

Reducing Discrimination against People with Mental Illness

Te Hekenga: Whakamana i te Tangata Whaiora

MULTI-AGENCY PLAN 2005–2007

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Preface

Reducing discrimination associated with mental illness requires the combined effort of many people and many organisations. This plan recognises that central government agencies have important roles, and the agencies standing behind this plan each have responsibilities in different sectors.

These roles include:

- The Mental Health Commission has an overview and coordination role in anti-discrimination work and is an advocate for leadership from those who use the services;
- *Like Minds, Like Mine, Whakaitia te whakawhiu i te tangata* is a Ministry of Health project to reduce discrimination, working with communities and the general public;
- the Human Rights Commission leads human rights activities, including inquiries into human rights violations, and provides a disputes resolution service for complaints of discrimination;
- and the Office for Disability Issues leads activities involving the inclusion of those with disabilities.

The need for improved planning and cooperation in this work was identified in the Mental Health Commission's report, *Journeys Towards Equality: Taking Stock of New Zealand's Efforts to Reduce Discrimination Against People with Experience of Mental Illness*. The report noted a key role for government in providing coordination, resources and centralised systems for the mental health anti-discrimination sector. It also noted that the success of the national Like Minds, Like Mine campaign demonstrated that government can play an important role in supporting work which is owned by a broad range of community groups, organisations and individuals.

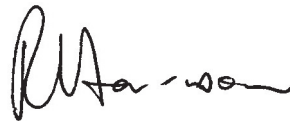
Following publication of *Journeys Towards Equality*, our four agencies agreed to develop a two-year national plan to guide the direction of anti-discrimination activities in this area. This first plan identifies the specific anti-discrimination work planned by the four agencies. While some work belongs to a single agency, an increasing number of joint projects are planned, and in some cases, already being delivered, by the agencies.

Although this plan focuses on the proposed contributions of four central agencies over the next two years, we acknowledge the contributions of other agencies.

The intention is that, over time, other agencies, government and non-government

organisations will want to become involved in this cooperative planning process. One aim of this plan is to get the ball rolling on inter-agency co-operation.

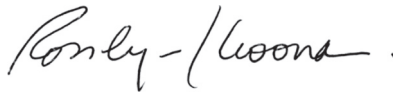
We hope that future Multi-Agency Plans include a wider range of agencies who are also interested in making a difference on discrimination associated with mental illness. Key to the success of this and future plans will be increasing the involvement and leadership of people with experience of mental illness in the projects and work programmes.



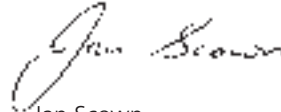
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Projects in the Multi-Agency Plan at 2005



A Journey Taken Together

Ahu kotahi

1. Overview *Whakarite*

In 2004, four agencies agreed to collaborate on a cross-sector plan for New Zealand to address the stigma and discrimination faced by people with experience of mental illness. Those agencies were the Mental Health Commission, the *Like Minds, Like Mine* project of the Ministry of Health, the Office for Disability Issues and the Human Rights Commission.

For the purposes of this multi-agency work, discrimination refers to:

- 1) the areas and grounds of discrimination as specified in the Human Rights Act, 1993
- 2) systemic policies and practices that result in social exclusion
- 3) personal discrimination of the kind that people with experience of mental illness have identified as affecting their social participation
- 4) poor practices and treatment, in both mental health services and in the community, which is experienced as stigma and discrimination.

This plan is in two parts, with background to the principal stakeholders – those who use mental health services and the four agencies – in the first section. Details of specific projects are provided in the second section, which also has information about the current monitoring, evaluation and implementation processes. Following this, the plan identifies key project infrastructure and development that stakeholders will address over the next year.

Vision The long-term vision of this plan is the development of a country where people with experience of mental illness can live in recovery, supported in health and in illness, participating fully in life as valued members of our communities.

This plan is one of many steps needed to achieve this vision. An earlier step was to take stock of anti-discrimination activities, published as *Journeys Towards Equality – Taking Stock of New Zealand's Efforts to Reduce Discrimination Against People with Experience of Mental Illness*. (Mental Health Commission, 2005).

Purpose With the publication of this Multi-Agency Plan, the four founding agencies have identified the work that they are already committed to for the next two years. The plan identifies and draws together the various activities that seek to reduce discrimination. Bilateral and multi-lateral projects comprise much of the work, and this plan is intended to identify that work, and ensure coordination of effort. Collaboration at this stage is intended to lead to stronger identification of strengths and opportunities, overlaps and gaps, for work in the future.

Over time, it is expected that a number of other agencies with responsibilities in related areas will become partners in multi-agency planning. These agencies operate in a diverse range of fields including housing, employment, legal and financial services, and others.

Non-government organisations (NGOs) and community organisations also have important roles to play, and many will participate in the implementation of this plan. Their direct involvement in the plan's development, implementation and monitoring may also be expected to expand.

2. Mental health service user leadership and participation

Hiki te mana

All of the agencies in this plan recognise the importance of involving people who use mental health services in any work that affects them. "Nothing about us without us" has long been a slogan of the disability movement. People with experience of mental illness will lead and contribute to this Multi-Agency Plan (MAP) in the following ways.

1 Guidance and oversight

Six of the nine members of the MAP steering group have used mental health services, and all have been active in work to reduce discrimination against people with experience of mental illness.

The Steering Group contributed to the development of this MAP and approved it before it was signed off by the individual agencies.

2 Project participation

People with experience of mental illness and their organisations have a number of roles in various MAP projects. These include:

- leading projects
- advising on strategy and direction
- advising on strategy and direction of anti-discrimination work within each agency.

3 Identifying and approaching new agencies to join the MAP

Service users will also consider which other agencies should be invited to join the MAP in future. It is also intended that they will be involved in discussions with those agencies when that occurs.

Each of the MAP agencies is committed to identifying the concerns of those who use mental health services, and developing solutions to key issues.

3. The Agencies *Kahui whiriwhiri*

3.1 Mental Health Commission *Te Komihana Hinengaro Ora*

The Mental Health Commission was established following the 1996 Mason Report, and has statutory responsibility for monitoring implementation of the New Zealand Mental Health Strategy, strengthening the workforce, and addressing discrimination against people with experience of mental illness.

A Travel Guide for People on the Journeys towards Equality and Respect for People with Experience of Mental Illness, (Mental Health Commission, 1998) describes a theoretical overview of discrimination and methods for reducing it.

The Mental Health Commission has developed a reputation for its strong advocacy of the importance of drawing on service user knowledge and experience in developing and providing all mental health services, including anti-discrimination work. The Commission itself draws on the views of people who use mental health services via:

- a Commissioner and staff employed at the Commission
- a national Service User Reference Group that meets regularly
- a programme of DHB visits, which includes meetings with local service users and consumer advisers
- research into service users' perspectives on recovery and their treatment.

The Commission had primary responsibility for coordinating the development of this Multi-Agency Plan. The Mental Health Commission's enabling legislation expires in August 2007. At the time of publication, there had been no Cabinet decision on the future functions of the Commission.

3.2 Like Minds, Like Mine project, Public Health Directorate, Ministry of Health *Whakaitia te whakawhiu i te tangata*

The *Like Minds, Like Mine* project began following funding from a recommendation in the Mason Report, which concluded that stigma and discrimination was a major issue in the on-going recovery of people with experience of mental illness.

"We support a public awareness campaign – it is a must. It is fundamentally wrong that a vulnerable group of people in our society should be continually subjected to the comments and actions of those who possess an outcast mentality.

"We are optimistic enough to believe that a well-informed New Zealand public will then realise that people with mental illness are people we should nurture and value." (Mason et al, 1996)

Like Minds is funded by the Ministry of Health, drawing on support from both the Public Health and Mental Health directorates. The project has focused on creating more supportive communities by improving attitudes among the general public, and changing practices (individual and systemic) that lead to discrimination. In the eight years since its inception, the project has established an international reputation for the quality of its activities, which are in four major areas:

Media

Like Minds, Like Mine has won national advertising and marketing awards for its use of mass media social marketing strategies.

Research and evaluation

The project has been guided by research and evaluation, and the research programme has consistently demonstrated significant shifts in attitudes among all target groups. Earlier this year, the Mental Health Foundation, funded by the *Like Minds* project published *Respect Costs Nothing*, a survey of 785 people with experience of mental illness, reporting on a broad range of experiences of discrimination from family, mental health services, employment, housing, education and financial services.

Partnership with people with experience of mental illness

Like Minds, Like Mine has pioneered partnership and cooperation with people with experience of mental illness, recognising them as essential champions for the cause. Current roles for people with experience of mental illness include:

- Regional and national delivery of the programme, including managers, board members and employers, educators, facilitators, event organisers, administrators, researchers, media spokespeople, resource developers and programme designers.
- Project advisors, nationally and through a range of local groups. The national advisory groups are being reviewed to develop more leadership roles in the project.
- Volunteers who voluntarily give their time or name to the project through, for example, their involvement in television and radio advertising, and by supporting the community action and events organised by the project.
- Contractors working in education, planning, resource development and project leadership roles.

Regional providers

Like Minds provides community anti-discrimination activities through an extensive range of local providers who have engaged in local level community action, events and education, and working with media, key organisations and opinion leaders.

3.3 Office for Disability Issues *Whakaitia te whakawhiu i te tangata*

The Office for Disability Issues was established within the Ministry of Social Development to:

- promote and monitor implementation of the New Zealand Disability Strategy
- provide advice on disability issues across the whole of government
- facilitate the provision of a disability perspective in all government policy.

The New Zealand Disability Strategy, which was launched in 2001, has 15 objectives which require action around four key themes:

- Citizenship: fostering society's ability to include disabled people, using a combination of rights, leadership and awareness-building methods
- Build government capacity: building the knowledge, skills and systems of government agencies to be more responsive to disabled people
- Participation in all areas of life: ensuring all sectors of the community and related activities are accessible to disabled people
- Diverse needs: increase the focus on key populations: Maori, Pacific Islands' people, children, women, families.

Disability Advisory Council

The Office for Disability Issues has an advisory group of 13 disabled people and families, to provide feedback on implementation of the NZ Disability Strategy and priority issues requiring the attention of government. The committee is selected by disability organisations, including one which represents people with experience of mental

illness. This Disability Advisory Council is consistent with the NZ Disability Strategy by promoting inclusion of disabled people in government policy and decision-making. The Council is one mechanism to achieve this greater involvement, among a range of other relationships the Office has with the disability sector.

3.4 Human Rights Commission *Te Kāhui Tika Tāngata*

The Human Rights Commission is an independent Crown Entity with statutory responsibility for protecting and promoting human rights in New Zealand. It advocates for human rights, harmonious relations and equal employment opportunities in New Zealand society; inquires into matters, whether governmental or non-governmental that may infringe human rights, and administers a disputes resolution process.

The Human Rights Commission has recently launched *Mana ki te Tangata: New Zealand Action Plan for Human Rights* which specifically addresses a number of issues for people with experience of mental illness, including:

The Rights of Disabled People

- protection and fulfilment of rights
- participation in decision-making
- compulsory treatment and places of detention
- access to and quality of mental health services.

Civil and Political Rights

- right to freedom from discrimination
- access to justice
- places of detention.

Economic, Social and Cultural Rights

- housing, health, education, and employment.

The Human Rights Commission does not have a formal mechanism for obtaining the views of service users, although information from its dispute resolution process provides some insight into the experiences of people with mental illness.

Since 2002, however, the Human Rights Commission, in conjunction with the *Like Minds* project has developed and implemented *Korowai Whaimana*, a training programme specifically designed to support people with experience of mental illness to become human rights trainers among other mental health service users.

4. Change Behaviour and Change Attitudes *Whakahui wairua*

“Challenging discrimination effectively is a highly complex task... the most promising strategy is to combine enforcement of legal rights – the iron fist – with work to challenge powerful beliefs in public and policy debate coupled with practical, grassroots initiatives that change the nature of interaction between people with – and without – mental health problems.” – (Sayce, 2002)

Successful methods

Using a combination of five linked methods has proved to be successful for addressing discrimination against people with experience of mental illness¹:

1. Breaking down perceptions of “them and us”.
2. Dealing with difference, acknowledging that everyone is different but also that everyone has a right to respect, humanity and a fair chance.
3. Focusing energy into areas where it is possible to be effective, and focus on people who are interested in change. Coalitions, such as this multi-agency group, which broaden the base of action on particular issues, are also valuable.
4. Education and persuasion.
5. Using the law to enforce human rights.

Working from strengths

In this plan, the contributing agencies have adopted a range of methods, according to their particular audiences, goals, mandates and strengths. For example:

- The *Like Minds* project has strong experience in using mass media to lift public interest in the issue of mental health, and then moving that opinion to a more supportive place. It has also reinforced media activity with community-based activities throughout New Zealand.
- The Mental Health Commission has an overview and coordination role in anti-discrimination work and is an advocate for service user leadership. Commission work includes projects addressing aspects of compulsion, as discrimination in the mental health sector.
- The Office for Disability Issues works with all government agencies, to encourage the creation of an inclusive society; building people and policy connections across the full range of disability groups.
- The Human Rights Commission has experience in developing and promoting recognition and acceptance of human rights through its monitoring of government legislation, policy and practice; community education and dispute resolution services.

Each organisation draws on a set of agency-relationships that enable it to build allies across a wider matrix of public, NGO and private sector interests, to create momentum and encourage willingness to change.

¹ This section adapted from <http://www.openuptoolkit.net/home/index.php>, 16/06/05.

5. Action Plan *Kaupapa Mahi*

Vision A nation that values and includes all people with experience of mental illness.

- Objectives**
- Enable all people with experience of mental illness to gain equality and respect and to enjoy the same rights as others.
 - Change public and private sector policy to value and include all people with experience of mental illness.
 - Create greater understanding, acceptance and support for all people with experience of mental illness.

- Strategies**
- Influence and improve public attitudes through media.
 - Develop and enhance the ability of people with experience of mental illness to advocate for their rights and participate in activities to reduce discrimination.
 - Enlist the support of a broad range of institutional allies and key opinion leaders, including people from different cultural and ethnic communities.
 - Improve systemic advocacy for changes to discriminatory policies and practices.
 - Develop coalitions and working relationships with organisations and individuals working in the mental health, human rights and disability sectors.
 - Develop and promote education and community activities to reduce discriminatory practices.

In its first year, this Multi-Agency Plan draws on projects already in development and on the work plans of the participating agencies. In bringing all the work together in a single document with a common vision, it becomes possible to see the multiple ways in which the components are complementary. Over time, it would be expected that the operation of the inter-agency agreement, which has led to this plan, would begin to indicate new areas of work for agencies to undertake, jointly and individually. It is also expected that other agencies will identify those elements of their work that have common goals with this plan, and participate in its development and operation in the future.

Each of the four agencies in this plan has an extensive range of activities in line with their various mandates and areas of expertise. In identifying the projects that would be included in the MAP, the following criteria were used:

- the project has been identified by the lead agency as fitting within the 2005-06 work plan
- the project meets the MAP objectives and is in line with the MAP strategies
- any joint project of two or more agencies that focused on reducing discrimination against people with experience of mental illness was included.

Some elements of agency work plans were identified as being likely to reduce discrimination or strengthen human rights for wider sections of the population. For example, all the work of the Office for Disability Issues is aimed at improving the participation of disabled people. However, only the work that was specifically related to people with psychiatric disabilities, or which was likely to reduce the barriers they face, was included.

Specific Projects

5.1 Mass Media Television and Radio Advertising

Lead Agency Public Health Directorate, Ministry of Health.

Purpose Mass media television and radio advertising are creating a general public environment that is more supportive and inclusive and less discriminatory towards people with experience of mental illness. A key goal is to develop approaches that improve attitudes and behaviours of the New Zealand public in general, as well as key groups within it – in particular, people between the ages of 15-45, Maori and Pacific Island people.

Background Since 2000, *Like Minds, Like Mine* has implemented three phases of television and radio advertising. Independent market research tracking attitude change over the last four years has shown significant improvements in general public attitudes and acceptance towards people with experience of mental illness. Further mass media, including television and radio advertising is planned to continue to improve general public attitudes and behaviour towards people with experience of mental illness.

Activity Based on findings from market research conducted in 2004, a brief will be developed for further television and radio advertising. Concepts based on the brief will be tested with a range of general public audiences (including youth, Maori, Pacific, Asian, and people who use mental health services). Following testing, a single concept will be produced for a new series of radio and television advertisements.

A media placement strategy will be developed to ensure the most effective frequency and duration of the media campaign. To maintain high public awareness while new advertising is developed, the phase three advertisements will also be aired during 2005.

A mass media advisory group with representation from people who use mental health services, the Mental Health Commission, Maori and Pacific people, will offer perspectives during key development stages of the advertising development. The phase four brief and concepts will be developed by the end of 2005. Advertisements will be produced and launched in 2006.

5.2 Regional Community Action and Education

Lead Agency Public Health Directorate, Ministry of Health.

Purpose Research has shown that campaigns wanting to change attitudes and behaviours towards people with experience of mental illness need to sustain multi-faceted approaches over a long period of time. In the New Zealand context, this has meant combining national activities like mass media advertising with local community action, education and media work. Key to the success of this has been the involvement and leadership of people with experience of mental illness who have at a national and local level become the face of the campaign. Also key has been the roles of organisations and individuals who have facilitated and supported this involvement and leadership.

Background The goal of regional and local activity is to put key audiences, organisations and opinion leaders in personal contact with people with experience of mental illness to challenge the personal and collective beliefs and behaviours that are based on myths, stereotypes, stigma and discrimination. Another key goal is to expand the network of partners, allies and organisations that commit their support and champion the project's cause of inclusion and reduced discrimination.

Activity This project aims to fund a range of community-based action, education and working through media projects in different geographic locations around New Zealand. The focus of this regional work will be on priority audiences, using methods and approaches that have clear rationale, are well planned and delivered by experienced, trained and supported workers. A range of public health and non-government organisations (including Maori, Pacific and consumer-run organisations) are contracted to deliver the regional services.

The keys to success for this work will be:

- involvement and leadership of people with experience of mental illness
- developing partnerships with allies and supporters.

5.3 Promote and Monitor Implementation of the NZ Disability Strategy

Lead Agency Office for Disability Issues.

Purpose To promote the NZ Disability Strategy; coordinate and monitor its implementation by government agencies and wider society.

Background The NZ Disability Strategy was launched in April 2001, with a vision for an inclusive society. Its underlying principles, 15 objectives and 133 actions are well supported by disabled people.

Activity The role of the office includes:

- regular contact with all government departments and other relevant agencies in their development of work plans and annual progress reports on their implementation of the NZ Disability Strategy

- develop an annual report for the Minister for Disability Issues on overall achievements in realising the NZ Disability Strategy, which is presented to Parliament
- develop a framework of qualitative and quantitative indicators for measuring the implementation and effectiveness of the NZ Disability Strategy
- share information via seminars, online and hard copy resources, newsletters and other presentations.

Links to other MAP projects

Like Minds is supporting this work with the development of disability awareness training for government agencies.

One issue with current reporting is the lack of voices from disabled people. The Office for Disability Issues is taking steps to address this issue, including feedback from people with mental illness.

The Office for Disability Issues is also developing its monitoring framework to ensure increased cohesion with other, related monitoring activity, including:

- the *Like Minds* research and evaluation
- Mana ki te Tangata: New Zealand Action Plan for Human Rights, and
- social reporting and social statistics developments.

The framework will also help to inform the development of the next two post-census disability surveys to be undertaken by Statistics New Zealand in 2006 and 2011.

5.4 Korowai Whaimana Human Rights Education and Training

Lead Agencies

The Human Rights Commission and *Like Minds, Like Mine*.

Purpose

To increase understanding and support for human rights. The key aim is to increase knowledge of how discrimination can be challenged, and to inform people about the actions they can take.

Background

Discrimination towards people with experience of mental illness can be challenged under the Human Rights Act. In order to increase understanding, the Human Rights Commission and the *Like Minds, Like Mine* project have jointly developed a resource and train the trainer programme called "*Korowai Whaimana*". This training is delivered by trained educators and facilitators with experience of mental illness.

Activity

The Human Rights Commission will contract with educators who have received the seven-day *Korowai Whaimana* facilitators' training to deliver workshops in different parts of the country.

During 2005-2007, more than 70 workshops around New Zealand are expected to be delivered to about 720 participants.

Link to other public sector activity

There are close links with other projects that aim to develop the workforce of people with experience of mental illness as educators, facilitators and trainers. It will be important to explore areas for co-operation with similar projects around the support needs and ongoing development of facilitators, educators and trainers.

5.5 Reduce Compulsory Treatment

Lead agency Mental Health Commission

Purpose To reduce the use of compulsion within mental health services.

Background Unlike most other health service users, mental health service users may be compelled to accept or endure treatment. District Health Boards (DHBs) have widely varying rates of compulsion, which suggests a degree of contingency or accident in its application: if you live in some parts of the country you are more likely to be compelled to be treated than if you live elsewhere. While the Mental Health Act prescribes detailed processes, it is difficult for people to mount legal challenges against decisions of the Mental Health Review Tribunal.

The office of the Director of Mental Health in the Ministry of Health has statutory responsibility for administration of the Mental Health (CAT) Act and for oversight of the protections afforded by the Act for the rights of people receiving compulsory assessment and treatment. The Ministry collects information on use of the powers in the Act, and will assist the Commission with information. The Commission will discuss the implications of this information with the Ministry.

Activity This project seeks to work with two key groups to reduce compulsion: clinical and legal service providers. It aims to:

- ensure that the human rights of mental health service users are given due recognition and protection by all parties providing legal and quasi-legal services related to the operation of the Mental Health Act
- confirm and reinforce the importance of consent in the provision of mental health services
- promote the rights of people who are compulsorily treated under the Mental Health (Compulsory Assessment and Treatment) Act.
- support DHBs and clinicians to reduce the use of compulsion.

Links to other Seclusion and Advance Directives projects.

MAP projects Mana ki te Tangata: New Zealand Action Plan for Human Rights.

5.6 Reduce Seclusion

Lead agency Mental Health Commission.

Purpose The seclusion project is a joint activity between the Mental Health Commission and the Human Rights Commission, designed to encourage and persuade mental health service providers to reduce the practice of secluding mental health service users.

Background Although seclusion is often described as a 'treatment', there is no evidence that the practice has any therapeutic value. There is, however, growing evidence that the experience of seclusion is traumatic and anti-therapeutic for many people. Its continued use appears to be largely as a management practice, rather than a therapeutic one.

The Mental Health Commission's 2004 report on seclusion practice in New Zealand asserted that seclusion is a form of detention which should be eliminated. Reducing seclusion is the first step towards that goal.

The Ministry of Health has commissioned from Standards New Zealand, reviews of the Mental Health Sector and related standards, including standards relating to seclusion, and of workbooks which support implementation of the standards. Included in these reviews are:

- redefinition of seclusion in current guideline documents, ensuring that all practices that embody confinement, isolation and a reduction in sensory input are acknowledged as seclusion
- developing an auditable requirement for each District Health Board (DHB) to establish a debriefing system so that each seclusion event is followed by a formal debriefing of staff and the person secluded, and formal report.

The Ministry is also working towards capturing detailed data surrounding seclusion events as part of the Mental Health Information National Collection (MHINC), and including rates of seclusion use in DHB service profiles.

Activity The project has two strands, addressing both clinical and legal concerns.

The Mental Health Commission will work to reduce the practice, through closer scrutiny, and by promoting the spread of ideas and methods that enable clinical staff to reduce their reliance on seclusion.

The Human Rights Commission, the Mental Health Commission and the Health and Disability Commissioner will collaborate to clarify the human rights issues around the use of seclusion. The Human Rights Commission will prepare a paper on the human rights implications of seclusion.

The initiatives outlined above will make a substantial contribution to a common understanding of what practices constitute seclusion, and the establishment of a stringent monitoring regime will enable comparisons of seclusion use within DHBs. As a result, we will be able to assess our progress towards the reduction and the eventual eradication of seclusion.

Links to other MAP projects Reducing compulsion in mental health services.

Link to other public sector activity Mana ki te Tangata: New Zealand Action Plan for Human Rights

Monitoring / evaluation Monitoring will consist of examining whether planned activities were conducted. Evaluation will be in terms of changes in frequency and duration of seclusion use in DHBs.

5.7 Promote Advance Directives

Lead agency Mental Health Commission.

Purpose To promote the use of Advance Directives in mental health.

Background Advance Directives are a mechanism for people to say which treatments are, and are not, acceptable to them in the event that they become unable to make their wishes known (incapacitated) or their judgement becomes suspect (incompetent). While Advance Directives have the force of law (via regulation) for all other health service users, their relative status in mental health is unclear for many clinicians and mental health service users.

Activity This project aims to:

- clarify the legal status of advance consents and advance refusals in mental health
- develop and articulate a coherent view on Advance Directives in mental health
- promote sound and clear legal advice on Advance Directives to service users, clinicians and family members
- publish resources for service users, clinicians and family members.

Links to other MAP projects Because consent is a crucial element in Advance Directives, this project is linked with the Compulsion project.

Links to other public sector activity The Director-General of Health is issuing revised guidelines to section 60 of the Mental Health (CAT) Act to emphasise the importance of consent, including previously expressed wishes, for clinicians providing second opinions on the use of electroconvulsive treatment.

5.8 Review Complaints Mechanisms

Lead Agency Human Rights Commission

Background Although there are a number of complaints mechanisms available, anecdotal evidence suggests that mental health consumers feel that they receive a less rigorous human rights-based approach to resolution of complaints than other health service users. This has led to the feeling among some mental health service users that their rights around complaints and grievance processes generally are not taken seriously. There is also a sense that services that exist specifically for people with mental illness are not adequate and are difficult to access.

Purpose The purpose of the project is to:

- identify relevant complaints and review mechanisms linking them to existing human rights standards;
- evaluate how effective they are in practice;
- convene a meeting with the relevant agencies to discuss the accessibility of the existing mechanisms for people with mental illness; and

- organise effective liaison between members of the group to ensure accountability.

Activity The Human Rights Commission will identify the range of complaints mechanisms and the specific processes for each. It will then work with other responsible agencies to develop plans and commitments to provide, for each complaint mechanism:

- better information
- improved access
- improved quality (where relevant).

Link to other MAP projects Korowai Whaimana
Compulsory Treatment
Reduce Seclusion

5.9 United Nations Convention on the Rights of Disabled People

Lead Agency Office for Disability Issues.

Purpose To develop a United Nations Convention on the rights of disabled people.

Background The United Nations is developing a binding human rights convention to address the serious neglect of disabled peoples' rights by making disability issues more visible, shaping human rights norms to meet the particular circumstances of disabled people, and making member states' obligations clearer.

Most United Nations member states agree that the Convention should elaborate the rights contained in other binding human rights instruments, rather than create special rights for disabled people. However, the convention will be more than a re-statement of the right to equality and non-discrimination. It elaborates the social, cultural, economic, civil and political conditions that are required to ensure that the diverse population of disabled people are able to exercise their rights and freedoms. This has challenges for all countries, including New Zealand.

Activity The Office for Disability Issues is working closely with the Ministry of Foreign Affairs and Trade and in partnership with disabled people, the NZ Human Rights Commission and the Mental Health Commission, to facilitate agreement between countries to the text for the Convention. The Human Rights Commission has also worked with other national human rights institutions, particularly within the Asia Pacific region, to contribute to the development of the convention. The New Zealand Ambassador to the United Nations chaired the working group that developed the draft text which forms the basis for negotiations. He has also been elected chair of the Ad Hoc Committee on the Convention.

The policy imperatives are to:

- promote partnerships between government and non-government organisations in national and international negotiations related to disability issues
- promote outcomes that are consistent with directions and aspirations outlined in

the New Zealand Disability Strategy, New Zealand legislation and in international human rights instruments to which New Zealand is already a party.

In order to achieve these, agencies will:

- consult with relevant government agencies and the wider disability sector to prepare briefs for the New Zealand delegations to the Ad Hoc Committee
- prepare joint reports to Cabinet by the Ministers for Disability Issues and Foreign Affairs to update on progress and confirm negotiation positions
- support the chair during meetings and also in promoting New Zealand's positions
- lead negotiation issues where New Zealand has particular skills and strengths.

Link to other MAP projects Compulsion project, Mental Health Commission.
Mana ki te Tangata: New Zealand Action Plan for Human Rights

5.10 Public Sector Education and Training

Lead Agency Office for Disability Issues and *Like Minds, Like Mine*.

Purpose To create opportunities for public servants and educators with experience of mental illness to interact with government agencies in education and training sessions, in order to create both awareness of disability issues and challenge myths and stereotypes associated with mental illness, and thereby increase inclusive and non-discriminatory behaviours within the public sector.

Background The project begins with a training needs assessment of public sector organisations, in relation to disability and mental health issues, drawing on active leadership and co-operation by disabled educators and people with personal experience of mental illness. Operational and management support will also be needed for the development of a public sector education programme. This will require developing the educator workforce and the training resources. Some marketing of the training will be needed, as well as good administration during its delivery and evaluation following completion.

Activity During 2005, a plan will be developed for the roll-out of a Government Sector training programme around disability awareness and mental health issues, under the New Zealand Disability Strategy and supported by *Like Minds, Like Mine*. Implementation of this plan will occur during 2006-2007.

5.11 Include a Disability Perspective in Policy Advice

Lead Agency Office for Disability Issues.

Purpose To ensure that a disability perspective is included in government policy.

Background The Minister for Disability Issues monitors Cabinet papers to ensure a disability perspective has been included and that the Office for Disability Issues has been properly consulted. The Office provides the Minister with appropriate advice in relation to this.

The Office also provides advice directly to agencies.

Activity The Office for Disability Issues works with other government agencies to ensure that their policy and service development processes include a disability perspective. The Office will:

- develop and update an online disability perspective framework and related resources, including contact lists, guidelines for consultation, case studies etc
- respond to requests for comment on policy papers
- attend consultation meetings and participate in an extensive range of groups (steering, reference, etc) on issues including: housing, statistics, education, health, human rights, transport, employment and income.

5.12 Communications Coordination

Lead Agency *Like Minds, Like Mine.*

Purpose To ensure that the key messages to reduce stigma and discrimination associated with mental illness form a regular part of the internal and external communications of all parties to this plan.

Background Each of the initial four agencies in this plan talk publically on a range of issues. With improved co-ordination, there can be more opportunities for publically addressing stigma and the discrimination associated with mental illness.

Activity This project aims to develop better internal communications and coordination of key message planning, prepare spokespeople on media issues, host relevant forums, and use electronic and newsletter communications. Effective internal communications on this topic will also ensure that key partners, allies, supporters and champions of reducing stigma and discrimination are informed about the work that is being done, and are more confident to speak publically about it.

Like Minds will also explore the development of external communications channels including the use of websites, methods for influencing the way news and entertainment media address mental illness, responses when discriminatory attitudes and behaviours appear in the media, and marketing strategies to persuade people to support the cause. Effective external communications will help the key messages to be heard more regularly in a range of media.

People in each of the organisations responsible for communications, as well as their media spokespeople, will have important roles in this. The *Like Minds, Like Mine* project will take a lead role in working with each of the organisations to better co-ordinate internal and external communications on this topic.

5.13 Research and Evaluation

Lead Agencies *Like Minds, Like Mine* and the Mental Health Commission.

Purpose A significant amount of research and evaluation on stigma and discrimination has been completed in New Zealand in recent years. Both *Like Minds, Like Mine* and the Mental Health Commission have contributed to a growing body of knowledge, findings and analysis in the area. Important work has also been done by NGO organisations and individual researchers. Research and evaluation needs to continue to inform the strategies and programmes being implemented in New Zealand.

The four key goals for future research on this topic aim to:

- measure progress at the individual, group, organisational and general population attitude and behavioural level
- evaluate what methods work to support the development of successful approaches
- better understand how audiences (including different ethnic and age groups) are thinking and feeling about the topic, so communications and messages are designed that work within different audiences
- understand from the experience of people with mental illness how discrimination manifests, so strategies can be better focused on combating why, how and where discrimination is occurring.

Activity *Like Minds, Like Mine* will continue to use quantitative, qualitative and survey research methods to track general public attitudes and to pre-test advertising concepts prior to production. Research will be used to:

- better understand the attitudes and behaviours of particular audiences (including Maori, Pacific, young people, friends, family and mental health workers)
- get feedback from people with experience of mental illness on their perspectives on progress
- get a better understanding of how discrimination is occurring, for example in the area of employment and parents' access to their children.

The Mental Health Commission will research and publish a report on changes in mental health services and discrimination activity in the decade since the Mason Report.

The development of a discrimination monitoring mechanism, drawing on data and research that is currently collected by a range of agencies, will be investigated by the Mental Health Commission and *Like Minds* over this first year of the MAP.

Key strategies and methods, like working with the media and education and training, will also be evaluated.

Link to other activities The Office for Disability Issues is developing its monitoring framework for the Disability Strategy which will include increased cohesion with other related monitoring activities, such as the *Like Minds* research and evaluation, *Mana ki te Tangata: New Zealand Action Plan for Human Rights* and social reporting and social statistics developments.

Summary of Activities and Target Audiences

Project	Lead Agency	Audiences
Mass Media Television & Radio Advertising	<i>Like Minds, Like Mine</i>	General public
Regional Community Action & Education	<i>Like Minds, Like Mine</i>	Community organisations and NGOs Local government Key individuals
Promote and Monitor NZ Disability Strategy	Office for Disability Issues	Public sector NGOs General public
Korowai Whaimana Human Rights Education	<i>Like Minds, Like Mine</i> Human Rights Commission	People with experience of mental illness
Reduce Compulsory Treatment	Mental Health Commission	Mental health providers Legal service providers
Reduce Seclusion	Mental Health Commission	Acute mental health services
Promote Advance Directives	Mental Health Commission	Mental health service users Mental health service providers
United Nations Convention on the Rights of Disabled People	Office for Disability Issues	Public sector, especially policy & legal services
Public Sector Education & Training	<i>Like Minds, Like Mine</i>	Public sector
Include a Disability Perspective in Policy Advice	Office for Disability Issues	Cabinet Public sector
Review Complaints Mechanisms	Human Rights Commission	Public sector Mental health service users
Coordinate Communications	<i>Like Minds, Like Mine</i>	MAP agencies, other
Research & Evaluation	<i>Like Minds, Like Mine</i> Mental Health Commission	MAP agencies, other

6. Implementation, Monitoring and Development

Ahu Whakamua

Oversight The MAP Steering Group has met monthly to oversee the development of this plan. A group will continue to meet quarterly to provide general oversight of the plan's implementation. Quarterly progress reports and annual project reports from the contributing agencies will be provided for the Steering Group.

**Monitoring/
Evaluation** The contributing agencies will monitor progress of the activities that they are committed to, with each adopting methods that reflect their particular agency's accountability requirements to Ministers, boards and senior management teams.

Some projects rely strongly on NGOs for their delivery and, in the first year, monitoring will be via the current reporting mechanisms to funders. Funders will then report on activity and progress to the Steering Group.

Development Several of the inaugural MAP agencies are already working with other organisations that may choose to participate in this wider project in future. A number of infrastructural issues need further development, particularly in relation to:

- development of future project activity
- evolving mechanisms for collaboration
- monitoring and evaluation of progress towards vision and objectives
- inclusion process for new public sector agencies and NGOs
- allocation and/or sharing of resources
- sign-off processes, as complexity increases.

Both substantive and process issues will be progressively addressed over the forthcoming year.

7. References

Mason, K., Johnston, J., & Crowe, J. (1996). Inquiry under Section 47 of the Health and Disability Services Act 1993 in Respect of Certain Mental Health Services: Report of the Ministerial Inquiry to the Minister of Health Hon Jenny Shipley. Wellington: Ministry of Health.

Mental Health Commission. (1998). A Travel Guide for People on the Journeys towards Equality, Respect and Rights for People with Experience of Mental Illness. Wellington: Mental Health Commission.

Mental Health Commission. (2004). *Seclusion in New Zealand Mental Health Services*. Wellington: Mental Health Commission.

Sayce, Liz. (2002). *Working for Inclusion*. London: Sainsbury Centre.

Appendices *Tāpiritanga*

A Annotated Bibliography

The following list of publications describes and provides context for work to reduce the discrimination faced by people with experience of mental illness.

National Plans and Strategies

Human Rights Commission. (2005). *Mana ki te Tangata: New Zealand Action Plan for Human Rights: Outcomes and Priorities for Action*. Wellington. Human Rights Commission.

The first national action plan for the better protection and promotion of human rights in New Zealand. It identifies what must be done over the next five years so that the human rights of everyone who lives in New Zealand are better recognised, protected and respected.

Human Rights Commission. (2004). *Human Rights in New Zealand Today / Ngā Tika Tangata O Te Motu*. Wellington. Human Rights Commission.

The first comprehensive assessment of the status of human rights in New Zealand. It examines a selection of civil, political, economic, social and cultural rights, identifying where New Zealand is already meeting, and even surpassing, international standards and where we must do better.

Mental Health Commission. (1998). *Blueprint for Mental Health Services in New Zealand: How Things Need to Be*. Mental Health Commission.

The Blueprint describes the types and levels of services required to fully implement the Government's National Mental Health Strategy. It emphasises the need for a recovery approach in the delivery of services. It also addresses issues related to meeting the needs of Maori, as well as Pacific people and family members.

Mental Health Commission. (1998). *A travel guide for people on the journeys towards equality respect and rights for people who experience mental illness*. Mental Health Commission.

The guide looks at causes of discrimination, the interplay of behaviour and attitudes, and how change might occur. It points to seven destinations necessary in order to achieve zero tolerance for discrimination in Aotearoa/New Zealand. It has been heralded internationally as an exciting new way to fight discrimination and promote human rights.

Minister of Health. (2005). *Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan*. Wellington: Ministry of Health.

The national strategic mental health and addiction plan builds on the National Mental Health Strategy and *Moving Forward* (Ministry of Health 1997). It draws together the Government's priorities for mental health and addiction services, and identifies the outcomes that the Government expects State services and other agencies to pursue. The outcomes are intended to let people know what they can expect from mental health and addiction services. The plan also specifies priorities that must be tackled collectively if the outcomes are to be achieved.

Ministry of Health. (2003). *Like Minds, Like Mine: National Plan 2003-2005: Project to Counter Stigma and Discrimination Associated with Mental Illness*. Wellington: Ministry of Health.

Since the inception of *Like Minds, Like Mine*, project activities have developed public awareness about aspects of mental illness, with an emphasis on the stigma faced by people with experience of mental illness. This plan signals a shift in emphasis towards reducing discrimination. To support the work, the project plan incorporates a specific human rights model together with the allied social model of disability, which has strong relevance to the discrimination faced by people with experience of mental illness.

Ministry of Health. (2001). *Like Minds, Like Mine: National Plan 2001-2003: Project to Counter Stigma and Discrimination Associated with Mental Illness*. Wellington. Ministry of Health.

Ministry of Health. (2001). *The New Zealand Disability Strategy: Making a world of difference / Whakanui Oranga*. Wellington. Ministry of Health.

The NZ Disability Strategy is vital to the well-being of the one-in-five New Zealanders who identify that they have a long-term impairment. By implementing the Strategy, New Zealand will become a more inclusive society, eliminating the barriers to people with disabilities participating in and contributing to society.

The Strategy has the vision of a society that highly values the lives, and continually enhances full participation, of disabled people. It provides an enduring framework to ensure that government departments and agencies consider disabled people before making decisions.

Office for Disability Issues. (2004). *Progress in Implementing the New Zealand Disability Strategy: 2003–2004*. Wellington, Office for Disability Issues, Ministry of Social Development.

All government departments are required to develop annual work plans to implement the NZ Disability Strategy. Other agencies are also invited to submit annual work plans. At the end of each planning year, agencies report their progress to the Office for Disability Issues. The Office then compiles an annual progress report for the Minister to report to Parliament.

**Analysis
of work to
date**

Mental Health Commission. (2005). *Journeys Towards Equality - Taking Stock of New Zealand's Efforts to Reduce Discrimination Against People with Experience of Mental Illness*. Wellington: Mental Health Commission.

Journeys Towards Equality describes and analyses all the major work in New Zealand to counter discrimination against people with experience of mental illness. It provides a benchmark for measuring progress in the anti-discrimination sector. Anti-discrimination work in this country may share a common backdrop but the stock-take found that much of it is happening in isolation.

**NZ Research
into the
Experience
Discrimination**

Mental Health Foundation. (2004). *Respect Costs Nothing: A survey of discrimination faced by people with experience of mental illness in Aotearoa New Zealand*. Auckland: Mental Health Foundation.

Respect Costs Nothing reports the findings from a survey of 785 people with experience of a mental illness, carried out in 2003 by the Mental Health Foundation to help shed some light on the nature of discrimination. The survey reveals that people who have experienced mental illness have often also experienced discrimination in all aspects of their lives from employment and housing, to discrimination from friends and family and the community. Discrimination has left people feeling socially excluded from many aspects of daily living.

**International
Resources**

National Institute for Mental Health in England (NIMHE). (2004). *From Here to Equality: A strategic plan to tackle stigma and discrimination on mental health grounds, 2004-2009*. Leeds: NIMHE.

This plan sets out NIMHE's five-year plan to tackle stigma and discrimination in mental health through an evidence base and joint working across government, voluntary agencies and private sector organisations. It looks at ways in which a united approach in working with all ages and a range of target groups will help to change attitudes. The outcomes of the work will be evaluated and measured over three years.

National Institute for Mental Health in England (NIMHE). *2004 Scoping Review on Mental Health Anti-Stigma and Discrimination: A review of what works most effectively in changing attitudes and behaviour towards mental health issues*. Leeds: NIMHE.

People with mental health problems consistently identify stigma and discrimination as major issues affecting their lives. This review, produced in collaboration with Mental Health Media and Rethink, aims to bring together different types of evidence and experience from this country and abroad to find what works in changing attitudes and behaviours towards mental health issues.

Open Up Toolkit. The 'Open Up Toolkit' is a resource website established by Mental Health Media to encourage service users and survivors to come together to combat stigma and mental health discrimination. The web site produced for the initiative provides a searchable database of resources as well as general news and information about anti-discrimination campaigns.

The success of the site is based on the ability for visitors to add information about their own experiences to a central database.

<http://www.openuptoolkit.net/home/index/php>

ADS Center, USA. The ADS Center is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, and operated by a contract with The Gallup Organization and the Mental Health Association of Southeastern Pennsylvania.

The Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center) provides practical assistance to individuals, States, and public and private organizations in the design, implementation, and operation of programs and initiatives to reduce discrimination and stigma.

<http://www.mentalhealth.samhsa.gov/publications/allpubs/NMH03-0153/default.asp>

Center for Mental Health Services (CMHS), SAMHSA, USA. The Center for Mental Health Services (CMHS) is the Federal agency within the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) that leads national efforts to improve prevention and mental health treatment services for all Americans. CMHS pursues its mission by helping States improve and increase the quality and range of treatment, rehabilitation, and support services for people with mental health problems, their families, and communities.

<http://www.mentalhealth.samhsa.gov/cmhs/>

B Note on Terminology

A number of terms are used in this plan to describe people with experience of mental illness, from a range of perspectives, including the multiple perspectives of those people themselves: among people with experience of mental illness / tangata whaiora there is no consensus on a preferred term. However, some terms have particular relevance:

Consumer

Some people with experience of mental illness prefer this term, because of its identification with a wider international political movement. The term is also widely used in health policy circles to describe the users of any particular health service (not necessarily mental health).

People with experience of mental illness

This term has been preferred by the Like Minds project, indicating that the project is broadly focused on reducing stigma and discrimination against all people in this category.

Psychiatric disability

The Human Rights Act 1993 makes discrimination illegal on the grounds of disability. Disability has a broad meaning and includes psychiatric illness, psychological disability or impairment, or loss or abnormality of psychological function.

Service user

Because the Mental Health Commission is required to focus its monitoring efforts on mental health services, it has tended to use the term service user to describe its constituency.

Tangata whaiora

This term, in Maori, is preferred by those people wish to emphasise their focus on efforts to achieve well-being, and it is translated as "people seeking well-being".

Disability

Various definitions of disability have been debated by national and international advocacy groups and academics over the last two decades. The general aim has been to reframe our understanding of disability to promote consideration of strategies which address disability issues beyond the welfare /charity and medical / health policy contexts.

The New Zealand Disability Strategy adopted the 'social model' of disability. Here disability is understood as the processes which exclude people with impairments from places and activities most of us take for granted. It happens when our infrastructure and systems cannot accommodate the diverse abilities and needs of all citizens.

The experience of disability is influenced by the nature of a person's impairment(s). These can be intellectual, psychiatric, physical, neurological and/or sensory impairments, including temporary, intermittent and ongoing impairments.

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