

Submission on the Health Practitioners Competence Assurance Act 2003

This submission is an additional submission on behalf of Mental Health Social Workers at Capital and Coast District Health Board, Wellington, New Zealand.

Mental Health social workers at Capital and Coast District Health Board are grateful that the HPCAA 2003 Review Group is seeking submissions from social workers. Regrettably, social workers are not in a position to give informed response to the questionnaire because the social work profession is not recognized under the HPCC Act. We however, take the opportunity to present our concerns and recommendations for consideration.

Social Workers at national and local levels have, in the past, protested the problems that emanated from the exclusion of social workers from the HPCA Act. In a letter to the Director General of Health on 21 November 2006, the National District Health Board Professional Social Work Leaders Council, raised various issues relating to the confusion surrounding the inter-face between the Social Workers Registration Act 2003 and the Health Practitioners Competence Assurance Act 2003. Social work Leaders in DHBs noted that the Social Worker Registration Act 2003 only provides for voluntary registration of social workers which placed the profession in conflict with the principles and objectives of the HPCAA.

At a national Social Work Leaders meeting at which the then Minister of Health was present, DHB Social Work Leaders reiterated the problems for health and mental health social workers caught between the Social Worker Registration Act 2003 and the HPCAA 2003. The Minister of Health in response suggested that the one way to ensure that health social workers are registered was for DHBs to employ only social workers who are registered under the Social Workers Registration Act 2003. Registration under the SWRB Act 2003 did not resolve the primary issues raised. Some DHBs provided no support for social workers seeking competency or registration. Other DHBs perceived social workers as inferior to their other professional colleagues. Some DHBs excluded social workers from participating in certain statutory duties. Colleagues from other professions questioned the legitimacy of social work clinical interventions on account of non-inclusion under the HPCA Act. All of this undermined the status and confidence of social workers – particularly in mental health services.

DHB Social Work Leaders expressed their concern regarding the possible impact of "Scopes of Practice" provisions, Protection of Quality Assurance Activity and other issues involving liability for practitioners. The DHB Leaders of Social Work sought clarification of Section 2(4) of the HPCA Act 2003 in which reference is made to the Health and Disability Commissioner Act 1994. The Director-General of Health saw no relationship between the HPCAA 2003 and the Social Worker Registration Act, but saw social work problems as relating to operational issues within DHBs. This view left unresolved the problems of social worker recognition under the HPCAA 2003.

The "Restricted Activities" Section under the HPCAA further compounded issues for social work practice and in particular, mental health social workers practice. Section 9(e) of the Act which listed "Performing a psychosocial intervention within an expectation of treating a serious mental illness without the approval of a registered health practitioner" raised serious concerns for social workers whose daily

professional activities involved psychosocial intervention with people experiencing serious mental health problems. As care managers, advocates, therapists in mental health, social workers are central to effective clinical management of people with serious mental health problems. The HPCAA gave no explicit definition of "psychosocial intervention" and whether the social worker's scope of practice was taken into account. The Social Worker Professional Body, Teachers of Social Work and indeed practicing social workers, were not consulted before the introduction of the "Restricted Activities" provision in the HPCAA 2003.

In a letter to the Director General of Health dated 24 April 2007, Capital and Coast DHB Mental Health Social Workers expressed their distress and dismay at Section 9 (e) of the HPCCA 2003. Mental Health Social Workers argued that psycho-social intervention "is at the very centre of social work practice" and that social workers hold special professional skills in psychosocial interventions. Social Workers noted that "It is indisputable that social workers in mental health carry out psychosocial interventions with seriously mentally ill clients frequently". The preoccupation of social workers was that they were in daily breach of the provisions of Section 9(e) of the HPCCA 2003. Social workers in mental health considered it unbearable that they would be subject to surveillance or indeed supervision by other professions registered under the HPCCA 2003.

The Director-General of Health in response believed that "The restricted activity in question does not seek to prevent any person registered or otherwise, from undertaking any psychosocial intervention. The restriction is targeted to those interventions that aimed at treating a serious mental illness". The Director-General of health further stated that "The restricted activity attempts to recognize the collaborative practice environment within which such interventions are, or should be undertaken". The Director-General of Health gave the example that "while a psychologist may diagnose and initiate a treatment plan for a specific patient, it may well be that a social worker undertakes to implement that plan", which the Director-General of Health believed "does not necessitate a high level of scrutiny of the social worker's actions but encourages a collaborative working relationship between the practitioners involved in the patients care"

Mental Health social workers at Capital and Coast District Health Board disagreed with the perspectives of the Director-General of Health in the belief they were founded on assumptions and therefore that the logic was flawed for the following reasons:

- The definition of psychosocial intervention with people with serious mental illness was amorphous and did not identify or define the specificities of the "intervention" in question. It did not state whether the scope of practice for social work fell outside the boundary of the psychosocial intervention under restricted activities. It did not identify what serious mental illness meant and did not identify the expected outcomes from interventions.
- There is an implicit assumption that the interventions of social workers are task oriented and of no significance in terms of therapeutic engagements with people experiencing serious mental health problems.
- Social workers in mental health are trained professionals with expert knowledge in psychosocial interventions - they frequently deploy their psychosocial skills in working with people experiencing serious mental health problems. Social Workers as care managers, key workers and therapists are key health

practitioners in the assessment, treatment and rehabilitation of people experiencing serious mental health problems.

- Social workers in mental health do not only perform therapeutic interventions, they are also front line professionals in the management and prediction of risk for the people they work with and the services they work for. Social workers are involved in the formulation of care/risk management plans, relapse prevention plans. Social workers act as facilitators in the rehabilitation of people with serious mental health problems and work in collaboration with the multi-disciplinary team.
- Social workers in mental health have unique skills in working with whanau/families, the economically disadvantaged, different cultures and communities. Social workers in mental health have skills in preventative and population focused interventions in health and mental health. The activities of social workers in mental health are pivotal in helping people with mental health problems towards recovery and normalisation.
- Existing legislations already recognise social workers as health professionals with recognised skills in working independently with people with serious mental health problems. Section 2(1) of the Health and Disability Commissioner Act 1994 defines a "Health Practitioner" as including "a registered social worker within the meaning of the Social Workers Registration Act 2003", and Section 3(h) of the Health and Disability Commissioner Act 1994 defines a "health care provider" as "any health practitioner". The social workers Registration Act 2003 defines a registered social worker as "a person in respect of whom the information stated in Section 123(1) is entered in the Register" meaning a registered social worker is "a health care provider" and subject to disciplinary proceedings by the Health and Disability Commissioner as is any other "Health Practitioner".
- Taken together, the registered social worker is a recognised independent practitioner accountable for his/her actions. Therefore, it would be unfair to infer that the social worker in health works as a subsidiary or indeed an appendage to other professions.
- Individual social workers in health services are equally subject to the Health and Disability Commissioner inquiries for bad practice as other professionals in health services.
- The role of the social worker in mental health service is to assess the manner in which mood, mental health, stress, cognitive deficits, personal beliefs, sense of identity, personal strengths, level of motivation etc, can assist or impede a patients/clients recovery process.
- The Allied Health and Technical Workforce Environmental Scan (AHTWES 2007) noted that social work as a profession spans a range of practice settings of which health is one, but it recognises that a significant number of Social Workers are employed in health, 439 or 15.2% of the ANZASW membership (ANZASW10/1/06), and the 2001 census indicated that 1992 Social Workers identified as employed in Health Services. These are 19% of social Workers. Allied Health, of which social work is a part, is generally rated as the third largest group of workers in District Health Boards workforce.
- AHTWES identified the health Social Workers concerns as that of assisting people to maximise their health and wellbeing through working with individuals, whanau/families and the wider social and health systems with which the clients

interact – i.e. a focus on people and their social environment. Such work includes:

- Assessing the manner in which the dynamics of a family or other relevant relationship can impact on the client's wellbeing and abilities to make changes in their lives or manage their own healthcare – such as family violence/conflict, ageism or reluctance to allow for risk taking, parenting concerns etc. Appreciating the clients particular circumstances
- Assessing any problems which are occurring between the client/whanau/family and wider social or health systems with which they interact. Assessing the impact of illness/disability on life chances, family/carer wellbeing, economic security, employment housing etc.
- Engaging in psychosocial therapeutic interventions in mental health - ranging from brief supportive psychotherapy, counseling, advocacy, conflict resolution on to family and group work and community development.
- Analysing political, social, economic and cultural factors as they impact on patients'/clients' lives.
- Working as care managers and being pivotal in care planning, risk management and relapse prevention.
- Assessing the impact of illness/disability on life chances, family/carer wellbeing, economic security, employment and housing etc.
- Engaging in therapeutic interventions ranging from counselling, advocacy, conflict resolution to family work and group work, community service development, training and research.
- Acknowledging the Treaty of Waitangi as the basis for promoting an indigenous identity for social work in Aotearoa.
- Using identified combination of social work skills and specialist knowledge to enhance the work of multi-disciplinary teams in the mental health field.

In light of the above facts, we recommend that social workers in mental health at CCDHB request the HPCAA Review Panel to consider the following comments/observations as important in their considerations of amendments of the HPCAA:

- Accept that social work is an old internationally recognised profession with a credible skill base (generic and specialised) and activities that span a range of practice environments in human services.
- That health and mental health social workers in particular, constantly deploy their skills in psychosocial interventions with people experiencing serious mental health problems - with documented positive outcomes.
- That excluding Social Workers from being recognised as health practitioners is offensive and unfair for practicing professional social workers in health. More importantly, that such exclusion defeats the purpose of the HPCAA which is the protection of public safety.

- That amendments to the HPCAA 2003 could be attained by cross referencing the HPCAA 2003 with the SWRB Act 2003. Such cross referencing is achieved through a clearly defined criteria by the Social Worker Registration Board Act 2003.
- That Schools of Social Work and contracted Competence to Practice Agencies, shift the emphasis from generic social work approaches in the training and evaluation of practice in social workers seeking professional registration under the Board. An independent evaluator of the social worker accreditation/registration process is appointed to ensure required skills and competencies are properly pursued in the competency to practice exercise. Competence certificates to practice should be endorsed for specialist social work skills.
- That with the above arrangements, social workers in health and mental health operates on a level field with their colleagues from other professions who are currently registered under the HPCAA.

Reg Orovwuje
Professional Leader, Mental Health Social Work,
Capital and Coast District Health Board
Wellington.

17/12/07