

**Subject:** Complaint about breaches of the Code of Health and Disability Services Consumers' Rights by Counsellor, email 1 of 3

**From:** [redacted] ([redacted]@yahoo.co[redacted])

**To:** hdc@hdc.org.nz;

**Date:** Wednesday, 10 August 2011, 0:31

Dear Madam / dear Sir,

Please take note of my complaint about breaches of the 'Code of Health and Disability Services Consumer's Rights', which are listed in section 2 of the relevant Schedule of the 'Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996', which I am presenting by way of this letter in a **summarised form**. This letter is in relation to a comprehensive complaint already sent to you by emails on 08 August 2011 (with substantial relevant documentation).

At the same time I wish to state that this complaint also covers breaches of the 'Code of Ethics' of 'The Addiction Practitioners' Association Aotearoa-New Zealand' (in short DAPAANZ).

**Summary of aspects of counselling treatment and service at issue that require investigation:**

As a person suffering from serious mental health conditions like alcohol dependency, [redacted] y disorder ([redacted]), depression and anxiety, I have been in treatment with [redacted] for addressing my alcohol issues from [redacted] February 2008 onwards.

Following a year of some limited success in addressing my alcoholism (at [redacted]) and also (insufficiently) [redacted] (at St Lukes Community Mental Health Centre), I was in early 2009 transferred to a new counsellor by the name of M [redacted] S [redacted], who is a qualified clinician working as a counsellor.

From 10 March until 23 December 2009 I received regular counselling treatment from M [redacted] S [redacted] who made substantial efforts to gain my trust, but who was evidently struggling to provide me with the kind of support that I required while dealing with very serious life challenges that included problems with alcoholic relapses, poor housing, noise from neighbours, financial pressures, minimal support from state agencies and some incidents of a legal nature.

M [redacted] S [redacted] confided to me that he had no first hand health issues with alcohol himself, but that he had himself experience with another type of addictive behaviour, which over time appears to have brought him into working as a counsellor.

While I was going through repeated periods of serious crisis, M [redacted] S [redacted] failed to understand, appreciate, and appropriately act upon and/or offer urgently needed psychological, emotional and practical support, to assist me as his client in dealing with the very upsetting experiences and challenges I tried to cope with. He also failed to accept and address his own professional deficiencies by not offering me a more competent alternative for counselling of alcohol dependency.

**As I would later (after receiving my client file upon two Official Information Act requests) discover, he furthermore repeatedly entered completely incorrect, inaccurate and even biased information into my client file, which included information that was consequently made available and passed on to other professionals working in mental health and other areas.**

**This obviously resulted in substantial misinterpretation, misunderstanding, wrong assessments and judgments made about my true health conditions, my personality, thoughts, emotions, and my motivations by other health professionals who relied upon this information.**

**By refusing to offer proper, practical support by stating known, identified core mental health details in a letter I requested in Dec. 2009, in order to present it in support of an application to access additional support for addressing very serious matters, that would without it lead to a major aggravation of stressors I already suffered from, M S did personally contribute to the resultant continued worsening of my general mental health situation.**

It was his neglect, personal bias and other professional misconduct, combined with clear incompetence, which resulted in me experiencing a progressive break-down and deterioration in my voluntarily started treatment program, ultimately leading to me feeling abandoned and having to withdraw from involvement with a follow-up counsellor (L ), who relied on the same incorrect information supplied by M S for the agreed transition to her as my new counsellor. She consequently also failed to understand the seriousness of issues I was dealing with.

To a lesser degree, but still in an equally concerning manner, did also omit important information from my client file at which happened during the period when our counselling relationship started to seriously deteriorate, due to my loss of trust in her as a fill-in counsellor for M S and due to her not fully understanding issues (again due to being misinformed).

**One specific item of information that M S misrepresented in his clinical notes, was the conversion of an earlier entry for a "criminal" charge laid against me for alleged "threatening behaviour" (commonly also known as "intimidation") - into a supposed charge for "assault on a neighbour". He also made wrong assertions that I was as a tenant "looking for flatmates with whom I could develop an intimate relationship".**

I never intended such, and it was only a specific incident in August 2009, where misunderstandings between a boarder and me, following an incident involving other persons, as well as due to her personal conduct, led to irritations that caused her to move out again on short notice. True information confided to M S was clearly changed by him into false, incorrect and inappropriate information, because he drew unjustified and unreasonable presumptions, and thus misrepresented details.

Phone messages indicating suicidal tendencies I had were not properly addressed by M S and he kept me on a "low risk" category for months, before realising upon consulting other staff involved by 14 Dec. 2009, that I should be put into "medium risk for self-harm". He failed to acknowledge that I had been taking certain medication for most of the time he counselled me.

**L did also not enter very important details into my client file, which should have been noted down and reflected true events that occurred, where I did in email letters and phone messages express immense distress, disappointments, suicidal ideas, great misgivings about my treatment by certain government agencies, as well as the lacking understanding, appreciation, support and action by her and as the service provider.**

**One of the reasons given was that staff "would not reply to email correspondence".**

**Requests for correction of the mistakes in my client file were not complied with satisfactorily, no assurance was given that mistakes had actually been corrected, and**

**an apology was refused, despite of clear evidence that serious inaccuracies and mistakes were recorded/made.**

There are numerous other details re incidents where inappropriate and insufficient service delivery, support and incorrect information are evident at [redacted] which have caused me to prepare a very comprehensive and lengthy complaint, which entails all aspects, details and relevant information that will definitely be required to establish the facts as they are.

**After having assessed the complex issues involved myself over recent times, the following points rights and principles have definitely been breached by M S [redacted] of [redacted] at 1 [redacted] in [redacted], Auckland. Some of those have apparently also been breached by L [redacted] and the acting Clinical Team Leader/s at [redacted]:**

**Under the 'Code of Health and Disability Services Consumer's Rights' the following of my rights have been breached by at least one counsellor of [redacted] Alcohol Drug Services (short [redacted]) in [redacted] Auckland during counselling received there from 2008 until 2010:**

- |                 |   |   |
|-----------------|---|---|
| <b>Right 1</b>  | - | <b>Right to be treated with respect</b>             |
| <b>Right 3</b>  | - | <b>Right to dignity and independence</b>            |
| <b>Right 4</b>  | - | <b>Right to services of an appropriate standard</b> |
| <b>Right 5</b>  | - | <b>Right to effective communication</b>             |
| <b>Right 10</b> | - | <b>Right to complain</b>                            |

**Under the 'Code of Ethics' of the 'Addiction Practitioners' Association Aotearoa-New Zealand' the following principles and/or core values have been breached by at least one counsellor of [redacted] Alcohol Drug Services (short [redacted]) in [redacted] Auckland:**

- 1. Respect for the dignity of others**
- 2. Beneficence (to do good) and nonmaleficence (to do no harm)**
- 3. Trust**
- 4. Confidentiality and privacy**
- 5. Promotion of client autonomy**
- 6. Honesty & Integrity**
- 7. Fairness**
- 8. Skilfulness**
- 9. Professional conduct**

In regards to the summarised complaint made here, I must stress, that it is essential to view the already supplied information, particularly the 40 page letter of complaint (in PDF format), as well as relevant excerpts of my clinical file at [redacted], a so-called "host doctor report" by my own GP, Dr [redacted] (of 18.06.2010), a report by [redacted] Psychological Services, dated 04 February 2011, as well as psychiatric assessments delivered by Dr [redacted] B [redacted] of [redacted]. There are two versions of each assessment done (1 on 27.08.2008, 1 on 30.07.2010), as earlier ones contained mistakes, and the final ones were corrected versions, that still contained a few "minor" mistakes.

**This complaint addresses very serious matters that occurred while consulting a [redacted] provider in substance dependency and mental health services, and it is absolutely paramount that this complaint gets treated very seriously and fairly, because negligence, professional misconduct and the resulting developments that happened due to other providers relying on the wrong information recorded in my client file, did lead to major upset and substantial harm I suffered as a client of that service. My rights and interests as patient were not met and upheld.**

**Standards in mental health and addiction treatment services must at all times deserve**

**to be upheld and enforced in the same way, as it is expected to be done in other health areas!**

I expect that a thorough investigation into the conduct of Mr [redacted] S: [redacted] as well as of L [redacted] and [redacted] at [redacted]

Yours sincerely and thankfully

[redacted] Street

Auckland 1

Email: [redacted]@yahoo.co

Phone: (09) [redacted]

Mob.: 02 [redacted]

**Attachments:**

**PLEASE SEE SELECTED FILES ATTACHED TO THE EMAIL(S) CARRYING THIS LETTER! These are simply only a small selection of very important medical records that must be considered in relation to the whole issues complained about.**

[redacted]

- 1. Respect for the dignity of others
- 2. Competence (to do good) and non-maleficence (to do no harm)
- 3. Trust
- 4. Confidentiality and privacy
- 5. Promotion of client autonomy
- 6. Honesty & integrity
- 7. Fairness
- 8. Efficiency
- 9. Professional conduct

[redacted]

[redacted]

[redacted]

**Subject:** Complaint about breaches of the Code of Health and Disability Services Consumers' Rights by Counsellor, email 2 of 3

**From:** [redacted]@yahoo.co.

**To:** hdc@hdc.org.nz;

**Date:** Wednesday, 10 August 2011, 0:33

Dear Madam / dear Sir,

Please take note of my complaint about breaches of the 'Code of Health and Disability Services Consumer's Rights', which are listed in section 2 of the relevant Schedule of the 'Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996', which I am presenting by way of this letter in a **summarised form**. This letter is in relation to a comprehensive complaint already sent to you by emails on 08 August 2011 (with substantial relevant documentation).

At the same time I wish to state that this complaint also covers breaches of the 'Code of Ethics' of 'The Addiction Practitioners' Association Aotearoa-New Zealand' (in short DAPAANZ).

**Summary of aspects of counselling treatment and service at issue that require investigation:**

As a person suffering from serious mental health conditions like alcohol dependency, [redacted] disorder ( [redacted] ), depression and anxiety, I have been in treatment with [redacted] for addressing my alcohol issues from February 2008 onwards.

Following a year of some limited success in addressing my alcoholism (at [redacted] ) and also (insufficiently) [redacted] (at St Lukes Community Mental Health Centre), I was in early 2009 transferred to a new counsellor by the name of M [redacted] , who is a qualified clinician working as a counsellor.

From 10 March until 23 December 2009 I received regular counselling treatment from M. S. [redacted] who made substantial efforts to gain my trust, but who was evidently struggling to provide me with the kind of support that I required while dealing with very serious life challenges that included problems with alcoholic relapses, poor housing, noise from neighbours, financial pressures, minimal support from state agencies and some incidents of a legal nature.

M [redacted] confided to me that he had no first hand health issues with alcohol himself, but that he had himself experience with another type of addictive behaviour, which over time appears to have brought him into working as a counsellor.

While I was going through repeated periods of serious crisis, M [redacted] failed to understand, appreciate, and appropriately act upon and/or offer urgently needed psychological, emotional and practical support, to assist me as his client in dealing with the very upsetting experiences and challenges I tried to cope with. He also failed to accept and address his own professional deficiencies by not offering me a more competent alternative for counselling of alcohol dependency.

**As I would later (after receiving my client file upon two Official Information Act requests) discover, he furthermore repeatedly entered completely incorrect, inaccurate and even biased information into my client file, which included information that was consequently made available and passed on to other professionals working in mental health and other areas.**

**This obviously resulted in substantial misinterpretation, misunderstanding, wrong assessments and judgments made about my true health conditions, my personality, thoughts, emotions, and my motivations by other health professionals who relied upon this information.**

**By refusing to offer proper, practical support by stating known, identified core mental health details in a letter I requested in Dec. 2009, in order to present it in support of an application to access additional support for addressing very serious matters, that would without it lead to a major aggravation of**

**stressors I already suffered from, M. S. did personally contribute to the resultant continued worsening of my general mental health situation.**

It was his neglect, personal bias and other professional misconduct, combined with clear incompetence, which resulted in me experiencing a progressive break-down and deterioration in my voluntarily started treatment program, ultimately leading to me feeling abandoned and having to withdraw from involvement with a follow-up counsellor (I. ), who relied on the same incorrect information supplied by M. S. for the agreed transition to her as my new counsellor. She consequently also failed to understand the seriousness of issues I was dealing with.

To a lesser degree, but still in an equally concerning manner, L. did also omit important information from my client file at which happened during the period when our counselling relationship started to seriously deteriorate, due to my loss of trust in her as a fill-in counsellor for M. S. and due to her not fully understanding issues (again due to being misinformed).

**One specific item of information that M. S. misrepresented in his clinical notes, was the conversion of an earlier entry for a "criminal" charge laid against me for alleged "threatening behaviour" (commonly also known as "intimidation") - into a supposed charge for "assault on a neighbour". He also made wrong assertions that I was as a tenant "looking for flatmates with whom I could develop an intimate relationship".**

I never intended such, and it was only a specific incident in August 2009, where misunderstandings between a boarder and me, following an incident involving other persons, as well as due to her personal conduct, led to irritations that caused her to move out again on short notice. True information confided to M. S. was clearly changed by him into false, incorrect and inappropriate information, because he drew unjustified and unreasonable presumptions, and thus misrepresented details.

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**After having assessed the complex issues involved myself over recent times, the following points rights and principles have definitely been breached by M. S. of at 1 in Auckland. Some of those have apparently also been breached by L. and the acting Clinical Team Leader/s at :**

**Under the 'Code of Health and Disability Services Consumer's Rights' the following of my rights have been breached by at least one counsellor of Alcohol Drug Services (short ) in Auckland during counselling received there from 2008 until 2010:**

**Right 1 - Right to be treated with respect**

- Right 3 - Right to dignity and independence
- Right 4 - Right to services of an appropriate standard
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I expect that a thorough investigation into the conduct of N S as well as of L and a [redacted]

Yours sincerely and thankfully

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