Health and Disability Commissioner
*Te Toihau Hauora, Hauātanga*

24 February 2012

Street

AUCKLAND CITY 1

Dear M

**Complaint: (Waitemata District Health Board)**
**Our ref: C11HDC**

I write further to your phone conversation with A L on 13 December 2011.

*Your complaint*
You wrote to the Commissioner's office and advised that your counsellor, M S

- Refused to acknowledge and address his professional deficiencies.
- Failed to offer you "a more competent alternative for counselling of alcohol dependency".
- Failed to give you the psychological, emotional and practical support you needed throughout recurrent episodes of serious crisis.
- Failed to take into account your non-compliance with your medication regime when providing you with counselling.
- Incorrectly categorised you as "low risk for self harm".
- Entered incorrect and biased details in your records, resulting in misinterpretation and inaccurate assessments of your condition by other health professionals who relied on his observations.

You are also concerned that that locum counsellor, L , failed to document important details relating to your misgivings about your treatment and suicidal ideation on your client file.

You advised that requests for errors in your client file to be corrected have not been met by

*Response from Waitemata District Health Board*
I sent a copy of your complaint to Waitemata DHB and asked them for a response, along with copies of your relevant clinical notes. Dr Dale Bramley, Chief Executive Officer, Waitemata DHB, provided a response on the DHB's behalf. A copy of his letter is **enclosed** for your information.

Dr Bramley provided an overview of the care provided to you by and explained the steps the service has taken in response to concerns you have raised in the past. He advised that each time your treating clinician was changed, it was done so at

your request, except for one occasion when the allocated clinician was transferred to a new role. He explained that offers treatment to you, but does so within clear boundaries, such as dealing with only one clinician at a time and discussing problems in regular appointments rather than in phone calls. He advised that is open to re-engage with you at any time should you wish to seek treatment.

With regard to your concerns about counsellor M S. Dr Bramley provided an account of the incident. He advised that during a counselling session you had with Mr , you informed him about an incident where you had displayed "threatening and intimidating behaviour". Mr recorded this in his notes using the term "assault". Mr S later wrote to your GP using this term, who then used it in connection with a benefit query with WINZ. When your benefit was subsequently decreased, you attributed it to the use of the word "assault" rather than the correct term "threatening behaviour". As Mr S could not remember if you had used the word "assault" or not in the consultation in question, the service agreed to have your wording added to the file entry. Dr Bramley notes that this amendment was not an admission of an incorrect record. The service has expressed its regret that the service you received left you feeling dissatisfied.

*My decision*

I have assessed your complaint and decided that further investigation is unnecessary. Having fully reviewed Waitemata DHB's response and the provided copies of your clinical notes, it seems to me that the DHB handled the incident wherein potentially inaccurate information was added to your clinical notes in an appropriate manner, and I note that the misleading term has been amended as a result of your complaint. With regard to your concerns about relevant information not being entered into your file, I am unable to discern any such omissions and am satisfied that continue to provide you with care of an appropriate standard. If you have any other concerns about inaccurate information in your clinical records, you may wish to consider bringing your concerns to the attention of the Privacy Commissioner.

I understand that you raised a wide range of concerns in your complaint, and that despite working with a number of counsellors at , you remain unsatisfied with the care you have received. Unfortunately, despite every effort being made, it is not always possible for service providers to provide counselling services that meet every need of every client. Based on my examination of your complaint, and the response provided by Dr Bramley, I am confident that is committed to providing you with consistent and dependable support. I trust this process has helped to resolve some of your concerns.

Yours sincerely

Ms Theo Baker
**Deputy Health and Disability Commissioner**

Cc: Waitemata District Health Board

Enc: Response from Waitemata DHB

Waitemata
District Health Board
Te Wai Awhina

RECEIVED
27 OCT 2011
HDC AKLD

**DHB Board Office**
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*North Shore City 0740*
*Telephone: 09 486 8900*
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26 October 2011

A. L.
Complaints Assessor
Health and Disability Commissioner
Level 10
Tower Centre
45 Queen Street
AUCKLAND

Dear Mr

**Complaint ; Your reference: C11HDC**

Thank you for your letter of 6 October 2011 regarding the above complaint. As per your suggestion we have not responded in detail to each individual issue raised, rather we have provided below a general overview of Mr 's care. Should you require any specific further details please contact us.

Mr was engaged with Waitemata DHB's Services ( ) from January 2006 until April 2011, during which time he participated in 200 face to face outpatient treatment sessions (one to one and group therapy). Concurrently Mr was seen by Mental Health Services for treatment of disorder ( ) and depression as well as suicidal ideations, which are exacerbated when under the influence of alcohol. There was liaison between and Mental Health during this time.

untrue →

At he was treated for long term alcohol dependency issues. His alcohol related issues do not meet the criteria for non-voluntary treatment. The service recommended abstinence, the support of Alcoholics Anonymous, and residential medium to long term treatment since outpatient treatment (more than six years) did not prove effective in addressing his alcohol dependency. Mr did not wish to pursue any of these options. He has been reviewed twice by a psychiatrist in the service, in 2008 and 2010. On the first occasion advice was given to the general practitioner on medication treatment of the disorder, and on the second occasion the disorder was not considered a significant problem at that time.

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On several occasions, Mr wrote communications requesting assistance in matters that are clearly outside the scope of our service. For example, one complaint was about treatment he received from New Zealand police in relation to a ; another was a request to support, on therapeutic grounds, his retention of an allowance from WINZ enabling him to grow vegetables. Mr objects if his expectations in such matters cannot be met. His objections were conveyed by two formal complaints (reply to the most recent one is attached), phone calls and letters which hold , the health system and staff and management responsible for his situation.

All of the changes of clinicians described by Mr were made at his request, except for one occasion when the allocated clinician was transferred to a new role. continued to offer treatment, within clear boundaries (e.g. dealing with one clinician only, restricting contact to regular appointments rather than phone calls and not responding to lengthy emails). This action was decided in consultation with the service psychiatrist and the clinical psychologist in order to ensure clear

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exaggerated comments! Negative labelling!!

continuity of care but also to help with what the treating clinicians had considered Mr 's at times offensive verbal and written comments to staff.

From Mr letter to the HDC we believe that his most recent objections were related to client file entries from a previous counsellor (M S ). Mr had in a counselling session informed Mr S about an incident where Mr displayed what he calls "threatening and intimidating behaviour". Mr had written this down in his case notes using the term "assault". This wording was used by Mr S in a letter to Mr s GP, who in turn used it in connection with a benefit query with WINZ. When Mr s benefit was decreased, he later attributed this to the wrongly used term "assault", believing that the benefit would not have been affected, if the correct term "threatening behaviour" was used instead. He therefore complained to about this wrong term. Mr was unable to remember if at the time the term "assault" was actually used by Mr but could not exclude that he might have misheard. The service therefore agreed to have Mr 's wording added to the file entry as per the Health Information Privacy Code Rule 7, point 3. Mr misinterpreted readiness to add file corrections to his clinical notes as an admission of incorrect records by and insisted on an apology. The service expressed its regret for the sense of dissatisfaction Mr experienced, and that the service he received left him feeling this way.

Extensive clinical notes and written (email) communications are available for review.

Subsequently (April 2011) Mr decided to disengage from

remain open to re-engage with Mr any time should he wish to address his alcohol problem.

If you require any further information, please do not hesitate to contact this office.

Yours sincerely,

*Dr Dale Bramley*
Chief Executive Officer
WAITEMATA DISTRICT HEALTH BOARD

Enclosure

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