



Petition 2011/66 of Ann Chapman and 1,053 others

Report of the Health Committee

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Recommendation

The Health Committee has considered Petition 2011/66 of Ann Chapman and 1,053 others, and recommends that the House take note of its report.

Introduction

Petition 2011/66 of Ann Chapman and 1,053 others was referred to us on 12 June 2013 and

respectfully requests that the House mandate district health boards to provide a greater choice of mental health treatment methods and options to reduce dependence on psychiatric medication; and urge the Government to initiate an independent inquiry into the negative short and long-term outcomes of current mental health treatment on those diagnosed with mental illnesses.

Submission from petitioner

While acknowledging that the judicious use of medication can help people with a mental illness, the petitioner is concerned at the increasing use of, and preference for, medication as the principal treatment for mental illness, and desires a greater choice of treatment options.

She submits that medication has serious side-effects; and the medication-only approach to mental health treatment casts a wider diagnostic net, which in turn results in an increasing burden on the health and welfare systems, and poorer outcomes for consumers in terms of the quality and length of life. She maintains that there is a strong evidence base for other approaches to mental health, such as those based on psychosocial models, which move away from medication towards a more holistic approach, and have proved effective in reducing long-term mental health costs in the community and improving mental health outcomes.

Compulsory treatment

The Mental Health (Compulsory Assessment and Treatment) Act 1992 covers any situation where a person needs treatment for a mental illness but does not agree to undergo treatment. The petitioner submitted that the proportion of people undergoing compulsory treatment has reached its highest-ever level at 87 per 100,000, and that once a person has been subject to a compulsory order under the Act it is very difficult to change this status.

Response to petition

Submission from the Ministry of Health

We heard from the Ministry of Health that funding for primary mental health services (\$23.762 million for the current year) has increased access to psychological therapies for mild to moderate mental health and addiction issues. Primary health organisations and other primary care providers deliver a range of services including “packages” of care

including medical and other treatments, and various existing measures support the delivery of effective mental health and addiction services. The ministry acknowledged that this is a complex area, where service users have a right to make their own decisions about treatment or procedures and to be given adequate information on which to base their decisions, although most treatments are decided by clinicians in consultation with users and whānau. In some cases, the requirement for informed consent to treatment can be overridden under the Mental Health (Compulsory Assessment and Treatment) Act, but the Act provides checks and safeguards to ensure the right to review, and access to district inspectors and the right to seek independent psychiatric advice about treatment. Clinicians are required to discuss treatment options on a regular basis and to consult with family and whānau and make regular efforts to gain a patient's consent to treatment. A robust complaints mechanism exists where standards fail to match expectations.

The aim of the petition is consistent with the vision articulated in *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017*, approved by Cabinet in 2012. The plan provides a clear vision for the mental health and addiction sector, and clear direction to planners, funders, and providers of mental health and addiction services regarding Government priorities for service development over the next five years. The plan focuses on four areas:

- making better use of resources
- improving integration between primary and secondary services
- cementing and building on gains for people with high needs
- delivering better access for all age groups (with a focus on infants, children and youth, older people and adults with common mental health and addiction disorders, such as anxiety and depression).

This plan for improvements in the delivery of mental health and addiction services includes support for the use of evidence-based therapies. The ministry also supports patients having a choice of mental health and addiction treatments, and treatment plans based on individual needs. It recognises the risks of certain medications, which are highly regulated.

Submission from the Health and Disability Commissioner

We heard from the office of the Health and Disability Commissioner that it shares some of the concerns raised by the petition, while recognising that the petition aligns in some ways with *Rising to the Challenge*. Some treatment models used overseas have been proven to deliver better outcomes, such as the “Open Dialogue Model”, developed and evaluated for over 12 years in Finland and now being adapted for use in Australia, Canada, and the USA. Such models seek to respect the decision-making of the patient and support their network of family and friends. They have been shown to deliver significant savings by reducing the prevalence of illness, and thus the associated health and social costs. Te Pou, a New Zealand charitable company, partly funded by the Ministry of Health, has carried out extensive research in this field; its evidence review “*The physical health of people with a serious mental illness and/or addiction*” has provided much-needed guidance on the subject from a New Zealand perspective. The organisation is working to support and develop the mental health, addiction, and disability workforces and has developed a number of practice guides to assist mental health practitioners.

Comment

We sympathise with the petitioner's view that more use could be made of alternative therapies in the treatment of mental illness and addiction, and we acknowledge the work of the Ministry of Health and other organisations to overcome the many difficulties associated with this complex subject. We feel that approaches to mental health such as those based on psychosocial models may provide a beneficial alternative to medication-only regimes, as long as the treatments offered are based on sound, clinically proven evidence. We are pleased to note that both the Health and Disability Commissioner, and the Ministry of Health lean towards this view and that the petition aligns in many ways with the government's vision already set out in *"Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017."*

Appendix

Committee procedure

Petition 2011/66 of Ann Chapman and 1,053 others was referred to us on 12 June 2013. We received written evidence and heard oral evidence from the petitioner, the Ministry of Health, the Health and Disability Commissioner, and the Platform Trust.

Committee members

Dr Paul Hutchison (Chairperson)
Shane Ardern
Paul Foster-Bell
Kevin Hague
Hon Annette King
Iain Lees-Galloway
Scott Simpson
Barbara Stewart
Poto Williams
Dr Jian Yang