Te Tāhū Hauora | Health Quality and Safety Commission

Clinical Governance Framework: Working Collaboratively

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Excellence and equity in the provision of mental healthcare

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About the Royal Australian and New Zealand College of Psychiatrists

The RANZCP is the principal organisation representing the medical specialty of psychiatry in New Zealand and Australia and is responsible for training, educating, and representing psychiatrists on policy issues. The RANZCP represents more than 8000 members, including more than 5600 qualified psychiatrists, and is guided on policy matters by a range of expert Committees, including the Faculty of Psychotherapy and Committee for Evidence-Based Practice.

Key findings

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input on the draft of Clinical Guidelines. The RANZCP supports the revised guidelines and commends the Health Quality and Safety Commission for its focus on Te Tiriti o Waitangi and equity strengthening clinical governance. We have included relevant policy and position statements relevant to psychiatric best practices in Aotearoa.

The RANZCP will work alongside public and private psychiatrists to support them in working in collaboration with health and social organisations to demonstrate the leadership, data collection, monitoring, evaluation, and relationship building required to honour Te Tiriti o Waitangi and address equity issues.

We support and are committed to directives to ensure cross-sectoral commitment to equitable outcomes. The RANZCP believes that in some places, the guidelines may benefit from edits to reduce the passivity of the document to boost the operationalisation of collaborative expectations. Paying attention to semantics, we suggest minor improvements to strengthen the directive nature of the strategic examples; this will avoid any interpretations that operational standards are ‘nice-to-do’ instead of expectations.

We encourage using clear directives to avoid surface-level engagement and ensure deep commitment to multi-disciplinary collaboration and equity-related outcome measures that increase cultural confidence and demonstrate Te Tiriti o Waitangi and experiential wisdom are embedded into governance and service delivery.

Introduction

The RANZCP welcomes the opportunity to contribute to Te Tāhū Hauora Clinical Governance Framework by Working Collaboratively. The RANZCP is the principal organisation representing the medical specialty of psychiatry in New Zealand and Australia and is responsible for training, educating, and representing psychiatrists on policy issues. The RANZCP represents more than 8000 members, including more than 5600 qualified psychiatrists, and is guided on policy matters by a range of expert committees, including Tu Te Akaaka Roa, the New Zealand National Committee, Sector Leadership and Management, Committee for Professional Best Practice, Faculty of Psychotherapy, and Committee for Evidence Based Practice.

The recommendations contained within this submission are based on extensive consultation with the RANZCP New Zealand Branch, Tu Te Akaaka Roa, which is made up of psychiatrists with direct experience working in clinical governance in mental health. As such, the RANZCP is well positioned to aid and advise on these guidelines guided by the breadth of academic, clinical and service delivery expertise it represents.

Feedback

Does the framework strongly demonstrate a commitment to Te Tiriti o Waitangi?

The framework does strongly demonstrate a commitment to Te Tiriti o Waitangi.

The RANZCP supports the principles and system drivers of these revised clinical guidelines. We are committed to enabling and expanding a Collaborative, Whole-Of-System Health Approach through cross-sector Relationships, Leadership, Monitoring, Evaluation, and data collection focused on lived experience to ensure our most underserved populations experience health equity.

This can be strengthened to include clear commitment and accountability measures and tools, including collaborative networks to support health and social organisations to collect and interlink experiential wisdoms to improve design, evaluation, and monitoring.

If not, how can this be improved?

We suggest accountability and outcome measures are used to monitor engagement and commitment from health institutions to ensure proactive actions that reduce ill health, deliver appropriate and timely health services and address inequities.

We suggest national and local task forces to support whānau and whai ora to contribute to governance systems and work *alongside* service providers to respond to community needs in timely and culturally relevant ways.

The RANZCP would value the opportunity to support such task forces and contribute to collective national monitoring, evaluation and quality improvement alongside relevant health and social organisations and whānau whai ora. We are committed to building effective and trusting relationships founded upon the principles of whakawhanautanga and manaakitanga.

We will demonstrate this by building relationships that prioritise Te Tiriti o Waitangi, and through proactive partnerships across and outside the health sector for better service integration, planning and support to ensure the best outcomes for those most underprivileged by the health system.

Is achieving equity clearly embedded within the framework? If not, what needs to change?

The RANZCP believes achieving equity is clearly embedded within the framework and fully supports this operationalisation. To this end, we suggest supporting organisations to embed this equity focus within their governance structure and advocate for access to internal and external supports that monitor equity outcomes and service experiences without being cumbersome and 'extra' work for service providers on the ground and for example, supporting smaller health and social NGOs with technologies to run real-time feedback collection and culturally relevant assessment tools that capture service experience and monitor longer-term outcomes.

The RANZCP suggests minor changes to wording, such as 'where able' or 'aim to' can be strengthened to ensure clear directives and expectations of equitable service delivery. As an example, we believe data and digital tool initiatives should not only 'aim' to be Kaupapa Māori relevant, but they must be.

Where passive phrases are used cautiously, in recognition that at times engagement with whānau whai ora and community may not be readily achievable, taskforces or relevant bodies should be called upon to

ensure experiential wisdoms are included in evaluation and service design effectively to monitor and address inequitable health outcomes.

What other resources and tools provided would you suggest should be included in the framework?

The RANZCP believes in the strength of Te Tiriti o Waitangi. We recommend the methodology related to the application of the principles be brought into the document with similar force and removed from the appendices to be incorporated higher in the paper. This will support social and health organisations and governance teams in referring to and grounding their work and planning in Te Tiriti Principles.

We have included relevant policies and information about committees that the RANZCP uses to support cross-sector collaboration between clinical and appropriate nonclinical parties and providers to illustrate the RANZCP's approach to psychiatric delivery and education and demonstrate alignment with this framework.

Please provide additional comments or examples of best practices to strengthen the framework to reflect your health setting.

The Royal Australian and New Zealand College of Psychiatrists is committed to delivering quality mental health services that seek to improve safe practice and promote optimal outcomes for those receiving care.

We are committed to specific areas, including culturally relevant and safe care, honouring Te Tiriti o Waitangi and whanau whaiora wisdoms, and feedback real-time feedback collection alongside our colleagues in the multi-disciplinary realms of health and social care.

Continuing to work towards minimising, and where possible eliminating, seclusion and restraint is achievable. It requires leadership, commitment and motivation, and a culture change underpinned by the recovery model with a focus on workforce and training, prevention and early intervention, good clinical care, and supporting practice change.

What aspects of clinical governance could be strengthened/included in the framework?

Thinking about seclusion and restraint, family violence, cross-sector collaboration between social and health providers in practice, whānau mental health, ease of access for rural communities and acute and secondary mental health care that is culturally relevant to tāngata whenua.

Please add any other comments regarding the draft framework:

The RANZCP supports these revised guidelines of collaboration in governance. We applaud the Health Quality and Safety Commission for embedding an equity lens across these guidelines and naming the expectation to honour Te Tiriti o Waitangi and address inequitable health and social outcomes for the most vulnerable in Aotearoa.

Tu Te Akaaka Roa suggest a comprehensive communication plan across relevant sector organisations accompanies these guidelines. A comprehensive communication plan would facilitate certainty and transparency. Communication and relevant support networks should be developed to ensure prompt and

consistent, uptake of the framework, and where necessary, support will be offered to organisations to enable the best impact.

What area of the health sector is your experience in?

Public, private, acute, education, justice, family violence, older persons, perinatal, child, adolescent, academia.

Relevant College Position Statements

Te Tiriti o Waitangi

Position Statement 107: Recognising the significance of Te Tiriti o Waitangi (PS 107)

Whānau Hauora

Position Statement 37: Principles for mental health systems (PS 37)

Position Statement 104: Whānau Ora (PS 104)

Position Statement 47b: The roles and relationships of psychiatrists and other service providers in mental health services (PS 47B)

Mental Health Act Reform

Position Statement 61: Minimising and, where possible, eliminating the use of seclusion and restraint (PS 61)

Lived Experience

Position Statement: Partnering with people with a lived experience

Position Statement 76: Partnering with carers in mental healthcare (PS 76)

Addiction

Position Statement 82: Recognising and addressing the harmful mental health impacts of methamphetamine use (PS 82)

Position Statement 102: Family violence and mental health (PS 102)

Best Practice

Position Statement 92: Mental health legislation and psychiatrists: putting the principles into practice (PS 92)

Position Statement 22: Psychiatry services for older people (PS 22)

Position Statement 105: Cultural Safety (PS 105)

Position Statement 56: Children of parents with mental illness (PS 56)

Position Statement 47: Psychiatrists as team members (PS 47)

Position Statement 64: The role of psychiatrists in the prevention and early intervention of mental illness in infants, children and adolescents (PS 64)

Position Statement 80: The role of the psychiatrist in Australia and New Zealand (PS 80)