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File Ref: B W001

Dear Ryan

Review of the Health Practitioners Competency Assurance Act

Thank you for the opportunity to provide comment on the issues raised in the report *Review of the Health Practitioners Competence Assurance Act 2003: Identification of issues and solutions*.

The Mental Health Commission

The Mental Health Commission (the Commission) is an Autonomous Crown Entity established under the Mental Health Commission Act 1998. New amending legislation in 2007 extended the term of the Commission until 2015 and its functions were reframed to align them with future directions and imperatives in the mental health and addiction sector.

The Commission's twin aims are to improve mental health and well-being, and reduce the prevalence of mental illness. Its statutory functions are to monitor, report to, and provide independent advice to the Minister of Health on matters relating to mental health; act as an advocate for service-users and their families; promote communication and dialogue amongst stakeholders; address stigma and discrimination; stimulate research; and support service development.

In fulfilling those functions, the Commission's strategic direction will be informed by the destination presented in *Te Hononga 2015: Connecting for greater well-being*. It provides a single unifying picture of the sector in 2015 that focuses on synergies achieved whenever people come together, whether as families and communities, or as part of services, systems and sectors.

Health Practitioners Competence Assurance Act 2003

The Commission is of the view that The *Health Practitioners Competence Assurance Act 2003* (the Act) provides a useful framework to help ensure that health practitioners are suitably skilled, working within their scope of practice, and subject to the monitoring and oversight required to maintain public safety.

The Act is still a new statute with some organisations and professions still coming to terms with what the Act means for them and their practice. Additionally, while targeted at regulating registered practitioners, the Act has had significant impact on unregulated professionals, such as social workers and addiction counsellors. Any revision of the Act needs to include consideration of the possible implications for both registered and unregistered practitioners, and for the agencies they work within.

The remainder of the Commission's submission will focus on those areas where we consider improvements should be made.

Restricted Activities

The Act outlines six restricted activities, one of which is: "*Performing a psychosocial intervention with an expectation of treating a serious mental illness without the approval of a registered health practitioner*".

As indicated in the Commission's letter of 26 October 2007 to Karen Mitchell, it is the Commission's view that the restriction on this activity is appropriate given the potential for serious harm if these interventions are delivered by those without the adequate skills and supports. As there is currently some concern about the variability in the quality and qualifications of those delivering psychosocial interventions for people with mild to moderate mental illnesses, it is fitting that interventions for those who are most vulnerable and with the highest degree of dysfunction are regulated.

However, the current restriction on these activities is interpreted by many organisations as applying to all unregistered practitioners, even those who are competent to provide psychosocial interventions such as many social workers. In response, services are subjecting skilled practitioners to an inappropriately high level of supervision and oversight, redirecting limited resources and personnel away from service delivery.

The Commission believes that these practices do not reflect the intent of the HPCA Act, as it also states:

Restricted activities are not intended to restrict the activities of practitioners of established professions not regulated under the HPCAA, from carrying out legitimate activities that they are currently undertaking without risk of harm to the public.

The Commission believes a concise definition of what interventions are specifically considered psychosocial interventions in this context would be valuable and provide clarity.

Guidance on Working in Accordance with the Act

Given the role that registration authorities and employers must play in ensuring that practitioners are working in accordance with the Act, it is vitally

important that these parties are well informed about how the Act, and any changes, may impact on them and on practitioners.

Guidance on the Act and daily practice (for example, the guidance on direction and delegation from the Nursing Council) is best provided by the relevant registration authority, in collaboration with the Ministry of Health. In other areas, often those not specific to one discipline, it will be more appropriate for the guidance to come from the Ministry of Health. However, it is the Commission's view that this guidance is needed to enable the health sector work in accordance with the Act.

Further Discussion

If you would like to discuss the Commission's response, please contact Karen Coutts, Manager Sector Development and Monitoring (tel. 04 474 8903).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Selwyn Katene', written in a cursive style.

Selwyn Katene
General Manager