REPORT TO NZAP AGM, MARCH 2021

Public Issues

ACC

For the past year I have attended a number of meetings at ACC.

ACC MENTAL HEALTH LIASION GROUP

There is not a great deal to report with regards to this group. The group met once during Lockdown by Zoom. I was unable to attend this as I was in hospital. Since that time the Convenor and primary person behind this group resigned from ACC. The person replacing her called for one further meeting in December 2020 which was then cancelled. Since that time there have been no further meetings called and I have been wondering if it has ceased being in existence.

ACC has been going through another complete change in the way they operate in the past year, called New Generation. This has also meant changes to the way the ISSC operates. One of the main changes has been a move from clients having individual Case Managers who were called Service Co-ordinators to a team of up to 10 people being responsible for a client's claim. This was to ease the load on the individual Service Co-ordinators. I and other members of the MHLG tried to protest with regard to this as we felt that clients were not happy about many people possibly knowing their private information. We also did not agree with clients not being asked for their permission for this to occur. ACC responded by saying that they were to continue with the move but have agreed to request clients' permission. Complex clients are able to stay with a primary Case Manager, now called a Recovery Partner.

The other important change with the ISSC was the renewal of the contract with Suppliers. There were a few changes made; however, overall it was considered to basically be a rollover without Suppliers having to retender. The new contract is for 2 years with a continuation possible for one more year followed by one further year. One big difference in this new contract is that outcomes and performance will be measured and recorded with specific levels of "success" expected by ACC.

ACC SEXUAL VIOLENCE PANEL

Due to Covid 19 there were no meetings held for this group during 2020. However they convened advisory groups by Zoom for specifc issues such as the revamp of the ACC Find Support website. I took part in two meetings with regard to this. It seems that the changes and the work at ACC has occupied the Co Ordinator of this group with other matters. However it is my understanding that it is still in existence.

ALLIED HEALTH AOTEAROA NEW ZEALAND

AHANZ has continued to meet by Zoom throughout 2020. They met regularly with the Chief Allied Health Officer at the Ministry of Health, Dr Martin Chadwick, during the 2020 Covid 19 Lockdown and after as we went down the levels. I attended these meetings and it was helpful to have the requirements confirmed. He is offering further meetings this year; however, I have not yet attended any of these. Unfortunately I was unable to attend any other meetings during 2020 due to work overload.

The Ministry of Health remains focused on the development of "transdisciplinary health and quantifying the "utility or value add" of allied health to patient care". AHANZ is an example of where these discussions can occur, and such relationships can be fostered. I believe it is worthwhile NZAP remaining a member of this group. The next meeting will be the AGM on 24 March.

Victoria Smith

ALLIED MENTAL HEALTH FORUM

The Allied Health (Mental Health) Forum meets once a month. The group recently made a decision to meet via Zoom as members are drawn from several locations in Aotearoa. Representatives attend from: social work, addictions, psychology, psychotherapy, physiotherapy, clinical psychology, occupational therapy, music therapy, counselling, Te Rau Matatini (Te Ao Maori wellbeing), art therapy, and the Platform Trust.

The following matters have been highlighted over the past year:

- The need to consult with policy writers in the Mental Health Division of the Ministry of Health as well as managerial and advisory staff.
- A Mental Health Manifesto was prepared and distributed to politicians and political parties.
- Digital Postcards on the NZASW website were a good way of alerting candidates to social need.
- There are at present no Iwi-based representatives in this group and that matter is being addressed.
- The need for professional and practitioner based organisations to be working together and liaising over conferences, political action and social issues is often highlighted and supported by this group.
- Pathways to attend to client needs by establishing multi-disciplinary teams is a process that is discussed but difficult to action through DHBs and PHAs.
- The following content was included in the Mental Health Manifesto sent to political groups and politicians. It highlights concerns and action this group supports:

  Funding needs to support wellbeing and recovery. There needs to be a shift in the system in order to:
  - Increase options for intervention and access to intervention across the continuum of care, reduce silos and competition between disciplines and continuum of care and encourage collaboration in the interests of the person and their whanau (person/whanau centred system).
  - Help people re-connect, engage in meaningful activities, and develop pro-social peer networks. Empower and support people to set their own treatment/wellbeing/recovery goals.
  - Meet basic needs, such as housing, food and health care access, without pre-conditions such as sobriety or willingness to attend programmes.
  - Support family members.
  - Increase peer workers and community-based peer recovery supports to complement the treatment system, as well as consumer-informed services.

- All the members of the group reported increased workload for practitioners and agencies as a result of the pandemic.

- Each professional group developed ways of keeping in touch with members, practitioners and clients by using facilities on the internet such as Zoom during lockdown phases.

This group is in agreement that the isolation of professional groups from each other is of concern. It is time to address ways in which all allied health professional groups can have much more contact with each other, share resources and attend to client needs in a multidisciplinary fashion. NZAP is most likely the professional body that could promote a linked community of allied health professionals by opening conference and workshop activities to all professional groups, sharing administrative and structural resources, encouraging meetings between Presidents, Chairs of Committees and indigenous health organisations, linking professional development publications such as Journals and distributing newsletters across the professional development communities. In the future it ought to be possible to establish joint training programmes so that practitioners such as psychotherapists learn alongside psychologists, social workers, counsellors et al in studies that highlight social health, preventive health, multidisciplinary teams, culturally based practice and the development of physical health in communities.

A. Roy Bowden