

✚ Recently we gave people the opportunity to talk about the Mental Health Act in regards to a submission the Ministry of health was asking about the Mental Health Act and Human Rights. Some people's comments are below:

- The Mental Health Act is discriminatory.
- The threat of being put under the act is used to coerce people who seek treatment voluntarily. This negatively affects the therapeutic relationship.
- The whole "mental health system" is disempowering.
- Mental Health Act processes are very slow because of paternalistic clinician attitudes.
- My family was fed a lot of fears.
- In practice the Mental Health Act is about getting people to take medication. Is there not evidence for the effectiveness of other treatments?
- People should have the right to choose. That right is removed by the Mental Health Act.
- Clinicians should be heavily sedated for three months so that they know what it is like.
- Sedating people for several months so that they can't even get out of bed should become a crime.
- Being under the act is very isolating. It's hard to find someone in there battling for you.
- Attitude changes are needed in mental health service staff. Should this happen through training or at recruiting time?
- This review of the Mental Health Act was very poorly promoted. No-one on the wards knew about it.
- There is no Maori version of this review process.
- Statistics claim 59% consultation with families during admissions under the Mental Health Act. Where does this figure come from? Is it fabricated? Anecdotally the figure would seem much lower.
- Why has Raise Hope not introduced Open Dialogue as used in Finland? This has family involvement right from the start.
- It can be traumatising for family members to knock on the door at 9B.
- Solitary confinement (seclusion) varies greatly around the country.
- Seclusion is necessary if people are causing trouble.
- Restraint, physical and chemical – is this treatment or punishment?
- Should there perhaps be cameras in public areas of hospital wards? There would be pros and cons. Some people would see it as loss of privacy. Others would see it as openness and transparency.
- Another way to have transparency in mental health services is collaborative note writing.
- The Mental Health Act comes from a perspective of fear rather than hope.
- Clients have hope for the future, clinicians have fear.
- The Mental Health Act court experience – some people feel able to speak up for themselves, others find it impossible; it makes you feel like a criminal; it divides families as they are often the ones who get you in there; your only chance is a genuine second opinion and they are impossible to get.
- There is very little training for lawyers working in mental health – nothing from a client perspective.
- The service from District Inspectors is poor. Why do people who use mental health services not have a say in selecting District Inspectors for Otago. This does happen in other areas.
- Peer support and advocacy are the answer.

- Informal peer support is very important. E.g. patients on the wards talking to each other.
- Some people stay under the Mental Health Act only because they get free medication.
- Psychiatric district nurse vs. Peer Support worker: both nice people but different relationships. The nurse is more about helping.

A Service User perspective:

“I prefer to comment on a national level, for I see significant problems at this level that then manifest themselves at a regional level then trickling down to a local level.

Firstly, I support the immediate convening of a national ‘inquiry’ into how current services are funded, delivered and evaluated. Both political parties have announced significant agendas for service funding and configuration. But without detailed analysis of what and how current arrangements are not meeting the obvious needs of New Zealanders, such policy is risky and foolishly misplaced. The inquiry needs to be far reaching and cover addiction related services separately.

The legislation (Proceeds of Crime Act) needs to be channelled into the funding of rehabilitation services for those experiencing addiction, and there needs to be greater emphasis on those individuals who are currently incarcerated in our prison system/s. There is required much greater integration of services for such individuals and their families. Services are currently duplicating systems, and accessing funding that would better serve the target population if it was indeed targeted at evidence based interventions led and delivered by organizations that have a proven track record in such areas.

It is commendable that DHB’s are attempting to fund the NGO community in a more one system approach, but initially the NGO community needs substantial investment, to fulfil their designated role/s. There is an erroneous assumption that the NGO community is already equipped to shoulder the additional responsibilities redistribution entails.

The provision of peer led services is suffering from a lack of a coherent national strategy, and consequently is developing in an ad hoc manner. There is inherent danger in this in terms of both accessibility to and the appropriateness of such services.

The Mental Health Commission need to be reconvened/or something akin to it put in place.

From Taiohi/youth co-existing service in Otepoti from Peer support perspective:

Specifically for our taiohi one of the challenges is within our justice system. Lack of consistency with education and understanding from some judges around co existing issues when youth present in court. Keeping young people out of prison and giving them access to AOD and mental health services.

- We now have a waiting list of approximately 8 weeks for youth and their whanau to access our service due to the high demand and lack of other youth services in the area dealing with Co-existing issues.

-Affordable and suitable accommodation for youth is an ongoing issue in our area due to financial constraints of taiohi I work with and also the availability of accommodation in our area.

From Otago Mental Health Support Trust peers:

- Concerns about gaining independent 2nd opinion from a psychiatrist. Pragmatically very difficult in the Otago Southland region.

Mental Health Act and Human Rights Submission was difficult to find for example not on Ministry of Health website and could have been a lot easier to fill in if an online survey form was developed.

Person reported problem accessing District Inspector. For example not being able to see a District Inspector within first 5 days of being under the Mental Health Act

Why are mental Health Act court hearings not recorded? Feedback is that if they were, they could be used to help build a case through a person's lawyer.

There seems to be very few Health and Disability Commission complaints upheld especially those relating to mental health services.

People are saying that they are at times feeling pressured to take an injection instead of oral medication. Some feedback is that the movement to injection is not because of noncompliance to oral medication but rather convenience for the mental health service.

A newspaper article in the Otago Daily Times on 5th May (see attached) talked about a scare experience by FearNZ in Dunedin where "As thrill seekers make their way to the psychiatric ward, past the cells crammed with clowns, the masked patients await the visit" Otago Mental Health Support Trust made a complaint to the ODT as to its coverage and also to Fear NZ. FearNZ has to date not responded to the complaint and the ODT has stating that they reject the complaint but do apologise for any distress however unintended. OMHST will consider going to the Press Council and the Advertising Standards Authority. The person who runs FearNZ is Withheld under [section 9(2)(a)] who in a Stuff article on June 6th 2016 described himself as "...someone who dresses as a psychotic clown and chases people with a chainsaw." The article related to him gaining the Queens Service Medal

Service development in the Mental Health and Addictions Sector

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:

Would love to see more peer led services specifically for Co-existing (Addiction and mental health) in Te Wai Pounamu/South Island.

The challenges in respect to peer support; changes and developments in peer support and advocacy

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:

Lack of opportunities for peer support training in the Te Wai o Pounamu/ South island.

Lack of peer led services specifically for Coexisting (Addiction and mental health) in Te Wai Pounamu for youth.

Isolated from Peer networks and not aware of developments, changes to peer support. Need to make more time to develop my network especially in Te Wai Pounamu.

Ongoing community liaison to keep building relationships with community organisations who support youth, specifically in our area – Artsenta, Otago Youth Wellness Trust, Corstorphine Baptist Community Trust, Otago Mental Health Trust, WINZ – Youth link, The Hub, community groups offering activities.

A Peer Support service in the Southern region has been given a 1% increase in funding from SDHB.

Issues relating to mental health and addictions services inside the DHBs, NGO and community sector.

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:

Lack of services specifically for Co-existing

Funding cuts to our service has create issues with service delivery.

Lack of knowledge by many DHB and NGO mental health services staff about the Mental Health Act and Human Rights Submission process.

Best Practice according people in your region.

Waitaki:

Praise for Waitaki Community Mental Health who are apparently meeting their target of dealing with a referral the next day...contact Paul Cullen for more detail

Invercargill

Southern District Health Board Mental Health Addiction and Intellectual Disability Services (SDHB MHAIDS) Consumer Advisor:

Key Worker involvement very supportive, usually seen weekly, so able to contact psychiatrist at the early onset if the Consumer appears to be getting unwell. Flexibility – seen at home, in the community as arranged or in the work place if appropriate. Working with significant people involved with the person if the Consumer in agreement, support given going with them to see G.P, taken to see Counsellors, social outing for coffee if person is isolated.

Dunedin - Otago Mental Health Support Trust:

Comment that an individual attending Emergency Psychiatric Services In Dunedin was given information, engaged with respectfully, listened too and given the time they needed by the staff member on duty.

New initiatives / developments in your region.

SDHB Mental Health Services have stated that their intent is that by 2020 they will be seclusion free.

Waitaki:

New support group outreach meeting on second Thursday afternoons of each month.

Artsenta begins in Oamaru this Thursday and has undertaken to be up monthly. Great initiative to do outreach when services are usually only city based.

Invercargill:

The Invercargill radio show Calm Minds will be restarting again this year after a break over Christmas. It is on Radio Southland 96.4FM. Podcasts are available through www.radiosouthland.org.nz/podcasts2/

Invercargill - Southern District Health Board Mental Health Addiction and Intellectual Disability Services (SDHB MHAIDS) Consumer Advisor:

Moving Forward Consumer Advisory Group meets once a month in Invercargill – now district wide group. It is working to improve the service for service users.

Advance directives

Advisory Team district wide working on Education of Advanced Directives, Pamphlet and Flyer in draft form. Advisors attended (Skills for Change workshops) from this we started the project around Advanced Directives. This is not a legal document as such but to be completed when the person is well enough to say what they would like to see happen if in the future they became unwell and who they would like involved in their care, what works for them and what doesn't. Usually filled in with support from their Key Worker and signed off by the psychiatrist.

Seclusion and restraint

A lot of work is happening around Seclusion and Restraint to reduce numbers.

Stepped Care / talking therapies currently being put together.

Employment

A working group to get people into some form of employment, we have had one public meeting at WINZ and a good turnout of Consumers and people in the right areas to help guide them forward. I was a key speaker from a Consumer into full time paid employment after six years out of work, proving it can be achieved.

Now putting in place resources to run Focus groups in rural areas and in Invercargill to gain feedback on the Service as a whole, we hope to gather information which will lead to even better outcomes for Consumers, Youth and Families.

Dunedin - Otago Mental Health Support Trust:

The Stepped Care Mental Health Action Plan for the Otago/Southland region has just been realised. Of significant note is:

- The implementation of district wide peer support service (currently it is only Otago based and pragmatically the Dunedin and surrounding region).
- A Peer run Respite service in Dunedin will be developed.

For more information on the Stepped Care action plan, go to the SDHB website http://www.southerndhb.govt.nz/files/19204_2017013184726-1485805646.pdf

Best practice as defined by service users

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:

Te Whare Tapa Wha based values cards(Whai Tikanga) resource to build values and strengths

Connecting taiohi with their environment through resources for local walks, community groups, physical exercise based activity.

Art activities – doodle art, zentangles(creating own doodle art), making sculptures using fimo, drawing activities using Flow resource, 7 day nature photo challenge resource, making objects using clay, spirograph, origami, mindfulness jar making to support wellbeing and having fun activities to do

Resources to support creating healthy routines and structure

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Nga Hau E Wha
"Champion many voices"

Member: Tui Taurua-Peihopa

Region: Northland

Meeting 23/24 February 2017 and 25th/26th May 2017

1. Issues/challenges identified by people in your region

- Consequences of "P"
 - Parents lost their three children whom are now living in Auckland
 - admitted into Tu Kaha very unwell
 - Partner living in shell of home after he burnt all their furniture
- lost husband and child because of her "P" addiction
- Male believes medication is used to make him conform
- Contact with Maori Tangata Whaiora Whangarei
- "Negative Language" e.g. Get over it
- Meeting Maori Mental Health Network Model of Care Update Meeting
- (15 May 2017)
 - Issues identified
 - High compulsory Treatment orders
 - High seclusion rates
 - High numbers of youth suicide
 - High numbers of homelessness
 - High drug usage
 - Gangs
 - The hui raised a lot of issues for me.
 - A) Having only two whaiora voices involved in the development of a Model of Care. Not good enough.

- B) What is NDHB perception culturally centred and cultural diversity mean?
- C) I felt that GM moved the golf post in that meeting while discussing the development of a Model of Care.
- D) The community challenged the DHB from a cultural perspective as well. They talked about culturally centred services versus cultural competency. Is culturally centred a watered-down version to competencies?

2. Best Practice according to people in your region

We need to develop a Peer Support Service using Maori Models of Practice.

The running of twelve step recovery workshops – Whangarei

3. New Initiatives /Developments in your region

Visiting Tangata Whaiora Maori throughout Aotearoa.

Staff Recruitment

A belief of a Tangata Whaiora Maori Workforce: re Nga Hau e Wha and Te Rau Matatini

Distribution List

We are in the process of developing a distribution list for Northland.

Northland Issues pending -

1. Prisoners and Mental Health: Nga Wha Prison
2. Veterans and Post Traumatic Stress Disorder, Depression, Suicide, Physical Health due to Agent Orange (Wai Claims)
3. Mental Health Act on the Marae – spoke to Judge (through Te Tiriti o Waitangi)
4. Suicide Prevention Action Plan
5. Seclusion Numbers
6. Respite
7. Issues around “P” and other drugs
8. Overcoming addiction – 7 years clean
9. Fixed him through medication
10. Running Recovery Workshops Maori – 12
11. Definition of a Warrior

Relationship Building Expectations

- Te Rau Matatini

- Te Huarahi o te Pounamu (Maori National Tangata Whaiora Roopu)
 - Te Hau Awhiowhio o Otangarei Trust, Whangarei
 - Christchurch Consumer Networks
 - Te Tai Tokerau Kaimahi Maori working within the mental health and addictions Sector
 - Maori Mental Health Network Proposed Model of Care Hui
 - NGO Governance Group, Northland
 - Wellbeing Wellington
 - Withheld under [section 9(2)(a)] organisation Love and Madness
 - Ngapuhi Kaumatua, Northland
 - Other Maori Networks
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Best Practice according people in your region.

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The running of twelve step recovery workshops – Whangarei

New initiatives / developments in your region.

Visiting Tangata Whaiora Maori throughout Aotearoa. (26 to 29 April 2017)

- Maori Christchurch visit
 - Attended the Senior CDHB Consumer Group
- Outcomes – Veteran and Maori Whaiora attendance
- Withheld under [section 9(2)(a)] – Invited to Mana Whenua (Maori Leaders of Ngai Tahu Tribe: South Island)
- Refugees asking for help from Tangata Whenua
- Radio Interview (LIKE MINDS LIKEMINE)
- Te Kahu Korako: Toitu Hauora Maori Health Leadership Summit 2017 (8-10 May 2017)
- Presentation by Te Huarahi o te kete Pounamu (Rangatira Model with Mental Health and Addictions experience)

Staff Recruitment “I AM WE NOT I AM I”

Recruitment for the Nga Hau E Wha Maori Caucus

Four persons identified (Northland and Tamaki Makaurau, Christchurch and Invercargill) and Kaumatua.

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10. Running Recovery Workshops Maori – 12

Definition of a Warrior

- Strong and powerful
- Confident
- A Leader
- Providing protection / worth fighting for
- Mana
- Stamina
- Teacher
- Purposeful
- “Negative Language / Get over it;” 9 March 2017 (2nd Week)
- Don’t panic
- Got help?
- Wise
- Listen to inner self
- Power
- Strength
- Openness and ask for help
- Mind over matter
- Knowledge; knowing what you’re doing
- Knows what they want out of life
- Identify how to overcome challenges
- “Let it Go”
- Loyal / Trust / Faith
- Is determined
- Ability to do things
- Turn negative into positive
- Spiritual faith
- Human Warrior – Fight, fight, fight
- Learning to overcome grief – life shift way of thinking
- Providing support
- Overcoming life death situations
- Strength to deter
- Bringing it out; did something for self
- Perseverance
- Looking through the eyes of another
- Defending those who cannot defend themselves
- Nurturing
- Stand up for one’s belief
- Emotionally strong
- A Leader
- To stand in own truth
- Fearless
- Confident
- Fighter / Family protector
- An example
- Kind / soft
- Organised and alert
- Good observation skills

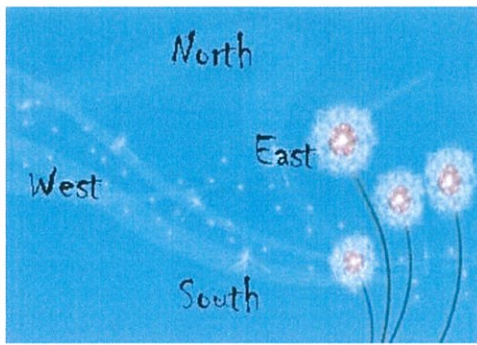
Relationship Building Expectations

- Te Rau Matatini (Priority hui 8 June 2017)
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- Te Hau Awhiowhio o Otangarei Trust, Whangarei
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 - Maori Mental Health Network (Proposed Model of Care Hui)
 - Maori Mental Health & Addiction Network
- NGO Governance Group, Northland
- Ngapuhi Kaumatua, Northland
- Other Maori Networks
- THRIVE – Rangatahi Tuatahi Steering Committee Hui, Auckland

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Nga Hau E Wha
"Champion many voices"

Representative: Victoria Roberts

Region: Central South

Meeting: 25/26th May 2017

Issues or Challenges as identified by people in your region

Upper Hutt Mental Health

- Serious issues with supporting people withdrawing from long term benzodiazepines with disastrous consequences for the person.

Systemic issues for services (not all services)

- Best practice, guidelines, and structure (filing etc.) are lacking for some services. Services get audited and issues are highlighted but no extra funding or support is given to assist the organisation to get into the position they need to be in for the next audit.

Homelessness and begging

- There seems to be a lot around the streets of Lower Hutt.
- It would be awesome to have an organisation like Downtown Community Ministry (DCM) in the Hutt Valley that specialises in working with people who are homeless in this region.

Systemic issue

- If a person doesn't have family or friends around them to get them into a compulsory mental health service then they fall through the cracks. E.g. no one to request an assessment by CAT or an application for MHA.

Smoke free

- Smoke free legislation is a big issue for some people
- Smoking is a choice and a coping mechanism for some people, government intervention is taking away people's free choice.
- There aren't good outdoor areas at our local ward; this is the only place people have to smoke. When they are in the secure unit they're not allowed to smoke at all.

Problematic language used by health professionals "you're mad"

- A viewpoint and discussion around those professionals who lack professionalism and have poor practice with the people they support. Sometimes adding to the stigma, discrimination and trauma that people face.