Waitemata
District Health Board
Te Wai Awhina

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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 M 's care. Should you require any specific further details please contact us.

Mr was engaged with Waitemata DHB' 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 th 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.

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

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 b 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