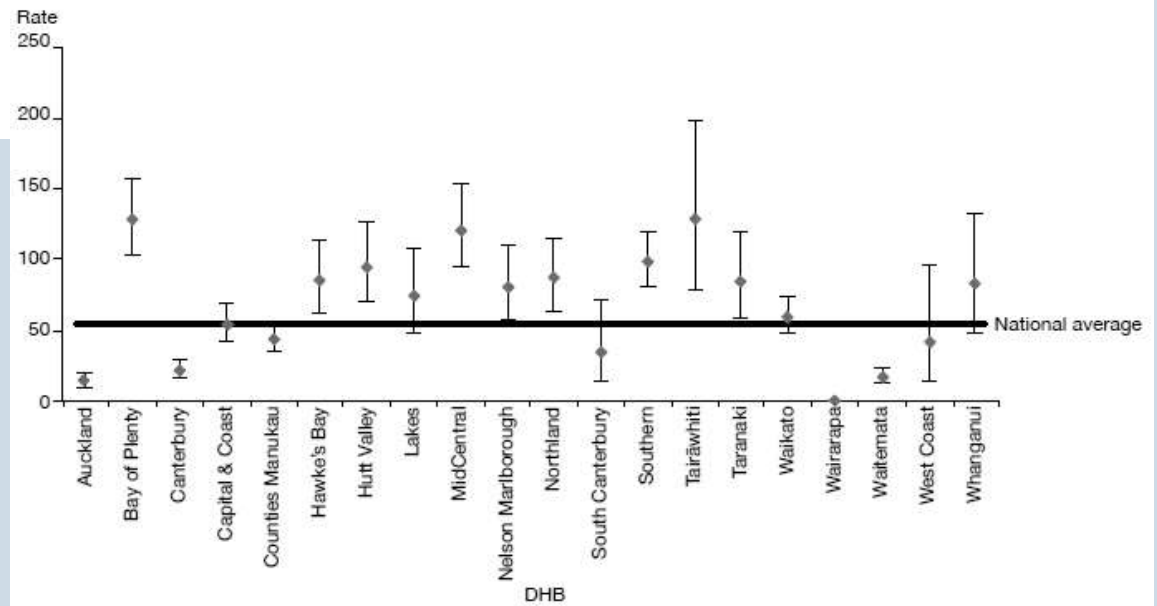
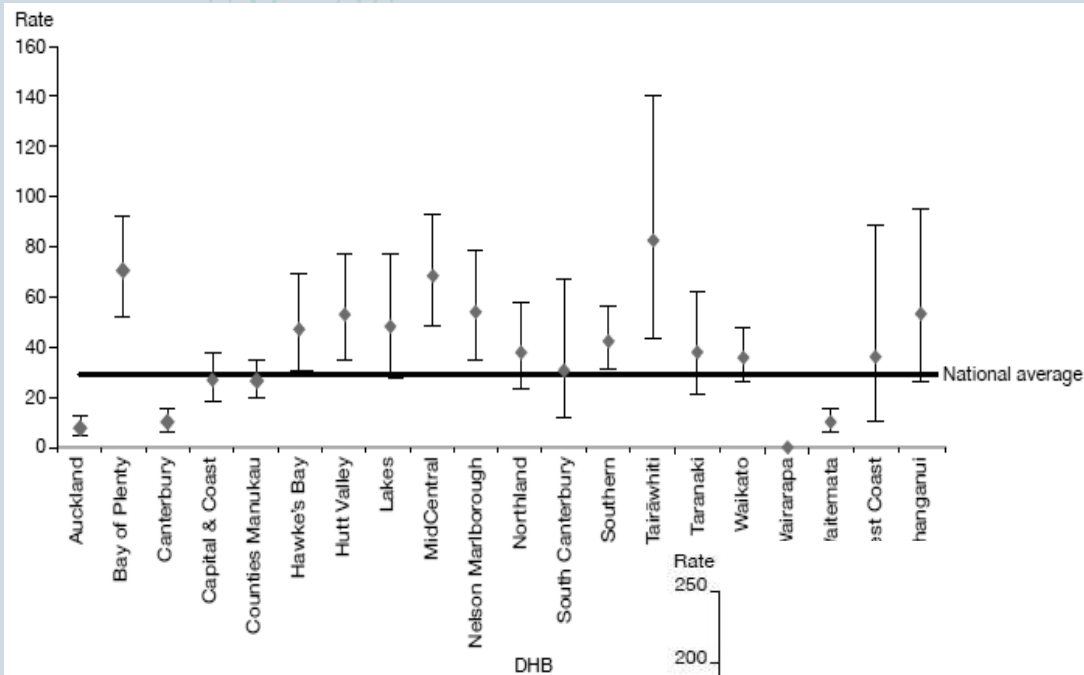
Rate ratio of Māori to non-Māori subject to a community treatment order (section 29), in 2016



The (non-age standardised) rate ratios for Counties Manukau, Southern and Tairāwhiti DHBs were 3.6, 2.4 and 2.9 respectively.

Number of people secluded / seclusion events in adult inpatient services per 100,000, in 2016

(Does not include forensic and other regional rehabilitation units)



MH Act in motion: Hot topics





Substance Addiction (CAT) Bill 2017

Replaced Alcoholism and Drug Addiction Act

- Severe Substance Addiction
- Do not have **capacity** to engage in treatment
- Compulsory treatment is necessary
- Limited duration of compulsory treatment focussed on gaining capacity
- Appropriate treatment is available (applies to small numbers)



Seclusion data varied widely across DHBs

- differences in seclusion practice
- geographical variations in the prevalence and acuity of mental illness
- ward design factors, such as the availability of intensive care and low-stimulus facilities
- staff numbers, experience and training
- use of sedating psychotropic medication
- the frequent or prolonged seclusion of a small number of people, distorting seclusion figures over the 12-month period



Rising to the Challenge MoH 2012

Aim: reduce and eliminate seclusion and restraint

Te Pou funded to develop information, guidance and training

- A restraint prevention framework
- Principles and objectives to help services plan reduction and prevention
- SPEC training nationally launched



Community TO s29

Heun, Dave and Rowlands (2016)

**Little evidence for community treatment orders
– a battle fought with heavy weapons**

BJPsych Bulletin, 40, 115-118.

Republic Ireland MHA has no Community CTOs




S29 Community TO

Concerns

- 3 RCTs and Meta-analyses have shown no benefit in terms of re-hospitalisations and other outcomes
- Human rights issues for patients under CTOs related to deprivation of liberty and freedom
- Increase health sector use
- Bureaucratic and time-consuming

S29 Community TO



Guidelines to the
Mental Health
(Compulsory
Assessment and
Treatment) Act 1992

2012

Benefits

- Perception of “Ethical duty to patients” and “best interests”
- Least restrictive options for care
- Some clinical studies have shown benefits



Dawson and Gledhill 2013

New Zealand's Mental Health Act in Practice

Concerns

- High rates of compulsion in NZ
- Conservative interpretation of discharge
- High rate Maori under CTOs
- Indefinite CTOs
- Few applications to Mental Health Review Tribunal (MHRT)
- Inconsistent with Convention on the Rights of People with Disabilities (CRPD) and NZ Bill of Rights (NZBORA)



Dawson and Gledhill 2013

New Zealand's Mental Health Act in Practice

Recommendations

1. Abolition of Indefinite Community TOs
2. Mandatory court or tribunal review at renewal of Community TOs
3. That CTOs should be assessed as “necessary” at every stage

The Mental Health Act and human rights

A discussion document



The MHA and Human Rights

Ministry of Health Discussion Document

- Is the MHA consistent with the Convention on the Rights of People with Disabilities (CRPD) and NZ Bill of Rights (NZBORA)?
- Are patients subject to arbitrary detention?

MHA disparities

- Maaori, Pacific peoples, people with disabilities, those within the LGBTI+ community, and refugees (amongst others) disproportionately experience mental health challenges
- With a renewed focus on (values based) treatment, (suicide) prevention and early intervention we may hopefully avoid the use of restrictive practises like the MHA adding further to their sense of distress and disempowerment
- In particular, there is little doubt that we need to do better working in partnership with Maaori to achieve improved outcomes for hauora (health) and wellbeing

Role of psychology and the MH Act

Potential roles

- Leave the MHA to RNs and psychiatry
- Well informed, open to learning
- Consulting and offering support to RNs and psychiatrists
- Duly Authorised Officer
- Responsible Clinician
- DAMHS





Role of psychology and the MH Act

As psychologists, should we leave the MHA in the domain of psychiatry and nursing?

- It is coercive and I'm on the side of the service user
- Participation will damage the therapeutic relationship
- It is too hard and risky (e.g. suicide) - this is not my specialty
- I'm not paid to take responsibility for restrictive practices
- Too hard: intra and inter-professional resistance to change
- Workforce and cost implications; less time for therapy
- Lack of process for non-medical RCs



Role of psychology and the MH Act

Or, should we?

- It is interesting
- A shift in traditional role, paradigm and culture
- The ability to influence systems from a different perspective
- We bring a different approach to decision making including therapeutic formulation, safety assessment and management, systems and group behaviour
- Greater promotion of therapeutic risk taking
- Awareness of human rights principles - we are well equipped to follow up on the submission recommendations, including offering different approaches to medication and listening to all involved
- Enhanced clinical leadership within MDT
- Relevance of Psychology

Role of psychology and the MH Act

The British Psychological Society

As a RC a psychologist should not concurrently be a patient's therapist. However, in working therapeutically as a RC a psychologist can bring new models to bear on that function and look for legal means to therapeutic ends





Personal experience as a RC

- Define the usefulness for your service
- Collaborative approach with psychiatrist
- Do some homework
- Approach the DAMHS to discuss the criteria and process