Seclusion and Restraint Review

PSA submission to the Human Rights Commission

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PSA
For a better working life
New Zealand Public Service Association
Te Pūkenga Here Tikanga Mahi

Introduction

The New Zealand Public Service Association: Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand, representing 62,000 members who are taxpayers and users of the health system. We are a democratic organisation with members in the public service, the wider state sector (the district health boards, crown research institutes and other crown entities, state owned enterprises, local government, tertiary education institutions and non-governmental organisations working in the health, social services and community sectors.

Of these members, around 17,000 work for DHBs as allied health, mental health and public health professionals and support workers, and as administration and clerical support. We also have around 6,000 members who work in community-based public services; they provide home support to elderly and disabled people, mental health and drug and alcohol services, and residential disability support services. They are employed by not-for-profit and private providers who are funded through contracts to DHBs and, in some cases, directly by the Ministry of Health.

We are the largest union in mental health, with members working as mental health nurses, alcohol and drug clinicians and counsellors, psychiatric assistants, occupational therapists, social workers, psychologists, community-based care and support workers and clerical and administration workers. This provides us with a unique whole-of-service perspective, rather than a specifically occupational perspective.

The PSA has an historic connection to the mental health service. Our membership in the sector goes back to the days when mental health services were delivered directly by the Department of Health and the range of our membership has expanded since those days. We have been actively involved in advocating for better mental health services for many years, and in the 1990s were part of a movement that led to the Mason Report and the publication of the original *Blueprint for Mental Health Services in New Zealand*.

In developing this submission we have consulted our Mental Health Committee which comprises members working in mental health services in DHBs and in the community.

The wider context

The Seclusion and Restraint Review (the Review) must consider policy and practice in the wider context of the mental health system in New Zealand. Any changes in the use of personal restraint and seclusion can only be fully realised by examining the "whole system of mental health services" in relation to funding, staffing levels, training and development, unit design and service user responsibilities.

The 1970s and 1980s saw a big move in New Zealand to care for mentally ill people outside of large institutions. By the 1990s, almost all psychiatric hospitals had closed and patients moved into community care. *Rising to the Challenge*, which provides the government's vision to guide the mental health and addiction sector for 2012-2017, further expanded the focus of the mental health

system from providing services for the 3 percent of the population requiring most high level care, to meeting the needs of the 20 percent experiencing mental illness at any given time.

In the PSA's view, this expansion in scope has not been accompanied by sufficient resource and funding. Budget 2016 provided an extra $3 million per year for the next four years to increase support for primary care and social services to enable people to access mental health help earlier. The New Zealand Council of Trade Unions (NZCTU) estimated that there was a shortfall in funding for mental health services of nearly $5.6 million in Budget 2016. Overall, the NZCTU estimates the funding shortfall in total government health spending for 2016/17 compared to 2009/10 is between $1.2 and $1.5 billion, and this is a conservative estimate.

The insufficient funding for the widened scope of our mental health system is compounded by the estimated doubling in demand for mental health services by 2020. In 2015, the Ministry of Health estimated that demand for mental health services would double by 2020, in its draft Mental Health and Addiction Workforce Action Plan 2016-2020[1] which was circulated for public consultation. Earlier this month, the Ministry of Health confirmed that demand on youth and adult mental health services had grown by 70 percent in the last 10 years. [2]

The Australian State of Victoria have recently announced additional funding to reduce use of seclusion and restraint, which included a $1 million trial of an international model of care known as Safewards. The Safewards model describes how mental health services themselves can create potential 'flashpoints', or situations where conflict could arise and empowers staff to act to prevent, manage and influence these situations before things escalate.[3] In this context, the use of seclusion and/or personal restraints can viewed as a systemic (rather than an individual) failure of care.

In the pressured acute inpatient mental health units facing high acuity of illness the majority of service users are under the Mental Health Act due to being a risk to themselves or others, often unwilling to accept treatment, and confined against their wishes. The situation can be further complicated by high rates of alcohol and other drug use, forensic issues, permanently locked doors and no-smoking policies that most acute inpatient mental health units experience.

Staff are frequently challenged in maintaining a safe environment for disturbed, unwell people - for a variety of reasons; staffing levels and mix, leadership issues and experience levels not being the least of these. The employer is accountable for the safety of staff needs but this has not been adequately addressed in the guidelines. Reducing the use of personal restraint should be done within the context of overall safety of staff and other service users, as well the distressed service user requiring personal restraint. These and the other factors need to be addressed in a service-wide revision to determine how they influence the incidents of restraint and/or seclusion.

Recommendation

The PSA recommends that the Review engages with service providers, including employees, of mental health in acute and forensic services to understand the context and limitations that these people work within and how restraint and seclusion can be best managed in these circumstances.

[1] http://anzasw.nz/wp-content/uploads/Mental-Health-and-Addiction-Workforce-Action-Plan-2016-2020.pdf, see page 8

[2] http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11724258

[3] http://www.safewards.net/

For further information about this submission, please contact:

Dairne Grant
Policy Advisor
New Zealand Public Service Association
PO Box 3817
Wellington 6140

Email: dairne.grant@psa.org.nz