Social Worker, Mr B

A Report by the
Health and Disability Commissioner

(Case 19HDC01972)

Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

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Executive summary

1. This report concerns the blurring of professional boundaries when a social worker and mental health practitioner arranged for his client to perform work for him. This private arrangement occurred at a proximate time to the professional relationship.

2. The relationship deteriorated when the social worker went to the man's house without prior agreement, to pay him for work completed. Subsequently, when the man raised his concerns that it was inappropriate for the social worker to visit unannounced, an acrimonious exchange occurred during which the social worker used his clinical knowledge of the man against him.

3. The social worker also misused knowledge he had gained from being the man's health provider, including the man's contact details to contact him in a private capacity via text message and phone call, and information about his financial insecurity.

Findings

4. The Commissioner considered that the social worker blurred his professional relationship with the man by offering him private work, responding poorly when the private relationship deteriorated, and abusing the knowledge he had gained in a clinical context for personal gain, and that he failed to comply with the Social Workers Registration Board (SWRB) Code of Conduct and his employer's Code of Conduct. Accordingly, the Commissioner considered that the social worker did not provide the man with services that complied with legal, professional, ethical, and other relevant standards, and breached Right 4(2) of the Code of Health and Disability Services Consumers' Rights.

Recommendations

5. The Commissioner recommended that the social worker arrange the appointment of a professional mentor to oversee his practice for a period of one year, attend further training with regard to ethics and professional boundaries, and provide a written apology to the man.

6. The Commissioner also recommended that the SWRB consider whether a review of the social worker's competence is warranted.

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Complaint and investigation

7. The Health and Disability Commissioner (HDC) received a complaint from Mr A about the services provided to him by a social worker, Mr B. The following issue was identified for investigation:

- *Whether Mr B provided Mr A with an appropriate standard of care during August to October 2019 (inclusive).*

8. The parties directly involved in the investigation were:

Mr A	Complainant/consumer
Mr B	Mental health practitioner/social worker
Primary Healthcare Organisation (PHO)	Provider

Information gathered during investigation

9. This report relates to a blurring of professional boundaries that arose when social worker and mental health practitioner Mr B arranged for his client, Mr A, to perform work for him.

Mr A

10. Mr A, aged in his fifties, has a long history of depression and anxiety.

11. Mr A was taking medication for this and had recently resigned from his job. He reported that workplace issues had triggered his current depressive episode, and that he needed to find work. In response to the provisional opinion, Mr A clarified that one of the main stresses in his life at the time was financial insecurity; however, he had been doing a variety of casual work.

12. Mr A had not met Mr B previously, but Mr B said that three years earlier he had had telephone contact with Mr A and had referred him for counselling. The clinical notes state: "Noted seen 3 years ago for [package of care] with Therapist."

Mr B

13. Registered social worker Mr B had been employed by the PHO as a mental health practitioner for six years. He stated that his role is to facilitate a stepped care approach to obtaining mental health services. He stated that his role involves conducting initial assessments of patients, determining the level of care needed, and planning care packages. He said that the packages may include access to external providers, or he may provide individual counselling himself.

14. The PHO independently contracts external counsellors to whom it may refer patients. Its policy is to fund a maximum of six sessions with an external counsellor per patient, per year.

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15. The PHO told HDC that Mr B came to the PHO as a fully trained and highly experienced registered social worker with mental health experience. It stated that it provides in-house training opportunities on a range of issues and, as part of the induction and orientation process, staff are introduced to its Code of Conduct Policy and Privacy Policy.

Referral and assessment

16. Mr A was referred to the PHO by his general practitioner (GP). Mr A was booked into Mr B's regular clinic day at his medical centre (medical centre 1), but Mr B was sick on the day he was due to see Mr A, so he offered to see Mr A at another medical centre (medical centre 2).

17. The purpose of the meeting was for Mr B to undertake an initial clinical assessment of Mr A with a view to formulating an appropriate care plan, if required.

18. Mr B met with Mr A at medical centre 2 on 22 August 2019. The consultation record states:

> "Current issues — financial as using savings and running out and needs to find work. Noted he is [a tradesperson] by background and is looking at this as well as applying for other work."

19. Mr B noted that Mr A had severe depression.

20. Mr B approved six counselling sessions for Mr A. Mr B stated that during the meeting on 22 August 2019 he decided to refer Mr A to one of the PHO's contracted external counsellors. On 3 September 2019 at 2.24pm Mr B sent an email referral of Mr A to an external counsellor.

21. Mr B also approved funding for Mr A to see his GP. Mr B said that GP funding can be provided only once per year, and covers up to three free consultations with a GP, to a maximum of one hour in total.

22. Mr B stated that typically he would not have further contact with patients after he has referred them to an external counsellor. Generally, the external counsellor would take over and liaise with the patient directly to arrange an appointment, and the PHO mental health practitioner would not provide follow-up counselling once the sessions with the external provider were completed. Mr B stated:

> "Following my referral of [Mr A], I therefore considered my direct professional involvement with him to have ceased. However, I appreciate that transition may not have been made clear to [Mr A]. I also realise and accept that [Mr A] remained a client of [the PHO], despite my having referred him to an external provider."

23. Mr B stated that regrettably, he did not discuss with Mr A that he considered that their professional relationship had finished after he had processed the referral to an external counsellor, and accepted that this may not have been clear to Mr A.

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Work

24. Mr B stated that during the meeting on 22 August 2019, Mr A told him that he was a tradesperson and was looking for work. In response to the provisional opinion, Mr A noted that he discussed his work history, including his study, while being the primary care provider for his child, as well as his previous background in other areas. He said that at the end of this discussion, he discussed his trade.

25. Mr A stated that it was during the introduction and counselling session with Mr B, that he (Mr B) suggested that Mr A do some work for cash at his home. Mr A stated: "This was at [medical centre 2] towards the end of August."

26. Mr A said that he suggested to Mr B that he would give him a quote for the whole job after having looked at the work required, in order to keep things clear for both of them. Mr A said that Mr B told him that he would pay cash for each hour Mr A worked, and that Mr B would obtain the materials required.

27. In contrast, Mr B stated that he raised with Mr A the possibility of undertaking some work for him at a later date, on 3 September 2019, not during the initial assessment on 22 August 2019. Mr B said:

> "I do not recall making this suggestion during our initial meeting. I then had a separate conversation with him over the phone to discuss whether he might want to do some [private work] for me. It was not at the same time I was discussing the counselling services."

28. Mr B stated that he did not raise the prospect until he had arranged for an external counsellor for Mr A, at which point he considered his clinical involvement with Mr A to have ended.

29. Mr B said that he was able to contact Mr A via text message and phone call, as he had Mr A's phone number as part of the referral, which he had used to book their assessment appointment and to finalise referral arrangements. Mr B told HDC that he appreciates now that contacting Mr A on his personal number, which he had obtained in his professional dealings with Mr A, was not appropriate.

30. Mr B provided HDC with a screenshot of a text message exchange between himself and Mr A on 3 September 2019. At 01.08pm, Mr B text messaged: "Hi [Mr A]. [Mr B] here. Can u give me a call please. Or txt me times I can call you …"

31. At 2.22pm, Mr B text messaged:

> "Even better thought. Can u look at [work needed] with me Friday am anytime between 8.30 and 9.30 … we can discuss job and related directly … I have emailed [the counsellor]. His business name is … if u want to google hi[m]."

32. On the same date, Mr A replied saying he could meet Mr B at 8.30am.

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33. On 4 September 2019, Mr A text messaged Mr B about having received messages from his GP practice about an overdue account, and Mr B responded reassuring him that he could ignore this as he had approved the funding and spoken to Mr A's GP the day before.

34. Mr A recalled Mr B stating (in relation to the work) that it would be an agreement kept just between the two of them. Mr B agreed that he said it would be "between us", but that this was in reference to not telling Mr B's wife that he had met Mr A as a patient, because he was conscious of protecting Mr A's patient confidentiality.

35. Mr B stated:

> "I acknowledge that in subsequently employing [Mr A] to undertake private … work at my property, I blurred professional boundaries. As I have explained, I perceived there to be an enough degree of separation as my clinical involvement with [Mr A] was brief and had concluded before I engaged him to undertake the … work. I did not anticipate any further involvement with him in a professional capacity. I acknowledge this was an error of judgement on my part."

36. Mr B said that on 6 September 2019, Mr A accepted the offer of work, and began work on 18 September 2019. Mr B stated that he felt that it would benefit them both, that they had an amicable and easy working relationship regarding the job, and he was pleased with and grateful for the work Mr A completed. Further, Mr B commended Mr A in text messages.

37. Mr A stated that he worked for a couple of weeks for between 11 and 14 hours each week.

Visit to Mr A's home

38. Mr A and Mr B both agree that Mr B went to Mr A's house to provide him with payment for the work Mr A had completed, on or around 11 October 2019. Mr B stated that he knew where Mr A lived, as they had talked about him living nearby, and had discussed the work Mr A had done. Mr B acknowledged that he did not first inform Mr A that he intended to visit Mr A's house, or confirm with him that he agreed that Mr B could come to his house.

39. Mr A told HDC that the visit was totally unexpected. He said he did not respond to Mr B knocking on the door at first. He said that Mr B then called out his name loudly several times, while continuing to knock, and when he came to the door, Mr B handed him an envelope with cash in it and asked him how the counselling was going with the counsellor he had introduced him to. Mr A recalled explaining that the first session had been very short, about 30 minutes, and Mr B asked him to let him know if any further sessions were not around 50 minutes as expected, to which Mr A said he would, and that the counsellor had been helpful.

40. Mr B told HDC that it was a spontaneous decision to visit Mr A's home, as Mr A's house was located on a regular walking route, and he thought he was being helpful in dropping off the payment in person, but now regrets doing so, as he appreciates that it was not appropriate and it made Mr A uncomfortable. Mr B agrees that he asked Mr A whether the sessions with the external counsellor were going well, and with Mr A's comments on this.

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41. Mr A stated that Mr B texted him on 14 October 2019 and said that there was more work to do. Mr A replied saying that he would complete the work that was initially agreed to, and asked Mr B not to come to his home again. On 14 October at 6.47 pm Mr A texted Mr B: "I will get the money from you later this week, or leave it with your wife. Please do not come to my home."

42. Mr A stated that Mr B replied saying that he was happy to do the work himself, and did not acknowledge the comment about not coming to his home. In contrast, Mr B stated that he responded, "Sure."[1] He told HDC that he can understand why his response led Mr A to feel he had not acknowledged that visiting Mr A's home was inappropriate, and he apologised for that.

18 October 2019

43. On 18 October 2019, Mr A was working at Mr B's property. Mr A said that Mr B came home unexpectedly and asked him how it was going. Mr A replied that he was upset that Mr B had gone to his home (on 11 October 2019), and had not acknowledged that it was inappropriate and unprofessional, even after he had text messaged Mr B about this. They both told HDC that Mr B became defensive and they had an acrimonious exchange.

44. Mr A stated that during the verbal altercation, Mr B said that Mr A was clearly angry and resentful, and that he had outstanding resentment issues, which might be good for him to resolve. Mr A further stated that Mr B commented that he was doing him (Mr A) a favour and providing an income for him by employing him to do work at his property. Mr B acknowledged that he entered into an unhelpful exchange and said to Mr A that he was doing Mr A a favour.

45. Mr A stated that as Mr B continued to be defensive, he (Mr A) said that he was going to leave the property, and he asked Mr B to go into his house and to stop speaking to him, as it was uncomfortable and distressing.

46. Mr A said that he packed up his things, and by that time Mr B had calmed down and asked to meet with him another day to "talk it through". Mr B stated that he apologised, but Mr A said that it was too late. Mr A said that he told Mr B that he was leaving and did not wish to talk to him further, but would text him the hours that he had worked and for which payment was owed. Mr A said that Mr B asked how the work would be completed, and he (Mr A) then left the property in a distressed state.

47. Mr B stated: "I wish to apologise again to [Mr A] for the way I handled that discussion."

Completion of counselling

48. Mr A's external counsellor completed the PHO's "End of Care Report" on 18 February 2020. The report notes that Mr B remained the coordinator, and that the sessions had commenced on 24 September 2019 and were completed on 18 February 2020.

[1] Copies of text messages after 10 September 2019 were unable to be obtained (except for the text message sent by Mr A to Mr B on 14 October 2019 at 6.47pm).

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Disclosure to PHO

49. The PHO stated that it became aware of these events in October 2019 when Mr B raised the issue with his direct manager and human resources. Mr B said that this was prior to receiving notice of Mr A's HDC complaint. The PHO stated that Mr B had freely admitted his error of judgement and expressed remorse. It stated:

> "At meetings to discuss the incident his manager confirmed with him that his behavior did not meet [accepted] standards of a mental health practitioner at the PHO. He was reminded of our Code of Conduct Policy. He was advised to inform the Social Work Registration Board and we arranged additional supervision focusing on boundaries and transference. Our HR team lead was informed, as was our quality manager."

50. Mr B told HDC that he did not make his manager aware that he had entered into a private work arrangement with Mr A at the time the arrangement was entered into. Mr B said that it did not occur to him to do so at the time, as he believed that he was not Mr A's counsellor and that his involvement in his professional capacity had ended — noting that he had approved the maximum number of external counselling sessions and funding for Mr A to see his GP. Additionally, Mr B said that he was due to leave medical centre 1 (Mr A's GP practice), which meant that he would not be making any further funding approvals for Mr A, and future referral requests would not go to him.

51. However, Mr B recognised that he did not think through the implications of Mr A working for him, as he should have, and that as Mr A remained a client of the PHO, Mr A may well have perceived that Mr B was still involved in his care, which was an error of judgement on his (Mr B's) part.

52. The PHO told HDC that it expects its practitioners to adhere to both the professional standards set by their registration authority and the PHO's Code of Conduct. It noted that both would prohibit arrangements of this type, and that its Code of Conduct would prohibit misuse of personal information, including using a phone number obtained because someone is a client.

53. The PHO told HDC that Mr B expressed regret about his mistake, and understood that this breached the ethical standards for a social worker and the PHO's expectations for someone in its employment. It said that Mr B is a valuable member of its mental health team, and it is not aware of any previous complaints. It stated that it is confident that this has been an isolated incident that will not be repeated.

Further information — Mr A

54. Mr A told HDC that he thinks that the issue was a serious breach of professional and moral ethics in several ways at a time when he was suffering from severe mental health issues. He said:

> "[Mr B] quite simply took advantage of me at a time when I was very vulnerable and had been referred by my [doctor] for professional support. I am still wary when I am

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walking near [Mr B's] home and no longer walk along his street, a short cut to my [child's] school."

Further information — Mr B

55. Mr B told HDC:

"I acknowledge that it was inappropriate for me to enter into a personal [work] arrangement with [Mr A] given the issues it could raise in maintaining professional and personal boundaries. As I was no longer providing counselling to [Mr A], and [Mr A] had told me he was a [tradesperson] and was looking for work, I thought it would be ok to ask [Mr A] to help with my house. This was a one-off lapse in professional judgement, which I acknowledge and regret."

56. Mr B stated that he has taken remedial steps to better understand personal and professional boundaries and transference issues through his professional supervisor and the PHO management. He has also revisited relevant policies applicable to his practices and the ANZASW competencies. He said that he has taken steps to ensure that he understands where he has erred, and to identify what key learnings he can take from this experience, and is confident that there will not be a repeat of this situation.

Responses to provisional decision

Mr A

57. Mr A was given an opportunity to respond to the "Information gathered" section of the provisional decision, and his comments have been incorporated where relevant.

Mr B

58. Mr B was given an opportunity to respond to the provisional decision. Mr B stated: "I absolutely regret my actions and am sorry for the impact they have had on [Mr A]." Mr B advised that he has undertaken additional supervision and reviewed training materials on issues of transference and maintaining professional boundaries.

Relevant standards

59. Mr B agreed that the PHO's Code of Conduct provides that he must abide by all Codes of Conduct that apply to his clinical role, which he considers to include "on a voluntary basis" the Social Workers Registration Board (SWRB) Code of Conduct, Aotearoa New Zealand Association of Social Workers (ANZASW) Social Work Practice Standard, and the ANZASW Code of Ethics.

60. The SWRB Code of Conduct outlines that SWRB considers Right 4(2) of the Code of Health and Disability Services Consumers' Rights (the Code) to include complying with SWRB's Code of Conduct for all social workers who have provided a health or disability service, regardless of their professional status. It outlines the expectation that social workers will:

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- Act honestly/ethically in all personal and professional behavior and disclose conflicts of interest (Principle 1);
- Use a recognised ethical code to assist in ethical decision-making (Principle 4);
- Recognise the imbalance of power, maintain boundaries, not form inappropriate relationships with clients, and ensure that personal or financial needs are not influencing interactions with a client (Principle 5);
- Treat clients with respect and dignity, behave in a professional manner, and never abuse the clients (Principle 6);
- Use confidential information for professional purposes only (Principle 7);
- Maintain a high standard of professional and personal behavior, avoid activities that may bring the social work profession into disrepute, and refrain from acting in ways that can be interpreted as or actually result in gaining personal benefit from the social work position (Principle 9);
- Maintain clear and appropriate boundaries in all forms of communication, including text messages, and this is the provider's responsibility (Principle 10).

61. The ANZASW Code of Ethics (1 August 2019) provides:

> "Members have power and authority that derives from their status, role and professional skills and attributes. Some have additional powers that derive from legislation. Social workers work in a variety of private, voluntary and statutory agencies that have more or less explicit social control functions. This power, however derived, and the consequential ambiguity of client empowerment and social control, needs careful management and is a key reason why social work practice is always subject to professional supervision."

62. The PHO's Code of Conduct (2019) provides that misconduct includes behaving unprofessionally, and misusing time or materials or both; serious misconduct includes acting in a way that seriously damages the PHO's reputation, using company information for private purposes, and misusing confidential information; and detrimental conduct includes off-duty behaviour that seriously brings the PHO or the standing of the provider's professional trade into disrepute.

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Opinion: Mr B — breach

63. Maintaining professional boundaries between consumers and providers is an important part of the provision of healthcare services. Trust is fundamental to this relationship, and to ensuring that the consumer is assured that the provider is acting with the consumer's best interests in mind.

64. As noted in the foregoing section, the relevant clinical standards and codes of conduct identify the imbalance of power between clients and social workers, and the importance of maintaining professional boundaries with a view to protecting the trust inherent in the therapeutic relationship.

65. In my view, there was a clear power imbalance in favour of Mr B. Mr B was aware, through his clinical contact with Mr A, that Mr A had longstanding depression and anxiety, and was experiencing financial pressures having recently resigned from his job. Mr A's vulnerability was exacerbated because he was using his savings and running out of money, and needed to find work. Mr B was also aware that Mr A had severe depression.

Blurring of professional and personal boundaries

66. Mr B saw Mr A on 22 August 2019, and on 3 September 2019 Mr B referred Mr A to an external counsellor.

67. Mr A stated that during the initial session, Mr B suggested that he do cash work for him at his home. In contrast, Mr B stated that he did not raise the possibility of undertaking private work until 3 September 2019, after he had decided to refer Mr A to the counsellor. Mr A commenced work at Mr B's home on 18 September 2019.

68. Mr B told HDC that he considered that his direct professional involvement with Mr A had concluded after he made the referral of Mr A to the external counsellor. However, there was no active termination of the professional relationship, such as, for example, a clear statement to that effect to Mr A. Mr B has also acknowledged that it may not have been sufficiently clear to Mr A that he considered the professional relationship at an end.

69. Notwithstanding Mr B's submissions that the relationship had ended, there were further interactions with Mr A suggestive of an ongoing professional relationship, or at the least, which had the effect of creating that impression for Mr A. For example, Mr B asked Mr A how the counselling was going when he visited Mr A's house on or around 11 October 2019. Mr B also discussed the funding of GP consultations following a text message query from Mr A on 4 September 2019.

70. It is also relevant that during the period Mr A was receiving counselling (until 18 February 2020), Mr B was recorded as the coordinator, and Mr A remained a client of the PHO, Mr B's employer.

71. I acknowledge that Mr B's direct clinical involvement in Mr A's care was limited, but it is clear that a professional relationship between them existed. While I am unable to conclude the date on which the discussion about the work took place, having considered all the

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evidence, I am satisfied that the private arrangements were made at an unacceptably proximate time to the professional relationship, and that the tenor of communications and interactions gave Mr A the impression of an ongoing professional relationship. Consequently, there was an unacceptable blurring of professional boundaries. This had significant consequences for Mr A when the relationship deteriorated, as discussed further below.

Deterioration of relationship

72. On or around 11 October 2019, Mr B went to Mr A's house to pay him for the work that had been completed. Mr B had not informed Mr A that he intended to visit him, or obtained his agreement that he could go to his house. Mr B accepts that although at the time he thought that he was being helpful in dropping off the payment in person, it was not appropriate for him to do so. He accepted that it caused Mr A discomfort. Mr A sent Mr B a text message saying that he would complete the work initially agreed to, and asking Mr B not to come to his house again. However, Mr B's response did not acknowledge Mr A's comment about not going to his house.

73. On 18 October 2019, Mr A was working at Mr B's property when Mr B came home unexpectedly. Mr A raised his concerns that Mr B had come to his home, and that Mr B had not acknowledged that his actions were inappropriate and unprofessional. Mr B became defensive and engaged in an acrimonious exchange with Mr A, during which he stated that Mr A had outstanding resentment issues that it might be good for him to resolve. The exchange caused Mr A to leave the property in a distressed state. Mr B has acknowledged that his actions were inappropriate.

74. The SWRB Code of Conduct requires that social workers treat clients with respect and dignity, behave in a professional manner, and never abuse their clients. The importance of maintaining professional boundaries is demonstrated by Mr B's failure to treat Mr A with respect and dignity when their private arrangement deteriorated. Mr B's treatment of Mr A showed a lack of insight into the power imbalance between them, and he did not give appropriate consideration to Mr A's particular vulnerabilities, including his mental illness and personal circumstances.

75. Mr B went to Mr A's house with no prior warning, having seemingly inferred his address from a previous discussion, and intruding into his private space. When Mr A expressed his discomfort, the exchange between them was not helpful in addressing his concerns. Moreover, the interaction showed Mr B's use of clinical knowledge/assessment against Mr A (his need to address resentment issues). Mr B, as the health professional, needed to appreciate at the time the effect that his actions had had on Mr A, and Mr A's need to be reassured that Mr B would not repeat them.

76. Furthermore, Mr B misused the knowledge gained from being Mr A's social worker. The SWRB Code of Conduct provides that confidential information be used for professional purposes only, and the PHO's Code of Conduct similarly outlined that using company information for private purposes, and misusing confidential information, would constitute serious misconduct. Mr B obtained Mr A's contact details via his professional dealings with

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Mr A, and contacted Mr A in a private capacity via text message and phone call. In addition, Mr B obtained the information about Mr A's financial insecurity during a clinical interaction.

77. Mr B's actions were inappropriate, in that he used his prior knowledge of Mr A's vulnerabilities, gained in a clinical context, for personal gain (albeit that he perceived his actions to be mutually beneficial). Mr A had the right to expect that his clinical information was confidential, and not to be used for private purposes.

Conclusions

78. Professional boundaries must be managed well by health professionals, particularly where consumers are vulnerable. It was Mr B's responsibility to comply with relevant professional and ethical standards and maintain professional boundaries. It is evident that Mr B's actions were ill-considered and unwise, and resulted in significant distress for Mr A.

79. In blurring his professional relationship with Mr A by offering him private work, responding poorly when the private relationship deteriorated, and abusing the knowledge Mr B had gained in a clinical context for personal gain, Mr B failed to comply with the SWRB Code of Conduct and the PHO Code of Conduct. Mr B did not provide Mr A with services that complied with legal, professional, ethical, and other relevant standards and, accordingly, I find Mr B in breach of Right 4(2) of the Code of Health and Disability Services Consumers' Rights.

80. I acknowledge that Mr B has apologised and accepted that he erred.

Recommendations

81. I recommend that SWRB consider whether a review of Mr B's competence is warranted.

82. In accordance with a proposed recommendation in my provisional opinion, Mr B has provided a written apology to Mr A, which has been forwarded to Mr A.

83. In response to the proposed recommendations, Mr B provided evidence of undertaking professional supervision with a psychologist following this incident, advised that he has reviewed training materials, and that he is undertaking further regular supervision with a new supervisor. In this context I do not propose to make any further recommendations regarding the appointment of a professional mentor, although I encourage Mr B to include relationship issues, transference, and other boundary matters as part of that regular supervision.

Follow-up actions

84. Mr B will be referred to the Director of Proceedings in accordance with section 45(2)(f) of the Health and Disability Commissioner Act 1994 for the purpose of deciding whether any proceedings should be taken.

85. A copy of this report will be sent to the PHO.

86. A copy of this report with details identifying the parties removed will be sent to the Social Workers Registration Board, and it will be advised of Mr B's name.

87. A copy of this report with details identifying the parties removed will be sent to the Director of Mental Health, the Director-General of Health, and Aotearoa New Zealand Association of Social Workers, and will be placed on the Health and Disability Commissioner website, www.hdc.org.nz, for educational purposes.

Addendum

88. The Director of Proceedings filed proceedings by consent against Mr B in the Human Rights Review Tribunal. The Tribunal issued a declaration that Mr B breached Right 4(2) of the Code by failing to provide services that comply with legal, professional, ethical and other relevant standards.

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