



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

14 June 2013

[redacted] Street

AUCKLAND CITY 1 [redacted]

Dear Mr [redacted]

Complaint: [redacted] (Waitemata District Health Board)
Our ref: C11HDC [redacted]

I write further to your email of 24 April 2013 regarding the progress of your complaint about the services provided to you by [redacted] Services ([redacted]). That service is provided by Waitemata District Health Board (WDHB).

Your concerns

I understand that you remain disappointed with my decision of 24 February 2012 to take no further action on your complaint about [redacted]. Following my decision, you wrote to HDC a number of times expressing your concern that the decision did not fully address the issues raised in your complaint.

In an attempt to address your outstanding concerns, HDC decided to request a further response to your complaint from WDHB. HDC asked WDHB to specifically address the following points you made in your original complaint:

- Counsellor, Mr [redacted] was not qualified to offer counselling for alcohol dependency, and should have offered you a more competent alternative counsellor.
- Mr S [redacted] failed to give you the psychological, emotional and practical support you needed throughout recurrent episodes of serious crisis.
- Mr S [redacted] failed to acknowledge that you had been taking certain medications for most of the time he counselled you.
- Mr S [redacted] incorrectly assessed you as being at a low risk for self harm, before realising that you should have been assessed as being at medium risk.
- Counsellor, Ms I [redacted] did not enter important details into your file, including instances where you had expressed to her "immense distress, disappointments, suicidal ideas and great misgivings" about your treatment.

WDHB response

HDC has received WDHB's further response. I **enclose** a copy for your information, and apologise for the delay in providing this to you. As you will see, WDHB's response states as follows:

- Mr S [redacted] holds a Bachelor in Counselling degree from the Wellington Institute of Technology, and a Post-Graduate Certificate in Health Science from the University of Auckland. He is also a registered practitioner with the Drug and Alcohol

1

Practitioners' Association Aotearoa New Zealand. WDHB notes that Mr S [redacted] provided you with services within his clinical scope of practice.

- WDHB thoroughly investigated your concerns about whether Mr S [redacted] was providing you with appropriate care, clinical management and support. WDHB considers that your dissatisfaction arose from occasions where you requested assistance with matters that were outside the scope of what [redacted] could provide.
- Mr S [redacted] was aware that you were on medication at the time he was your counsellor, and this is evidenced by the clinical notes.
- Mr S [redacted] assessed your risk of self-harm according to your presentation at the time. Mr [redacted]'s assessment of your risk level was a correct reflection of his clinical opinion at the time.
- Ms [redacted] entered information into your file that, in her clinical opinion, she considered relevant at the time of your presentations.

My decision

I have thoroughly reviewed your file in light of WDHB's response and your outstanding concerns. Having done so, I remain of the opinion that my decision to take no further action on your complaint was appropriate.

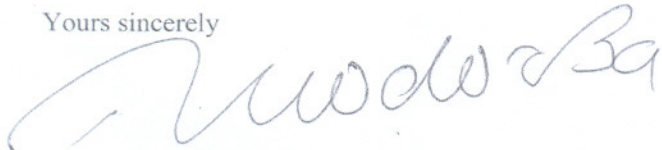
I consider that WDHB's latest response comprehensively addresses your outstanding concerns. It seems to me that the WDHB staff who dealt with you were adequately qualified, were aware that you were on medication, and made clinical judgments according to your presentation to them at the relevant time. I am also satisfied that WDHB responded appropriately to your formal complaints to them about the services provided to you.

I consider that, though your personal expectations of the [redacted] service may not have been met, this may have been because some of your expectations went beyond the scope of the services offered by [redacted]. I reiterate the comments I made in my decision letter dated 24 February 2012, that counselling is a particularly difficult service to coordinate due to the subjective needs of the consumers using these services and that, despite every effort being made, it is not always possible to meet every need of every individual.

I note that you have raised concerns with the fairness of HDC's processes and decisions in its consideration of this complaint. Having reviewed your file, I am satisfied that all relevant information has been considered in coming to this decision. I consider that there is no indication of any procedural issues which necessitate revisiting my decision.

Your complaint will therefore remain closed. I appreciate that this is not the outcome you were hoping for, however I do not consider that further consideration of your complaint is necessary or appropriate.

Yours sincerely



Ms Theo Baker
Deputy Health and Disability Commissioner

cc: Waitemata DHB
Enc: Response from Waitemata DHB



6 June 2012

Deborah O'Flaherty
Complaints Assessment Manager
Health and Disability Commissioner
PO Box 1791
AUCKLAND CBD

Dear Ms O'Flaherty,

Complaint:
Your ref: C11HDC

[1] Thank you for your letter dated 16 May 2012 requesting further information with respect to Mr [REDACTED]

[2] We respond to each of Mr [REDACTED]'s allegations set out in your letter, as follows:

Mr S [REDACTED] was not qualified to offer counselling for alcohol dependence, and should have offered Mr [REDACTED] a more competent alternative

[3] Mr S [REDACTED] obtained a Bachelor in Counselling degree from the Wellington Institute of Technology (2003) and a Post Graduate Certificate in Health Science, University of Auckland (2010). He is a registered practitioner with the Drug and Alcohol Practitioners' Association Aotearoa New Zealand. Mr [REDACTED]'s involvement with Mr [REDACTED] was within his clinical scope of practice. As is our usual practice for all mental health practitioners Mr [REDACTED] received regular clinical supervision over the period that he treated Mr [REDACTED]

Mr S [REDACTED] failed to give Mr [REDACTED] the psychological, emotional and practical support he needed throughout recurrent episodes of serious crisis

[4] As you are aware, Waitemata District Health Board (DHB) thoroughly investigated and responded to Mr [REDACTED]'s concerns and believes Mr S [REDACTED] provided appropriate care, clinical management and support to Mr [REDACTED] throughout his treatment. As previously discussed in our correspondence to your office dated 26 October 2011, Mr [REDACTED] requested assistance with matters that were out of the scope services provided by the [REDACTED] Services ([REDACTED]). This was explained to Mr [REDACTED] each time such a request was made. Unfortunately, Mr [REDACTED] was unable to accept that at times his expectations could not always be met by the service. Where possible the service provided assistance that was within its scope, for example it provided a letter of support to WINZ.

Mr S [REDACTED] failed to acknowledge that Mr [REDACTED] had been taking certain medications for most of the time he counselled him

[5] Mr S [REDACTED] was aware that Mr [REDACTED] had been taking medication. The content of the counselling records do not refer to medication because it was not the focus of the counselling sessions. In addition, the previous clinical notes indicate that there was no change in current medication. Waitemata DHB can confirm that there are a number of references in the clinical notes

acknowledging that Mr [redacted] had been taking medications. The last entry into the clinical notes by Mr S [redacted] from the 2nd December 2010 stated 'no change in current medication reported'.

Mr S [redacted] incorrectly categorised Mr [redacted] as at a "low risk for self-harm" for several months before realising upon consulting other staff on 14 December 2009 that he should be considered at "medium risk for self-harm"

[6] Mr [redacted]'s self harm risk was assessed by Mr S [redacted] as per Mr [redacted]'s presentations and was a correct reflection of Mr S [redacted]'s clinical opinion at that time.

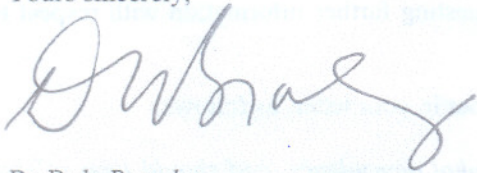
L [redacted] did not enter important details into Mr [redacted]'s client file, including instances where he had expressed "immense distress, disappointments, suicidal ideas and great misgivings about his treatment"

[7] Ms [redacted] entered information that, in her clinical opinion, was relevant to Mr [redacted] circumstances and management plan at that time of each of his presentations.

[8] Waitemata DHB remains, as always, open to Mr [redacted] wishing to re-engage with [redacted] to address his alcohol problem.

[9] If you require any further information please let me know.

Yours sincerely,



Dr Dale Bramley
Chief Executive Officer
WAITEMATA DISTRICT HEALTH BOARD