

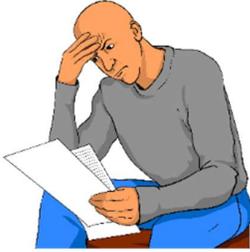
Changing the New Zealand mental health laws



**A summary of the feedback
people gave us**

February 2023

Before you read this document



This is a long document.



While it is written in Easy Read it can be hard for some people to read a document this long.

Some things you can do to make it easier are:



- read it a few pages at a time
- have someone help you to understand it.



Some of the information in this document may upset people when they read it.

If you are worried or upset after reading this document you can talk about it with someone you trust like:



- your family / whānau

- your friends



- your support workers

- a counsellor.



If you want to talk to a counsellor about how you are feeling you can talk to a counsellor by calling **Need to Talk**.



Need to Talk is a free phone or text counselling service in New Zealand.



You can contact **Need to Talk** by:

Phone: 1737



Text: 1737

If you are still worried and do not feel safe you can call the police:



- **Phone: 111** if you need help straight away



- **Phone: 105** if you need the police and you do **not** need help straight away.

What you will find in here

Page number:



What is this document about?6



What was the consultation about?10



The main themes talked about in the feedback17



Feedback about compulsory treatment.....21



Compulsory treatment as a part of mental health law.....27



Including Te Tiriti o Waitangi in
mental health law.....30



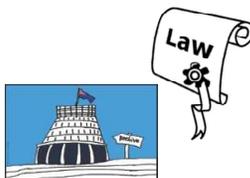
Feedback on how people make
decisions about their mental
health needs33



Feedback about supported
decision making37



Feedback about monitoring and
protecting human rights40



What happens next?.....45

What is this document about?



This Easy Read document is from Manatū Hauora / Ministry of Health.



It is about changing **mental health** laws in New Zealand.



The Ministry of Health is part of the New Zealand Government.



Mental health is how you:

- think about things
- feel about things
- look after how you are feeling.





The Mental Health Act is a New Zealand law that was written in **1992**.



We have learnt a lot of new things about mental health since then.



We have also learnt that the Mental Health Act is not fair to:

- Māori
- Pasifika
- people with disabilities.



The Ministry of Health wanted to find out what changes people thought should be made to the Mental Health Act.



The Ministry of Health asked people to send them their thoughts as part of a **consultation**.



A **consultation** is a time when people can share their ideas / feedback.



You can find out more information about the consultation in the Easy Read document:

Changing the New Zealand mental health laws: Have your say



A research group that is not part of the Ministry of Health called **Kaitiaki Research and Evaluation** looked at the feedback from the consultation.



Kaitiaki Research and Evaluation used the feedback to put together a document that the Government will use to decide what changes might be made to the Mental Health Act.



This Easy Read document is a **summary** of the full document.



A **summary** is a short version which shows the main ideas.

What was the consultation about?

The consultation asked people questions about:



- **Te Tiriti o Waitangi** / the Treaty of Waitangi
- why we need mental health laws
- Māori ideas on the law changes
- cultural needs
- people making their own choices
- **restrictive practices**
- how to protect human rights
- how to make sure everyone follows the new laws.



Te Tiriti o Waitangi / The Treaty of Waitangi is an important document that was signed in 1840.



Te Tiriti o Waitangi is about Māori and the New Zealand Government:



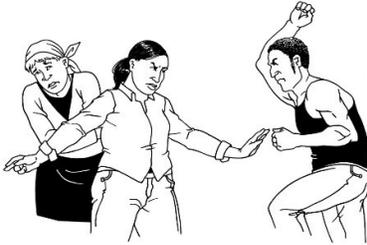
- making decisions together
- protecting things that are important to Māori.



Restrictive practices are when health workers use things to stop a person moving like:



- **seclusion**
- **restraint.**



Restrictive practices might be used when someone:

- is very distressed
- might hurt themselves
- might hurt someone else.

Seclusion is when a person is placed alone in a locked room.

Restraint is when a person is stopped from moving around.

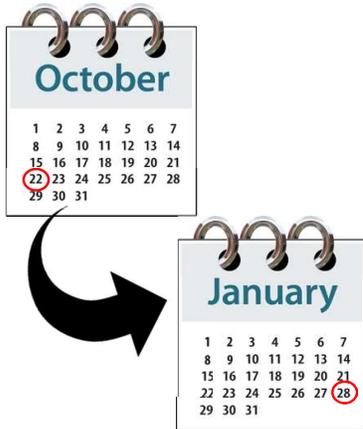


The consultation asked how things could be made better for:

- people with different **cultural needs**
- family / whānau
- children
- young people
- people with disabilities.

Cultural needs can be things like:

- language
- religious beliefs
- traditional customs / ways of life
- family ways of life.



The consultation went on for 3 months:

- it started on 22 October 2021
- it ended on 28 January 2022.



People gave their feedback in 2 different ways:

- by writing down their thoughts and sending them to the Ministry
- by joining a hui / meeting that was held online.



The Ministry received over 3 hundred written thoughts.



Over 60 hui were held online with over 5 hundred people taking part.



The feedback came mostly from people who were part of key groups.

The key groups included people like:



- people who have **lived experience** of mental health issues



- the family / whānau of people with lived experience of mental health issues



- Māori people
- Pacific people



- Asian people
- other cultural communities.



In this document **lived experience** means that a person has experience of a mental health condition.

It also sometimes means someone who has been made to have treatment under the Mental Health Act.



The consultation also received feedback from:

- people who work in mental health services including those who are not part of the Government
- people who work in mental healthcare
- other people not part of any key group who are called the general public.

The main themes talked about in the feedback



The feedback from the consultation showed that people had lots of different thoughts about how New Zealand treated people with mental health issues.



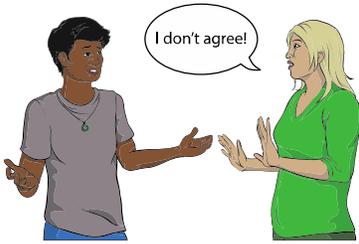
The current Mental Health Act says that a person can be given **compulsory treatment**.



Compulsory treatment is when you are given medical treatment without your **consent**.

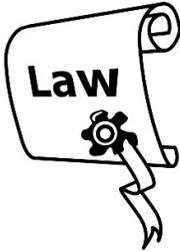


Consent means saying yes to something happening.



People did not always agree about some things like:

- if **compulsory treatment** for mental health should be allowed
- if the law should include ideas about restrictive practices.



Lots of people gave feedback about why they feel it is important to change the Mental Health Act into something that better suits everybody.

Lots of people said they thought the Mental Health Act should think more about how it supports:



- **tāngata whaiora**
- the whānau / family of tāngata whaiora.



In this document **tāngata whaiora** means people who use mental health services.

Other feedback showed things that people thought were important like:



- any new mental health laws should think about / fit with Te Tiriti o Waitangi / Treaty of Waitangi



- mental health laws in New Zealand should follow **human rights** set out in worldwide agreements like the **United Nations Convention on the Rights of Persons with Disabilities**.



- the Mental Health Act is not always being used in a right / fair way.



Human rights are rights that belong to every person in the world like:

- the right to be treated fairly
- the right to live a good life.



The **United Nations Convention on the Rights of Persons with Disabilities** is also called the **UNCRPD**.

The UNCRPD is a law lots of countries have agreed to.



It says what governments must do to make sure disabled people get the same rights as everybody else.



Some of the feedback was about things that cannot be changed in law.

Feedback about compulsory treatment



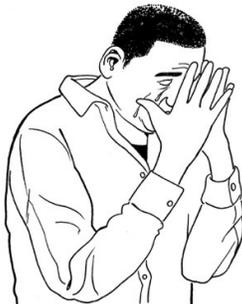
The current Mental Health Act says that a person who has an abnormal state of mind may have to:

- have a **compulsory** assessment to see how sick they are
- get compulsory treatment.



An **abnormal state of mind** means that a person might:

- hurt someone
- hurt themselves
- not be able to take care of themselves.





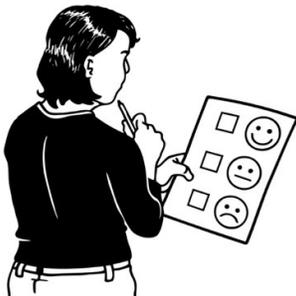
Compulsory means you cannot say no to something even if you do not want it.



Many people said they thought compulsory treatment should **not** be a part of mental health laws.



Many people also thought it would be difficult to take compulsory treatment out of the mental health law because of the ways mental health services work.



Most people said they thought compulsory treatment should only be used when there was no other option.



The feedback showed that people had 2 very different views about compulsory treatment.

The 2 views were:



- compulsory treatment should be stopped **or** only used if there was no other option



- compulsory treatment was still needed.



People who thought compulsory treatment was **not** needed said that compulsory treatment:



- did not think about the human rights everybody has



- often harmed people who were already very upset



- is not part of a te ao Māori **worldview**
- is not part of a Pacific worldview.



A **worldview** is:

- how people think about the world
- how they feel / think about their place in the world
- what people think should happen in the world
- how people think about:
 - rules
 - how things should be done.



People who thought compulsory treatment was still needed said they thought getting rid of compulsory treatment could mean people who were very unwell might:



- not get the treatment / support they needed



- be more at risk
- lose their homes / place to live
- be unable to care for themselves



- hurt themselves
- hurt other people.

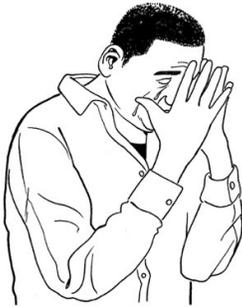


Everybody agreed that compulsory treatment must not make things worse for the patient.

Other things that people did agree on were:



- the law must make sure people are supported to make decisions about things that affect them
- compulsory treatment may be needed if a person experiences a **mental health crisis**.



A **mental health crisis** is when someone has very poor mental health.

A mental health crisis might mean someone:

- hurts themselves
- hurts someone else
- is not able to take care of themselves.



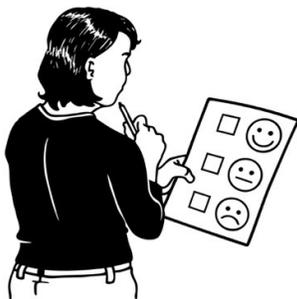
Compulsory treatment as a part of mental health law



People gave feedback on what they thought about compulsory treatment being a part of mental health laws.



1. If the law allowed compulsory treatment



Most people in the hui / meetings said compulsory treatment should only be used if there was no other option



Tāngata whaiora and whānau said that the law must be clear that compulsory treatment should only be used in very bad / serious circumstances.



Tāngata whaiora and whānau also said compulsory treatment should only be used when there was no other / better option.



2. If the law was changed to remove compulsory treatment



People said that any mental health laws must think about human rights.



Support should be available for everyone to make sure they:

- get the treatment / care they need
- can make decisions about what they need.



People also said that:



- treatment options such as mental health supports in the community should be available



- family / whānau should be able to support unwell family members to make important decisions about their care



- **advance directives** should be included in mental health law.



An **advance directive** is a signed document that sets out the medical treatment someone wants / does not want if they get unwell in the future.

Including Te Tiriti o Waitangi in mental health law



Many people thought it was very important to include Te Tiriti o Waitangi in mental health laws.



People wanted the **principles** of Te Tiriti o Waitangi to be included in new mental health laws.



Principles are rules that tell people how to act / behave.



Feedback from Māori said mental health laws must think about the values / beliefs important to a te ao Māori worldview.



The things that are important to Māori to include in mental health law are:



- Te Tiriti o Waitangi
- tino rangatiratanga / independence which is how people make decisions for themselves



- ōritetanga / equality which is everyone being treated the same



- how people connected with their wairua / soul.



There are many more Māori in the mental health system than people who are not Māori.



Māori have experienced:

- being treated unfairly
- the effects of bad things being done to their whānau / **ancestors.**



Ancestors are whānau who lived a long time ago.



New mental health law needs to be made so that these things are fair for Māori.

Feedback on how people make decisions about their mental health needs



The consultation asked people about using a **capacity test** as part of deciding someone should get compulsory treatment.



Capacity means:

- being able to make your own decisions
- understanding the information needed to make a decision.



People had different ideas about including a capacity test in new mental health laws.

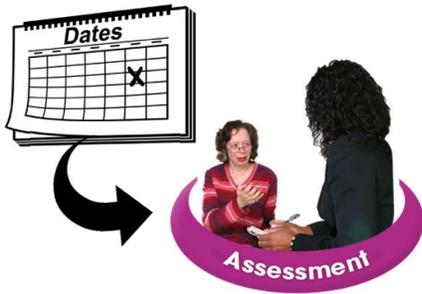


Most people did support including the capacity test.

People who supported the use of a capacity test said that:



- how capacity is assessed should be the same in all laws



- the capacity of a person to make decisions should keep being checked



- guidelines would be needed for people who work in mental healthcare to support them in making decisions about patients who showed changing capacity.



People who were not as happy about including a capacity test said they were worried about **risk**.



A **risk** is how likely it is you might get hurt by something.



Some people said that a person could get a good result in a capacity test

but



they might still be a risk to:

- themselves
- other people.



Some people also said that the Mental Health Act can only be used when someone is having a mental health crisis.



When someone is having a mental health crisis it is hard for them to make good decisions about care.



People also said that a capacity test could add more work for people working in mental healthcare.

Feedback about supported decision making



Sometimes people need support to make choices about what happens to them.



Most people agreed that there is a need to make sure that **supported decision making** is included in mental health law.



Supported decision making is when people have:

- all the information they need in a way they can understand to make decision
- the support they need to make decisions - like a support person.





People also thought that making **advance directives** a part of mental health law was very important.



An **advance directive** is a signed document that sets out the medical treatment someone wants / does not want if they have a mental health crisis in the future.



People told us that sometimes family / whānau are **excluded** from making decisions about the care of tāngata whaiora.



Excluded means to be:

- left out
- not allowed to be a part of something.



People said they want family / whānau of tāngata whaiora to have:

- the chance to be part of the decision-making process
- more information about the person so they could support them
- support to understand what was happening.



People also said it was important that tāngata whaiora can say no to family / whānau being part of the decision-making process.

Feedback about restrictive practices



People had different ideas about:

- the use of restrictive practices
- if restrictive practices should be a part of mental health laws.

Those who said restrictive practices were **not** needed included:



- people who had lived experience of mental health



- the family / whānau of people with lived experience of mental health



- people who worked in Māori healthcare.



The people who said restrictive practices were still needed were most often professionals working in mental healthcare.



These people said that restrictive practices were needed in some cases.



They said restrictive practises can be used to keep people safe like:

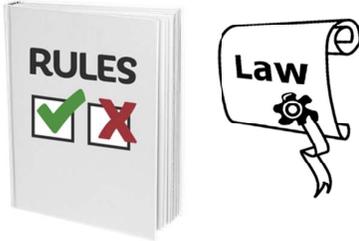
- patients suffering from mental health crisis that made them very distressed
- other patients / staff working in mental healthcare.





Most people said:

- restrictive practices should be used as little as possible
- there must be clear rules about using restrictive practices if they are a part of mental health laws.



Any rules about restrictive practices must include:

- a clear explanation of what restrictive practices means
- clear limits on how / when they are used
- regular checks to make sure they are being used in the right way.



Feedback about monitoring and protecting human rights



The consultation asked what people thought about changing mental health laws to:

- **monitor** human rights
- **protect** human rights.



Monitor means to watch something to check on how well it is going.



Protect means to keep something safe from harm.



People with lived experience of a mental health crisis felt that the Mental Health Act took away many of their human rights.



People who took part in hui / meetings said that **everyone** who is covered by the Mental Health Act should have the legal right to:

- say no to medical treatment
- change their mind at any time about things to do with their treatment / care
- make their own choices about their treatment / care.



People who took part in hui / meetings said that they thought the courts dealing with mental health issues did not treat everyone fairly.



People who took part in hui / meetings felt that tāngata whaiora were most likely to be treated unfairly by the courts.



They said that they thought it was important for tāngata whaiora to have access to support services that are a good fit for their cultural needs.



Support for tāngata whaiora should include allowing family / whānau to be a part of decision-making processes about:

- any treatment that is needed
- the kind of care that is needed.



There should also be changes to make sure that people who work with Māori:

- understand Māori culture
- respect Māori culture.



People said that systems for compulsory treatment must think about how it works with:

- human rights
- te ao Māori ways of looking at the world.



People also said that tāngata whaiora must have the support they need to make decisions about their treatment.



Tāngata whaiora must have the right to support in the courts including:

- getting legal advice that is:
 - clear to understand
 - easy to get
- having an **advocate**
- getting support from someone not part of the court system
- having **legal representation**.



An **advocate** is someone who supports you to stand up for your rights.



Legal representation is when someone like a lawyer acts as your advocate.

What happens next?



This feedback has been given to the Government to use to think about new law.

The document tells the Government what people in New Zealand think about the mental health laws in their country like:



- what sorts of things they think are working well



- what sorts of things they think are not working as well as they could be



- how they think the laws should be changed.



The Government will use the document to:

- think about the law on mental health
- decide what changes might be made to the Mental Health Act.



You can find out more about the work that is being done to change mental health laws at the Ministry of Health website:

<https://bit.ly/3hRiMLP>



This information has been written by Manatū Hauora – Ministry of Health.



It has been translated into Easy Read by the Make it Easy Kia Māmā Mai service of People First New Zealand Ngā Tāngata Tuatahi.



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