21st December 2022

Ngā Āpiha Hauora - Office of the Chief Clinical Officers
Mānatu Hauora – Ministry of Health
133 Molesworth Street
Thorndon
Wellington 6011

By email to: Edie.Taylor@health.govt.nz

Tēnā koe Dr Chadwick

Re: Mamaenga roa: Model of Care for people living with chronic pain

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the New Zealand College of Clinical Psychologists (NZCCP) appreciate the opportunity to provide a collaborative comment on the Mamaenga roa: Model of Care for people living with chronic pain within Aotearoa. This is a significant framework with many areas and complexities for consideration, the following document provides an overview of the key comments and concerns raised by members across both professional bodies.

1. *Does the document capture adequately the problem and in turn solutions to better address Mamaenga roa (chronic pain) in Aotearoa New Zealand?*

Inequitable service delivery, particularly affecting vulnerable groups

The RANZCP and the NZCCP supports the acknowledgement of institutionalised racism and the significant effect that it has on ethnic communities, particularly those identifying as Māori or Pacific peoples in Aotearoa New Zealand. We also support the acknowledgement of inequitably limited pain services for child and adolescents. Whilst comments have directed towards a broader range of groups, we would especially like to highlight inequitable access issues for those identifying as women, and people with disabilities, due to existing systematic inequities and barriers to receiving care.

Those identifying as women, and people assigned female at birth are more likely to experience chronic pain. They are also impacted by significant barriers within the health system that can cause delays in diagnosis of pain conditions. People identifying as women are also more likely to experience mental health conditions such as depression and anxiety. These mental health conditions can often occur alongside chronic pain conditions.

People with disabilities, particularly those with learning/intellectual disabilities and/or neurodevelopmental disabilities such as autism spectrum disorder, experience significant barriers when accessing care. People with learning/intellectual disabilities, or neurodevelopmental disabilities often express their experience of pain differently. This means that their responses to pain are often not recognised and may be associated with psychological co-morbidities such as depression and anxiety. If appropriately designed, funded, and implemented, interdisciplinary teams have the potential to provide integrated,

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holistic, culturally safe and individually tailored care plans to those experiencing chronic pain. However, the current health system does facilitate such integrated models of care nor hub-and-spoke delivery, as fragmentation and siloed approaches pose challenges to funding provisions, integrated health records and the consistent delivery of care across regions.

Carefully designed peer support groups are valuable, although should involve expert clinician oversight and training for moderators/facilitators. Furthermore, this provision assumes the existence of a collective or workforce who may facilitate such interventions, however, this does not exist and the present workforce of appropriately trained clinicians is limited and under significant strain.

Alignment with the Accident Compensation Corporation (ACC)

The RANZCP and NZCCP support an aligned and consistent model of care for chronic pain alongside existing ACC services. The ACC model acknowledges the necessity of psychological support within chronic pain treatment plans. As discussed further below funding should support consistent national coverage delivered by specialist pain teams.

2. *What points need to be taken into consideration in developing any implementation plan for the Mamaenga roa (chronic pain) model of care?*

Implementation and Service Delivery

The RANZCP and NZCCP acknowledge implementation as part of the 'next steps' process, however, we wish to emphasise the importance of considering service delivery throughout this model's development. The RANZCP and NZCCP request further details regarding how these complex solutions may be operationalised and applied in practice, in a way that supports solutions for local communities and populations.

Upcoming health reforms may support or simplify funding pathways across disciplines; however, the inclusion of multiple and varied professions as part of interdisciplinary teams must consider potential complexities. Although the expectations and requirements within each profession may vary, early consideration of the factors shared across domains is recommend with a service delivery perspective. These factors could include the development of professional education programmes specific to chronic pain, integration of information to facilitate collaborative care, and strengthening of provider infrastructure to support the delivery of care across both in-person and virtual modalities.

3. *Do you have any further suggestions that could help to bolster the work that has been completed to date?*

Use of Language

The RANZCP and NZCCP understand that the measure of healthy years lost due to disability is a widely used economic measure. However, the language in this document further medicalises disability and perpetuates the false notion that disabled people are inherently sick and cannot live fulfilling lives. This language does not align with a human rights approach to disability outlined by the United Nations Convention on the Rights of

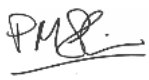
Persons with Disabilities, of which Aotearoa New Zealand are a signatory. This is also not consistent with the Enabling Good Lives Vision and Principles that are foundational to the transformation of the disability system in Aotearoa, as well as Whaikaha – the Ministry of Disabled People. We advocate for the consistent use of mana-enhancing language across this Model of Care and associated and subsequent documents.

The term 'sociopsychobiomedical' appears frequently, in addition to several variations, such as 'western biopsychosocial'. The RANZCP and NZCCP suggest the use of this term be defined and consistently applied throughout the document. As previously mentioned, we suggest the use of interdisciplinary teams as more appropriate within this context. This terminology, although seemingly synonymous with transdisciplinary, is better recognised within the health workforce to describe a collective group of various care providers who work collaboratively to develop integrated, holistic and individually specific treatment or support plans.

The RANZCP and NZCCP appreciate the opportunity to contribute to this consultation. If you have any queries regarding our response, please contact the RANZCP's National Manager, New Zealand, Jane Renwick. She can be contacted at jane.renwick@ranzcp.org or via phone at (04) 4830 718.

Nāku iti noa, nā

Professor Susanna Every-Palmer FRANZCP
Chair, Tu Te Akaaka Roa – New Zealand National Committee



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