GETTING THE SERVICES WE NEED

A guide to systemic advocacy for mental health service users

Published in 2008 by Central Potential – Te Rito Māia
[address]

ISBN: xxx (Book)
ISBN: xxx (Internet)

This document is available on the *[name]* website:
[URL]

CONTENTS

PART ONE
BACKGROUND

Preface

Central Potential – Te Rito Māia developed *Getting the Services We Need:* A *guide to systemic advocacy for mental health service users* in consultation with its members, who asked for information and training on systemic advocacy.

Central Potential is a non-government organisation that is run by mental health service users. It holds a contract with the six District Health Boards that cover the central region of the North Island: Hawke's Bay, Wairarapa, Whanganui, MidCentral, Hutt Valley and Capital & Coast.

In brief, Central Potential is contracted to:

- build and strengthen local consumer networks and consumer run initiatives
- build and maintain links with DHBs as well as district and regional advisory groups
- build and maintain links with alcohol and other drug networks
- provide information, education and training
- facilitate regional support for the development of a national consumer network.

Getting the Services We Need helps to fulfil Central Potential's role in strengthening local consumer networks, maintaining links with DHBs, and providing information, education and training.

The main audiences for this publication are people with lived experience of mental distress and their networks who want to be better informed and more skilful at systemic advocacy. It comes with training and presentation guidelines.

Central Potential has also developed *The Services we Need* – a statement about the services our members want to see in the future. *Getting the Services we Need* guides service users to create that future through their systemic advocacy.

Central Potential would like to thank the reference group for this publication [names], the writer [name?], and the six central region DHBs that funded it.

Getting the Services We Need will be a catalyst for change.

Introduction

1.1 Treaty of Waitangi as a model for social justice

The Treaty of Waitangi governs the relationship between Māori and the Crown and is often referred to as New Zealand's founding document. Today, government interprets the Treaty in the areas of health and social development as giving Māori the right to take part in determining policy, the right to have equal access to health and social services, and the right to provide health and social services for their own people.

The principles of partnership, participation and protection behind the Treaty provide a good framework for understanding and protecting the human rights of other groups who face disadvantage in our society, including people with mental distress.

Article 1 of the Treaty deals with the principle of partnership between Māori and the Crown on matters of governance. It has a parallel in the partnership between the service user advocacy movement and the government agencies whose policies impact on people with mental distress.

Article 2 of the Treaty is about participation. It gives Māori undisturbed possession of their lands and taonga (treasures). This has a parallel in the right of service users to run their own services and decide on the type of service delivery they want.

Article 3 of the Treaty is about protection. It gives Māori the same rights and privileges as other citizens. People diagnosed with mental illness are also claiming these rights and privileges.

Using the Treaty framework, it's easy to see that people with mental distress have a lot of advocacy to do to ensure we possess the rights enshrined in it.

1.2 User/survivor movement

History

The user/survivor movement began in the early 1970s, around the same time as the civil rights movement, the gay rights movement, the women's movement and indigenous movements. All these movements have in common the experience of oppression and the quest for self-determination. People with major mental distress have been oppressed by institutions, forced treatment and social exclusion that have condemned many to poverty, inactivity, low self-esteem, inadequate housing, isolation and exploitation.

The user/survivor movement exists mainly in democratic countries. It has changed in the past 40 years from a small, unfunded, radical movement to a larger, more diverse and diffuse collection of people. The user movement originally worked independently of the mental health system on two main fronts – peer support and political action. In peer support we aimed to change ourselves and recover from our experiences. In political action we aimed to change the people and systems that affected our well-being. These days more people work inside the system than outside of it. This has multiplied the roles users and survivors can take on, but it has also created more fragmentation and compromised many people’s ability to speak out.

Philosophy

Despite their diversity and diffusion, users and survivors still share a fundamental philosophy and agree on many issues. Since the 1990s many of our views have been expressed in the recovery philosophy, which, on paper at least, is supposed to underpin both service and societal responses to people with mental distress.

This philosophy was well expressed in *Our Lives in 2014*. It states that the purpose of services and other community responses is to support people to lead their own recovery so they can regain personal power and a valued place in their family/whānau and communities. (See (Mental Health Commission (2004) *Our Lives in 2014: A recovery vision from people with experience of mental illness*. Wellington: Mental Health Commission.)

Personal power happens when we have hope, self-determination and a sense of belonging.

A valued place happens when we are an integral part of safe, strong families; have equal access to education, employment, housing, transport and income as well as goods and services; and participate in the commercial, cultural, political, spiritual and recreational life of our communities.

Leading our own recovery happens when services support us to live the life we choose through:

- viewing mental distress as a challenging but fully human experience
- having zero tolerance of stigma and discrimination
- respecting our self-determination
- recognising the multiple determinants of mental distress
- providing people with a broad range of responses
- preventing coercive practices and defensive risk management
- keeping our connections with family, friends, communities and the wider society
- expecting our recovery rather than lifelong disability
- fostering our leadership in services as both service users and part of the workforce.

More information

Barnes, Marian (2002) 'Taking over the asylum', paper for the Critical Psychiatry Network Conference, Birmingham, 26 April 2002. http://www.critpsynet.freeuk.com/Barnes.htm.

'Consumer/survivor/ex-patient movement', *Wikipedia*. http://en.wikipedia.org/wiki/Consumer/Survivor/Ex-Patient_Movement (last modified 13 June 2008).

'Psychiatric survivor movement history', *MindFreedom*. http://www.mindfreedom.org/kb/act/movement-history.

Mental Health Commission (2004) *Our Lives in 2014: A recovery vision from people with experience of mental illness for the second mental health plan*. Wellington: Mental Health Commission. http://www.mhc.govt.nz/publications/2004/MCH_Our_Lives_Final(b).pdf.

1.3 Other perspectives

When we're doing advocacy, we need to understand the perspectives of the people with whom we disagree as much as we understand the perspectives of those with whom we agree. If we understand how others think and operate we can tailor our methods and messages to increase the chances of a positive outcome. The following discussion gives a flavour of some other perspectives.

Clinical perspectives

There is a range of clinical perspectives, but the two main perspectives throughout the history of psychiatry have been that mental distress is caused by psychological or biological vulnerability. In recent times, the biological perspective has dominated in the mental health system.

In addition to these views, and partly because of them, clinicians have traditionally taken the view that they should behave like benevolent parents to people with major mental distress because such people cannot look after themselves. Clinicians, therefore, have a responsibility to make at least some decisions on their behalf. Today, these traditional beliefs are reflected by what professionals call 'risk management'. Clinicians worry that if they allow service users more freedom there could be a tragedy that the media, the public and politicians would blame the clinicians or the services for. However, despite this fear, a growing number of progressive clinicians are aligning themselves with the user/survivor philosophy of self-determination.

Community perspectives

Like clinicians, people in the community without experience of mental distress tend to believe that people with mental distress can't look after themselves. They also tend to think that service users are prone to violence. Communities tend to regard service users with a mixture of pity and fear, yet neither response is helpful.

Since the beginning of the asylum era, communities have abdicated their responsibility for people with serious mental distress to mental health experts and services that are expected to take total responsibility for people with mental distress, particularly those in crisis. Therefore, when something goes wrong, communities blame mental health services for not containing and controlling the person. Communities often did not welcome hospital closures, and people with mental distress are still often marginalised by such communities.

Organisational perspectives

Publicly funded health and social services have complex accountabilities to government, clinicians, the community and service users. In mental health organisations, which have a politically charged role of control and containment, there is usually less incentive to give priority to the 'customer' perspective than there is in private companies, which often just have to respond to their customers and shareholders. Publicly funded mental health organisations may get conflicting messages from different stakeholder groups. In these cases they are more likely to listen to the stakeholders with the most power, such as the Government or clinicians.

Contemporary health and social services are powerful economic and social entities, where the drive to survive and grow can happen at the expense of the people they are supposed to serve. Inside these services professional and management experts have traditionally controlled access, language, knowledge, culture and the kinds of services provided. Their authority has overridden that of stakeholders such as service users, families and marginalised communities, though this has started to change.

Cultural perspectives

There are many different cultural perspectives but some generalisations can be made. In some respects Western cultures are relatively unusual. Most other cultures have a more collective orientation, with the group often taking precedence over the individual. In Māori culture this is often referred to as whakawhānaungatanga.

Other cultures also have a tendency to view health in a holistic sense. Take, for instance, the ‘te whare tapa wha’ model of health in which the physical, mental, social and spiritual physical dimensions are equally important compared with the reductionist Western scientific view where the dimensions is dominant in health services.

Indigenous cultures often have a close relationship with the environment, which they regard as sacred. Western cultures, on the other hand, tend to view the environment primarily as a resource to be used for economic benefit.

Indigenous cultures regard their ancestors as active in the world of the living whereas contemporary Western cultures usually believe the dead no longer exist in any form.

Different cultural perspectives can have a big impact on the way people experience, interpret and respond to mental distress. Unfortunately, many different cultures have discriminatory attitudes towards people who are labelled as mad or mentally ill.

1.4 Understanding power

Power is the ability to influence or direct the actions of others or to direct our own actions. Power is an abstract concept; it cannot be seen or touched. It is present in every human relationship and comes into being when people interact. Power on its own is not good or bad, but we can make judgements about how, by whom and on whom it is used.

In comparison to some other cultures, New Zealanders tend not to feel comfortable with the power associated with big hierarchies, deference or authority. They often prefer a more even distribution of power where people are treated as equals.

In the mental health system, professionals have traditionally had a lot of power; they have been the authority figures who decided right or wrong, true or false, and how funding would be used. The mental health system was based on their often unchallenged beliefs. This is slowly changing. Service users are gaining power and influence over what goes on. Māori have also gained power and resources to run their own services.

There are many types of power. Advocates need to understand the different types of power to identify injustices, develop tactics and understand different people's opportunities and limitations.

Position power is the formal authority a person holds, because of the position they hold. A manager has position power that gives them the authority to manage budgets and fire people. A police officer has the power to detain and arrest people. A politician has the power to vote on legislation before parliament. Position power is a very obvious and important type of power.

Interpersonal power is more often innate rather than bestowed. It is the ability of individuals to attract others and build loyalty through their own charisma, personal qualities, track record or fame. Famous people with interpersonal power include Mahatma Ghandi, Martin Luther King and Sonja Davies. Interpersonal power is sometimes less obvious than position power, but in a culture that recognises individual merit, it is a very effective form of power.

Expert power is derived from a person's skills and expertise and the degree to which others need their expertise. Examples of people with expert power are information technology specialists, plumbers and doctors. Expert power is specific to particular situations and relationships.

Information power is comes from being well informed and being able to use that information to persuade others. It is much broader than expert power and may involve a person's ability to find out what is going on from a variety of sources. For example, a person who talks to key people and reads important documents before a meeting has more information power than does a person who comes to the meeting unprepared.

Reward power is a person's ability to provide incentives to others for doing something the person wants them to do. A manager has reward power because they can give pay rises or promotions. A parent has reward power because they can offer incentives to their child to change the child's behaviour.

Coercive power is the ability to apply negative consequences to, punish or limit the freedom of others who do something the person with power does not want or believes is bad. Coercive power is used, for example, by the criminal justice system, a manager who fires an employee or a clinician who puts a person under a compulsory treatment order.

More information

'Power', *Wikipedia*. http://en.wikipedia.org/wiki/power (last modified 2 July 2008).

1.5 What is advocacy?

Definition of advocacy

Advocacy is the active promotion of a cause or principle when it has been put under threat by others. It is a broad term that needs to be broken down to be understood.

Advocacy may be done:

- by or on behalf of the people or group under threat
- at the individual level or the organisational or systemic level
- from within the system that needs change or independently of that system.

In this document we are just referring to the advocacy done by users and survivors, at the systemic level and independently of the system.

There are a number of other terms that overlap with advocacy or are confused with it. They include the following:

Service user participation

Participation is the involvement of people who use services in decisions about those services. Unlike independent systemic advocacy, which is totally determined by service users, the people who run services determine whether participation happens or not. By definition, participation cannot be an independent service user activity so it doesn't come under the definition of advocacy we are using in this document. However, service users as participants are often doing advocacy according to the basic definition – the promotion of a cause or a principle that has been put under threat by others.

Service user leadership

Service user leadership is the ability of service users to make decisions about services. They don't have to be 'invited' to make such decisions because they are already in positions of influence and power or are able to determine their own actions. Individual service users can lead their own recovery or service users can be employed as managers or clinical leaders. Systemic advocacy is also a form of service user leadership.

Representation

Representation is the authority a group of people gives someone to speak on the group's behalf. Groups that are doing systemic advocacy often have structures where members give people authority to represent them. Sometimes these arrangements are done informally. Groups can do systemic advocacy without representation. Instead of following the instructions of members, they may be guided by a set of principles or by research evidence on the experience and perspectives of the group they are advocating for.

Lobbying

Lobbying is the process of ensuring that decision-makers hear a group's messages, usually at the political level. It is one of the key strategies a systemic advocacy group uses to promote its cause.

1.6 Advocacy levers

Systemic advocacy is always an attempt to gain greater power or influence over the systems that affect us. It is useful to identify the levers that will help you to gain more power.

International human rights treaties, national legislation and government policies are the standards or directions we must all adhere to, so referring to them can be useful in advocacy work.

International human rights law

The largest external lever we have is that we live in a democracy that promotes human rights.

New Zealand is a signatory to many United Nations human rights treaties and covenants, which are legally binding under international law. The most relevant of these treaties and conventions are the:

- International Covenant on Civil and Political Rights (available at the University of Minnesota's Human Rights Library's website http://www1.umn.edu/humanrts/instree/b3ccpr.htm)
- International Covenant on Economic, Social and Cultural Rights (available at the Office of the High Commissioner for Human Rights' website http://www.unhchr.ch/html/menu3/b/a_cescr.htm)
- Convention of the Rights of Persons with Disabilities (available at the United Nations' website http://www.un.org/disabilities/convention/conventionfull.shtml).

National human rights law

United Nations treaties and conventions form the basis of New Zealand's human rights laws, which you can also use to leverage your cause.

The relevant New Zealand legislation includes the:

- New Zealand Bill of Rights Act 1990 (see Ministry of Justice (2001) *New Zealand Bill of Rights Act 1990*. Wellington: Ministry of Justice. http://www.justice.govt.nz/pubs/other/pamphlets/bill_of_rights/bill_rights.pdf)
- Human Rights Act 1993 (see 'Human Rights Act', *Human Rights Commission*. http://www.hrc.co.nz/index.php?p=308)
- Code of Health and Disability Services Consumers' Rights (made under the Health and Disability Commissioner Act 1994, available at the Health and Disability Commissioner's website http://www.hdc.org.nz/files/hdc/HDC-Act-1994.pdf)
- Health Information Privacy Code (available at the Privacy Commissioner's website http://www.privacy.org.nz/health-information-privacy-code-1994)
- Official Information Act 1982 (available at http://gpacts.knowledge-basket.co.nz/gpacts/reprint/text/1982/an/156.html).

Policy

Government policy (and the bureaucratic directives and guidance that come from it) is often more enlightened than the practice, so you can use it as an advocacy lever.

The policies that most affect services users are:

- Te Tāhuhu (Minister of Health (2005) *Te Tāhuhu: Improving mental health 2005-2015: The second New Zealand Mental Health and Addiction Plan*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/0/F2907744575A9DA9CC25702C007E8411/$File/tetahuhu-improvingmentalhealth.pdf)

- the New Zealand Disability Strategy (Minister for Disability Issues (2001) *The New Zealand Disability Strategy: Making a world of difference: Whakanui Oranga*. Wellington: Ministry of Health. http://www.odi.govt.nz/nzds)
- Māori health policy (Minister of Health and Associate Minister of Health (2002) He Korowai Oranga: Maori Health Strategy. Wellington: Minstry of Health. http://www.moh.govt.nz/mhs.html).

Evidence, arguments and stories

Other important levers are evidence, arguments and stories or anecdotes that support your cause. People are often influenced by research evidence, survey results and evaluations as well as well-reasoned logical arguments. They appeal to the logical part of people's minds. Personal stories, songs and other forms of creative expression can have a huge impact on the feeling part of people's minds.

Comparisons

Another lever is to compare the performance of one country or agency with that of another to inspire people or to ask pertinent questions about why the country or agency you want to change isn't doing better. Even the use of metaphors, which is when we talk about something as though it were something else, can have huge persuasive power.

Internal levers

The levers discussed above are some of the major external levers that advocates can use. There are many other internal levers, including how we relate to people, our knowledge and skills, and the strategies we use. These are discussed in section 3, Effective Advocacy.

1.7 Barriers to successful advocacy

As advocates you are often presenting a view that contrasts with the views of the wider public, professionals or politicians. Even when the people who make the decisions and hold the purse strings agree with you, they cannot always create change easily or quickly, or they could have other priorities or they might be limited by directions from more senior staff.

The key external barriers advocates face are attitudinal, behavioural and structural.

Attitudinal barriers

Some professionals, politicians and members of the public still have discriminatory attitudes towards people with mental distress. They believe people who are prone to getting ‘out of touch with reality’ cannot really know what is best for themselves. On a more subtle level, some professionals, managers and bureaucrats believe service user advocates are just the disenchanted minority who don’t ‘represent’ the views of the satisfied majority. They may also dismiss service user advocates as rude, biased, uninformed or using advocacy to resolve personal issues.

Behavioural barriers

Most people don’t like change or the additional expectations change might put on them. Mental health leaders are sometimes under pressure from conflicting sources and their response is often to avoid risk. These circumstances are not conducive to managers acting boldly to bring about change. Mental health professionals sometimes feel under siege; this can make them defensive and less able to consider new ideas.

Professionals, managers and bureaucrats all have their own cultures and ways of doing things that can intimidate or alienate service user advocates. Formal meetings, jargon and patronising or dismissive behaviour can be off-putting for advocates. Sometimes leaders do not have a life experience of being in a powerless or marginalised group, so don’t appreciate how their behaviour might make service users feel.

Structural barriers

Organisations, especially large bureaucratic ones, can be slow and inflexible in their response to advocacy efforts. These organisations are bound by complex procedures and a hierarchical chain of command. Advocates need to be persistent but patient with them.

Large organisations and bureaucracies, though lumbering and constrained, are also enormously powerful, with more information, resources, contacts and decision-making power than advocates will ever have.

Overcoming barriers

Attitudinal, behavioural and structural barriers can be overcome – effective advocacy depends on it. For information about how to overcome such barriers, see section 3, Effective Advocacy.

1.8 Changing systems – what works

There is a body of knowledge about what works and what doesn't work when advocates are trying to persuade people to create change in organisations and systems. This is useful information for advocates to be familiar with.

Stages of change model

The stages of change model suggests humans pass through five stages in the process of adopting change.

1. **Pre-contemplation** – the leader does not think there is a problem and cannot see a need for change.
2. **Contemplation** – the leader is aware of the problem and is looking for ways to resolve it.
3. **Decision** – the leader decides what change to implement.
4. **Trial action** – the leader starts to implement the change.
5. **Maintenance** – the leader is able and committed to maintaining the change.

It is useful to assess which stage the people you are trying to change are at, so you adopt the right advocacy approach for them. For instance, if they are at the pre-contemplation stage, they need awareness-raising; if they are at the trial action stage, you might want to persuade them about the best method to undertake the change.

Finding incentives for change

What persuades people to adopt change or innovation? As an advocate you need to find incentives to encourage decision-makers to change. The more incentives, the better. Use this checklist to test what incentives you can capitalise on.

- **The change will make things better.**
  Persuading leaders that the change will make things better for service users may not be enough (however much you think it should be). If leaders think the change will make their jobs easier or give them prestige as well, they will probably be more motivated to adopt it.
- **The change is compatible with the decision-maker's values and practices.**
  A change that is compatible with the leader's and organisation's values and norms will be much easier for the leader to adopt than one that is incompatible.
- **The change will give value for money.**
  Decision-makers responsible for public funds need to know that the change will be cost-effective.
- **The change is easy to visualise.**
  When people have a clear and enticing picture of the innovation in their minds, they are more likely to adopt it.
- **The change is easy to implement.**
  Change is difficult enough for people without their having to develop a new set of skills and knowledge. Change that is simple and easy to implement will be adopted faster.
- **The change can be tested.**
  An innovation that can be measured or evaluated or even disestablished, as in a pilot project, may give decision-makers more certainty that they can deal with any future risks associated with the innovation.

More information

Rogers, Everett M (1995). *Diffusion of Innovations*. New York: Free Press, cited in the *Key Text* report 'Building a better mousetrap: Why the relative advantage of an innovation helps it diffuse'. http://www.children.smartlibrary.org/NewInterface/segment.cfm?segment=2173.

PART TWO
HOW ‘THE SYSTEM’ WORKS

2.1 How central government works

New Zealand is a constitutional monarchy with a sovereign Parliament whose members are elected by voters every three years. Virtually all members of Parliament belong to a political party, and the party with the most elected members forms the Government. Under our mixed member proportional electoral system it is unlikely one party can govern alone without formal support from some other parties. Each government forms a Cabinet of senior government members of Parliament. Cabinet approves policy and initiates new legislation.

The people and agencies who work on behalf of the Government are called the Public Service, such as the Ministry of Health and Inland Revenue Department. The Public Service forms part of the State sector. Other State sector agencies have varying degrees of independence from the Government, such as the New Zealand Police, the Office of the Ombudsmen, the Health and Disability Commissioner, the Human Rights Commission, the Mental Health Commission and District Health Boards.

Ways to influence

There are four key ways to influence central government.

Official information: The Official Information Act 1982 allows the public to view all official information unless there is a very good reason for it to be withheld, such as personal safety or national security. You can request such information by writing to the agency or office that holds the information. You must state that your request is an application under the Official Information Act 1982. Generally, requests must be responded to within 20 working days.

Members of Parliament: Your local member of Parliament can be useful in getting your issue to the attention of the relevant minister or using it to put down a question in Parliament that requires a public response or, if it is serious, to refer it to a select committee. For more information, see 'MPs and parties', *New Zealand Parliament* http://www.parliament.nz/en-NZ/MPP.

Select committees: These committees are made up of a mix of members of Parliament from government and opposition parties. The committees' main roles are to examine bills, listen to submissions on bills and recommend amendments to those bills to Parliament. They also have the power to initiate their own inquiries, conduct financial reviews of State sector agencies and consider parliamentary petitions. Relevant select committees for our advocacy work are the health, social services, and justice and law reform committees. For more information, see 'Select committees', *New Zealand Parliament*. http://www.parliament.nz/en-NZ/SC.

Petitions to Parliament: Any citizen may submit a petition to Parliament. You must follow strict conditions and processes, but once the petition is submitted, Parliament must respond. The response is often through the relevant select committee. For more information, see 'Have your say', *New Zealand Parliament*. http://www.parliament.nz/en-NZ/HvYrSay.

Avenues of complaint

The five main avenues through which you can complain are:

- **Parliament** – by persuading a member of parliament to make inquiries or ask a question in Parliament (see Parliament's website, http://www.parliament.nz/en-NZ/MPP)
- the **Human Rights Commission** – if you believe you have been discriminated against (see the commission's website, http://www.hrc.co.nz)
- the **Health and Disability Commissioner** – for serious unresolved complaints about health or disability services (see the commissioner's website, http://www.hdc.org.nz)
- the **Privacy Commissioner** – for complaints about breaches to the privacy of your personal information (see the commissioner's website, http://www.privacy.org.nz)

- the **Office of the Ombudsmen** – which is independent and investigates complaints about administrative acts and decisions throughout all State sector and local body agencies (see the office's website, http://www.ombudsmen.parliament.nz).

More information

'Guide to Parliament and government', *DecisionMaker*. http://www.decisionmaker.co.nz.

New Zealand Government. http://newzealand.govt.nz (information and resources from all government agencies).

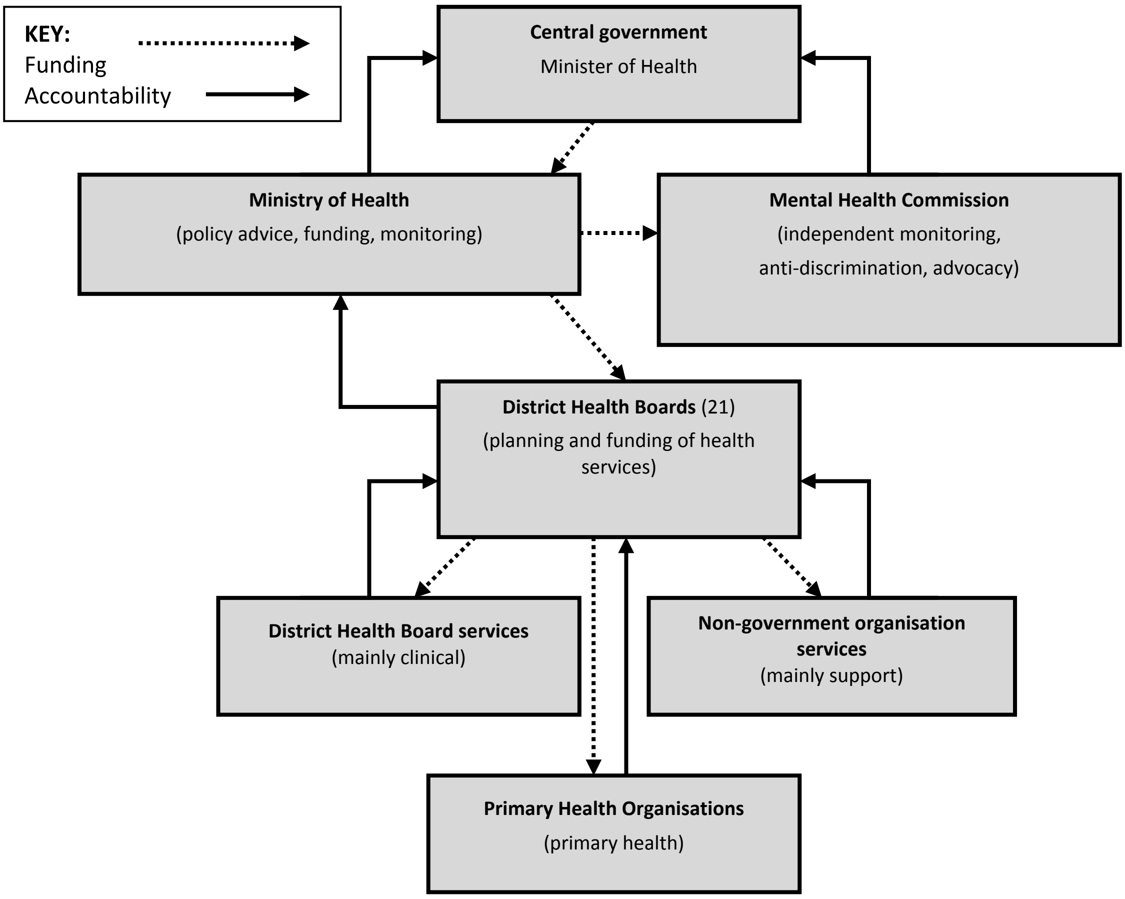
New Zealand Parliament. http://www.parliament.nz/en-NZ.

2.2 How the health system works

New Zealand's health system is mostly publicly funded through central government. (See Figure 1 for a representation of the structure of the mental health system.) The Minister of Health is responsible to Parliament for the overall performance of the health sector. The Ministry of Health advises the Minister of Health, monitors the DHBs, funds the DHBs and some national services, and has some regulatory functions, such as public health and the administration of the Mental Health (Compulsory Assessment and Treatment) Act 1992. The Mental Health Commission was set up in 1996 to monitor and lead change in mental health. It has some independence from government, but is accountable to the Minister of Health.

Twenty-one DHBs are responsible for funding and providing health and disability services in their area, including primary health services. They are all self-governed, but they must implement government policy when directed to by the Minister of Health. The DHBs provide most of the clinical mental health services but fund non-government organisations (NGOs) to deliver most of the support services. Government partially funds primary health services through Primary Health Organisations (PHOs) and subsidies on fees paid to general practitioners. PHOs are made up of groups of primary health providers in a geographical area who look after all the primary care needs of their population.

Figure 1: Structure of New Zealand's mental health system



More information

'About mental health services', *Mental Health Commission*. http://www.mhc.govt.nz/about_mental_health_services.

'The New Zealand health and disability system', *Ministry of Health*. http://www.moh.govt.nz/healthsystem.

2.3 District Health Boards

DHBs came into being on 1 January 2001. They have responsibility for both population health and health services in their area. Their work spans prevention, early intervention, treatment and support. All DHBs are a bit different – in the populations they serve and in the way they are structured – but they all operate according to the following framework.

Governance

Each DHB has a board that sets their DHB's strategic direction, employs the DHB's chief executive, ensures the DHB's compliance with the law and accountability requirements, and maintains relationships with the public, Parliament and the Minister of Health.

Each board has a mix of elected and appointed members. The Minister of Health appoints members after the election of board members to ensure an adequate Māori presence, a diverse mix of people and a good mix of skills. The minister also appoints the board's chair and deputy chair.

Board meetings are open to the public.

The three permanent core advisory committees of each board are the:

- Disability Support Advisory Committee
- Community and Public Health Committee
- Hospital Advisory Committee.

The board usually invites nominations from members of the public to these committees and appoints. The committees are made up of some board members and members of the public.

Planning and funding

Most DHBs have an arm for planning and funding which is separate from the provider arm; both arms report to the CEO. In mental health about 30 percent of DHB funding is contracted out to NGO's; the rest goes to DHB services. The DHB's are expected to plan within the parameters of the New Zealand Health Strategy and the New Zealand Disability Strategy. Mental Health planning also needs to align with the mental health strategy (Te Tahuhu) and action plan (Te Kokiri) as well as the national service framework, the Blueprint and the Minister's priorities. They report to the Ministry of Health regularly about their planning, progress and finances. Mental health planners and funders are advised by local advisory groups.

Service provision

Virtually all clinical services like acute units, crisis teams, child and youth services and community mental health centres are provided by DHBs. Most support services like housing, employment and peer support are provided by NGOs, which include church-based organisations, community trusts, service user organisations and iwi-based organisations. These agencies vary considerably in size and in quality. DHB and NGO services sometimes have difficulty working together because of their different roles and philosophies.

Service user participation

Service users can participate at any of the many levels in the mental health system − from being a member of a board to participating in their own recovery plan. They have opportunities to influence services through their membership of a board's core advisory groups and the funding and planning local advisory groups. At the provider level, service users may be employed as consumer advisors or to sit on committees. In fact, there is no job in the whole mental health sector that couldn't be done by a suitable person with experience of mental distress.

More information

- 'District Health Boards', *Ministry of Health*. http://www.moh.govt.nz/moh.nsf/wpg_Index/About-District+Health+Boards (last modified 30 May 2008).
- New Zealand Health Strategy (Minister of Health (2000) *The New Zealand Health Strategy*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/2285/$File/newzealandhealthstrategy.pdf)
- New Zealand Disability Strategy (Minister for Disability Issues (2001) *The New Zealand Disability Strategy: Making a world of difference: Whakanui Oranga*. Wellington: Ministry of Health. http://www.odi.govt.nz/nzds).
- Te Tāhuhu (Minister of Health (2005) *Te Tāhuhu: Improving mental health 2005–2015: The second New Zealand Mental Health and Addiction Plan*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/0/F2907744575A9DA9CC25702C007E8411/$File/tetahuhu-improvingmentalhealth.pdf)
- Te Kōkiri (Minister of Health (2006) *Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/5014/$File/te-kokiri-mental-health-addicition-action-plan-2006-2015.pdf)
- the Blueprint (Mental Health Commission (1998) *Blueprint for Mental Health Services in New Zealand: How things need to be*. Wellington: Mental Health Commission. http://www.mhc.govt.nz/documents/0000/0000/0009/BLUEPRINT1998.PDF)

2.4 Primary health services

Primary health services are community-based, non-specialist health services that are often delivered by general practitioners, practice nurses, counsellors and others.

In New Zealand, you must pay a fee for most primary health services, although this may be subsidised by the Government.

The Primary Health Care Strategy has guided recent developments in this sector, placing greater emphasis on health promotion and prevention, reducing health inequalities, and improving access to comprehensive services to restore health (Minister of Health (2001) *The Primary Health Care Strategy*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/756?Open).

The Primary Health Care Strategy introduced PHOs funded by the local DHB to ensure the provision of primary health services as well as prevention and promotion programmes for their enrolled populations.

Primary health service practitioners are encouraged to join their local PHO where they are supposed to have an equal role in decision-making with other practitioners. The local community must also be represented in the PHO's governance arrangements.

All PHOs are not-for-profit organisations.

Some of the key priorities of the strategy have been to:

- reduce the cost of visits to primary care practitioners
- support multi-disciplinary approaches to service delivery
- support the development of Māori and Pacific providers.

These changes are opening the door for primary health and mental health services to collaborate more, and several initiatives have been piloted. Some people believe many specialist mental health services, such as community-based clinical services, and all kinds of support services, including peer support, should be delivered in the primary care context. This would break down the '3 percent ghetto' of specialist mental health services and raise the mental health expertise available in the primary sector for all of the 20 percent of the population that at any one time has a mental health problem.

More information

'Evaluation of the implementation and intermediate outcomes of the Primary Health Care Strategy', *Victoria University of Wellington*. http://www.victoria.ac.nz/hsrc/reports/primary-index.aspx (last modified 18 September 2007).

'Healthy on purpose', *Waikato Primary Health*. http://www.waikatoprimaryhealth.org.nz/wpho (a PHO website).

'Primary health care', *Ministry of Health*. http://www.moh.govt.nz/primaryhealthcare (last modified 1 July 2008).

'Primary mental health evaluation', *University of Otago*. http://www.wnmeds.ac.nz/academic/gp/mentalhealth (last modified 27 March 2007).

ProCare. http://procare.co.nz (a PHO website).

2.5 Human rights agencies

Human Rights Commission

The Human Rights Commission:

- advocates and promotes respect for human rights in New Zealand society
- encourages harmonious relationships between individuals and among groups
- resolves disputes relating to unlawful discrimination.

Unlawful discrimination: Discrimination is unlawful only when it occurs in relation to one of the prohibited grounds and in one of the prohibited areas of public life listed in the Human Rights Act 1993. The Act also defines circumstances where discrimination is not unlawful. These circumstances are known as exemptions or 'exceptions'. For a complaint about discrimination to proceed to the disputes resolution process, you must show the complaint relates to a prohibited ground of discrimination and a specified area of public life, and that there is no exemption or exception.

Grounds for discrimination: The grounds for discrimination include psychiatric illness as a subcategory of disability.

Areas of public life: The areas covered in the Human Rights Act 1993 are access to public places, vehicles, facilities, education, employment, industrial and professional associations, qualifying bodies and vocational training bodies, and partnerships, and the provision of goods and services, land, housing and accommodation.

Health and Disability Commissioner

The Health and Disability Commissioner is an independent office set up to:

- promote and protect the rights of consumers who use health and disability services
- help resolve problems between consumers and providers of health and disability services
- improve the quality of health care and disability services.

Code of rights: All users of health services, including mental health services, have rights under the Code of Health and Disability Services Consumers’ Rights, which the commissioner developed in 1996 under the Health and Disability Commissioner Act 1994.

Under the code, all health and disability consumers have the right to:

- respect
- fair treatment
- dignity and independence
- proper standards of care
- communication
- information
- decide about treatment and care (informed consent)
- decide about involvement in health teaching and research
- make complaints.

Advocacy: Independent health and disability advocates associated with the Health and Disability Commissioner are located all over New Zealand. Their role is to inform consumers about their rights when using health and disability services and to assist consumers who have concerns or want to make a complaint. They also offer education and training about consumer rights.

More information

Human Rights Commission. http://www.hrc.co.nz.

Health and Disability Commissioner. http://www.hdc.org.nz.

Health and Disability Advocacy Service. http://www.hdc.org.nz/advocacy.

2.6 Other central government agencies

Many other government agencies affect the lives of people with mental distress in New Zealand. Because of this they can be an important target for advocacy. Some of the major agencies are as follows.

Social services

Key agencies that provide social services are:

- the **Ministry of Social Development**, which provides strategic social policy advice to the Government and some social services (see the ministry's website http://www.msd.govt.nz)
- **Work and Income**, which assists people to find jobs and provides income for people who are not able to earn (see Work and Income's website http://www.workandincome.govt.nz)
- **Child, Youth and Family**, which is New Zealand's child protection agency (see Child, Youth and Family's website http://www.cyf.govt.nz).

Housing services

The key agency that provides housing services is **Housing New Zealand**, which provides New Zealanders with access to good quality, affordable homes (see Housing New Zealand's website http://www.hnzc.co.nz (last modified 30 June 2008).

Education services

The key agencies that provide education services are the:

- **Ministry of Education**, which provides policy advice and leadership in education nationally (see the ministry's website http://www.minedu.govt.nz)
- **Tertiary Education Commission**, which is responsible for leading the Government's relationship with the tertiary education sector and has resources and information on adult education (see the commission's website http://www.tec.govt.nz)
- **New Zealand Qualifications Authority**, which has the primary function of coordinating the administration and quality assurance of national qualifications (see the authority's website http://www.nzqa.govt.nz).

Health services

The key agencies that provide health services are:

- the **Ministry of Health**, which provides policy advice to the Minister of Health, funds and monitors the DHBs, provides some national services, and administers regulatory and other functions such as public health and the Mental Health (Compulsory Assessment and Treatment) Act 1992 (see the ministry's website http://www.moh.govt.nz)
- **Pharmac**, which selects and funds medicines that are subsidised or paid for by government (see Pharmac's website http://www.pharmac.govt.nz (last modified 4 July 2008)
- the **Accident Compensation Corporation**, which manages New Zealand's accident compensation scheme that provides no-fault personal injury insurance cover, including for some forms of psychological injury, and funds counselling for people who have experienced sexual abuse (see the corporation's website http://www.acc.co.nz).

Legal services

The key agencies that provide legal services are the:

- **Ministry of Justice**, which works closely with other agencies in the justice sector to advance the common goal of a safe and just society for New Zealand (see the ministry's website http://www.justice.govt.nz)
- **Department of Corrections**, which manages offenders on sentences and orders imposed by the courts and Parole Board (see the department's website http://www.corrections.govt.nz)
- **New Zealand Police**, which is New Zealand's law enforcement agency (see the police's website http://www.police.govt.nz)
- **Legal Services Agency**, which is responsible for helping people access justice by funding Legal Aid and community law centres and producing law-related education and information (see the agency's website http://www.lsa.govt.nz).

Other services

Other agencies that provide services include the:

- **Office for Disability Issues**, which is responsible for ensuring government keeps faith with the New Zealand Disability Strategy (see the office's website http://www.odi.govt.nz)
- **Office for the Community and Voluntary Sector**, which is responsible for improving the understanding and relationship between government and the community or voluntary sector (see the office's website http://www.ocvs.govt.nz).

2.7 Māori structures

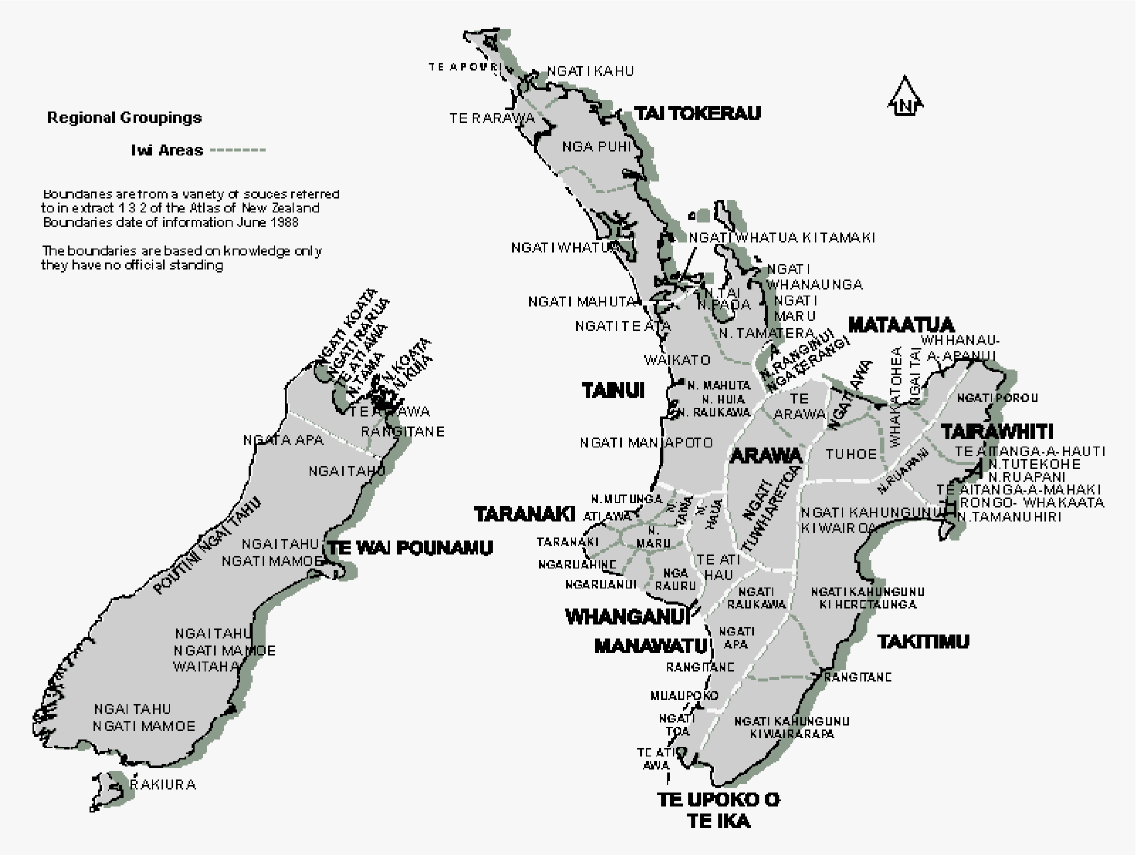
Traditional structures

The basic structures of the Māori world are:

- iwi (tribe) (Figure 2 shows the areas of different iwi)
- hapū (subtribe)
- whānau (extended family).

Iwi and hapū are made up of people who are descended from a common ancestor (tipuna) or group of ancestors. Iwi and hapū often organise themselves into Māori trust boards (established under the Māori Trust Boards Act 1955) or rūnanga (charitable trusts or incorporated societies).

Figure 2: Map of iwi names and areas



Source:

Urban structures

As well as the traditional Māori structures, pan-tribal Māori urban authorities, such as Te Waipareira Trust in west Auckland, deliver social services for large urban Māori populations. These authorities were set up in response to the massive urbanisation of Māori, many of whom lost contact with their traditional iwi or hapū.

National structures

Key national Māori structures are the:

- **New Zealand Māori Council**, which was created by the Maori Community Development Act 1962 and expresses Māori opinion on matters of importance to Māori

- **National Māori Congress**, which was formed in 1990 by affiliated tribes to present a national Māori response on issues affecting the development of Māoridom (see ‘National Maori Congress’ (1999) *Center for World Indigenous Studies*. http://www.cwis.org/fwdp/Oceania/maori.txt)
- **Māori Women’s Welfare League**, which was established in 1951 to focus on the welfare of Māori mothers and children and now also focuses on health, housing and education (contact details for the league are at ‘Women’s directory. Ngā rōpū wāhine Māori (Māori women's organisations)’, *Ministry of Women’s Affairs*. http://www.mwa.govt.nz/directory/index.html#maori).

2.8 Local government

Local government in New Zealand is empowered by national legislation (the Local Government Act 2002) but is autonomous from central government and accountable to its communities. Sixteen city councils, 57 district councils and 12 regional councils cover several city or district council areas.

Regional councils are responsible for the sustainable use of water, land and air (including the coast), animal and plant pest control, regional transport and civil defence.

City and district councils promote the social, cultural, environmental and economic well-being of their communities. They are responsible for:

- community well-being and development
- recreation and culture (for example, parks and libraries)
- environmental health and safety
- infrastructure (for example, roads, sewerage and rubbish collection)
- resource management.

Many district and city councils are divided into community boards that represent the interests of particular communities. Sometimes the mayor is the only council member who represents the whole catchment area. All councils are elected every three years. They are funded mainly by rates paid by local property owners.

Councils are required by law to help their community identify the outcomes they want and consult with them on key issues. They must involve Māori in any decisions about land or water and encourage Māori participation in other ways.

You can influence council decisions by:

- voting in local body elections
- becoming a councillor
- making submissions on council plans
- meeting with your community board member/s
- attending and speaking at consultation meetings
- attending local council, subcommittee or community board meetings.

More information

Local Government New Zealand. http://www.lgnz.co.nz (represents the national interests of all councils and provides them with policy advice and training)

Local Government Online. http://www.localgovt.co.nz (local government internet portal).

'Resources', *localcouncils.govt.nz*. Department of Internal Affairs. http://www.localcouncils.govt.nz/lgip.nsf/wpg_URL/Resources-Index?OpenDocument.

2.9 Mental Health (Compulsory Assessment and Treatment) Act 1992

The Mental Health (Compulsory Assessment and Treatment) Act 1992 enables mental health services to compulsorily assess, treat or hospitalise people with a ‘mental disorder’ who are found to be a ‘serious danger’ to themselves or others or who have a ‘seriously diminished capacity’ to take care of themselves.

Most people who use mental health services are not subject to compulsory treatment, and many people subject to compulsory treatment are released from it after some days or weeks.

Psychiatrists can release people from compulsory status at any time during the compulsory assessment or treatment process.

Compulsory assessment

Compulsory assessment can take place in an inpatient unit or a community mental health service. People are usually compulsorily treated during the assessment phase. As well as the initial assessment, people are assessed after five days then after 14 days. They have the right to have a support person, who is not a mental health worker, with them at the initial assessment and to ask a judge to review the doctor’s decision that they need compulsory assessment.

Compulsory treatment

If, at the end of the assessment period, the doctor thinks the person still needs compulsory treatment, the doctor applies to the court to put the person under a compulsory treatment order – either as an inpatient or in the community. The person has a right to get a lawyer to represent them at the court hearing, usually through legal aid. They should also be contacted by a district inspector who is a lawyer who has been appointed to safeguard the person’s rights under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

A judge decides whether the person should be under a compulsory treatment order after hearing from the person and their psychiatrist and lawyer, and perhaps others.

The compulsory treatment order lasts for six months. The psychiatrist can apply to the court again to have the person remain under the compulsory treatment order for a further six months. After this, a person can be on a compulsory treatment order indefinitely but their psychiatrist must review their need to be on the order every three months.

The person has the right to apply to a review tribunal to take them off their compulsory status.

Rights protection

There has been criticism about the implementation of the Mental Health (Compulsory Assessment and Treatment) Act 1992. People have said it is used too often, for too long and sometimes for the wrong reasons.

The legal protections for people under the Act are not always well implemented. People have complained that lawyers go along with the doctor’s view and that the Mental Health Tribunal only takes around 4 percent of applicants off their compulsory status.

More information

Bazelon Center for Mental Health Law. http://www.bazelon.org.

‘Community law centres’, *Legal Services Agency*. http://www.lsa.govt.nz/03clc.php (contact details for community law centres).

‘District law societies’, *New Zealand Law Society*. http://www.nz-lawsoc.org.nz/hmdlsocieties.asp (contact details for district law societies, which can provide contact details for mental health lawyers).

‘Mental health: Guidelines’, *Ministry of Health*. http://www.moh.govt.nz/moh.nsf/indexmh/mentalhealth-resources-publications#guidelines (last modified 23 April 2008) (guidelines on the use of and roles under the Mental Health (Compulsory Assessment and Treatment) Act 1992).

Mental Health Review Tribunal dathlaw@paradise.net.nz

Ministry of Heath (2007) *District Inspectors Current Directory*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/2486?Open (contact details for dstrict inspectors).

PsychRights; Law project for psychiatric rights. http://psychrights.org/index.htm (last modified 7 April 2008).

Wellington Community Law Centre (2002) *Mental Health and the Law: A legal resource for people who use mental health services*. Wellington: Wellington Community Law Centre (can be ordered from http://www.edresources.co.nz/res_mind.asp).

PART THREE
EFFECTIVE ADVOCACY

3.1 Developing relationships

Building relationships

Advocacy cannot be done without building relationships – with the people you are doing the advocacy with, the people you are doing the advocacy for, the people who can support you, and even the people you want to change.

Two universal ‘rules’ for establishing relationships that are useful for advocates are:

- be proactive – don’t wait for people to come to you
- build trust – be respectful, friendly, reliable, interested in other people and open about yourself.

Usually, it is easier to establish relationships with people who are like ourselves than people who are not, but when you are doing advocacy you need to relate to people in positions of power, people who do not understand your world view, and even people who have hurt you or your peers.

People in positions of power like chief executives, senior bureaucrats and politicians can seem intimidating, but that may be because of your view of them rather than their actual personality. Most of them are ordinary people who will do a better job if they are influenced by your advocacy. Get your message across, but give them time to talk. If you know how they think and view the world, your advocacy will be more effective than if you do not. But it is equally important that you impress your world view onto them with messages that resonate with them, rather than alienate them.

Sometimes people in positions of power or influence can be your allies. Use them. Build relationships with them so they can support your advocacy, either publicly or behind the scenes. If a respected person supports your cause, others will take the cause more seriously.

Occasionally, you may come across people whose views are so opposed to yours that they are beyond influencing. It is probably not worth building a relationship with these people. But it can be useful to understand where they are coming from so you can tailor your advocacy messages to neutralise their influence on the people you are both trying to change in different directions. Most people, however, can be influenced to a degree at least; these people are worth building relationships with.

If you’re doing advocacy as part of a group, it is also important to build relationships with potential group members.

Sustaining relationships

Relationships don’t just need to be built, they also need to be sustained. This can take time and work, whether they are relationships with peers, allies or the people you are trying to change. Tips for sustaining relationships include:

- keep in contact with the person with whom you have a relationship, even if it is just for a few minutes at a time
- be clear about what you expect from each other
- reciprocate favours
- show appreciation for their efforts
- if things are starting to go wrong with the relationship, address them quickly
- back each other up when things get tough.

Some people find it easier than others to develop relationships. If you are part of an advocacy group, use your best networker and relationship builder to take special responsibility for this.

More information

‘Creating and maintaining coalitions and partnerships’, *The Community Tool Box*. http://ctb.ku.edu/en/dothework/tools_tk_1.htm.

Forsythe, Janice (1997) ‘A guide to coalition building’, *Cypress Consulting*. http://www.cypresscon.com/coalition.html.

3.2 Finding information

The purpose of finding information is to understand your cause better and to persuade the following audiences that your cause is worth their trouble.

- Advocates and potential advocates need information to attract them to the cause, sustain their involvement, and arm them with arguments and skills.
- Allies and other intermediaries need to know what the issues are, why the advocacy is important, how they can assist, and how that assistance will serve their agenda.
- The target group you want to change needs to know what they need to change, why they need to change it and practical steps for making the change.

The two major sources of information are straight from people or mediated through writing, numbers, images or sound, usually on paper or online. The kind of information that comes straight from people's mouths tends to be informal, like anecdotes, opinions, perceptions, confidences and stories. Paper and online information is likely to be more formal and includes reports, research, evidence, statistics, photographs and discussion papers. Both types of information are important to your advocacy efforts.

Finding information directly from people

The better your networking and relationship building are, the better the informal information you will get from others. It is best to get such information through face-to-face contact or phone calls, but you can also get it through texting, email, online social networking sites and so on. This information will help you understand your peers, your allies and your adversaries – their personalities, agendas, priorities, and information bases, the limitations to their power, their organisational context and their likely response to different tactics.

More systematic ways of finding information directly from people include consultation meetings, focus groups, surveys and community research. You will have much more power as an advocate if you can support your messages with evidence that a lot of other service users hold the view you are advocating.

Finding information on paper or online

Some information you need for advocacy may be, for instance, research that other people have done, examples of recovery-oriented practice from other countries, or an educational documentary. Information is everywhere – in documentaries, books, magazines, journals, blogs, websites, radio, photographs and so on. Finding this kind of information through word-of-mouth recommendations will always be important, but the internet is fast overtaking street-front libraries and bookshops as the place to start looking for information systematically.

Always remember the people you want to change hold a lot of information. If they are holding information back, you can usually get it under the Official Information Act 1982 (see section 2.1, How central government works).

More information

'Community research network', *MapCruzin.com*. http://mapcruzin.com/community-research (information about gathering spoken evidence from groups of people).

'Find articles, research, and archives', *HighBeam Research*. http://www.highbeam.com (online library providing easy access to a wide range of written materials via the internet)

'Finding information', *LInC Online*. http://ed.fnal.gov/lincon/tech_find_info.shtml (last modified 17 July 2006) (tutorials on internet searching).

'How-to guides: Community research', *CommunityNet Aotearoa*. http://www.community.net.nz/how-toguides/community-research (information about gathering spoken evidence from groups of people).

‘Tutorial table of contents’, *Teaching Library at the University of California at Berkeley*. http://www.lib.berkeley.edu/TeachingLib/Guides/Internet/FindInfo.html (last modified 30 January 2008) (tutorials on internet searching).

3.3 Preparing and presenting information

Finding information is one thing, but using it well is another.

Firstly, it is important to pass on information that is useful to your cause to other people who need it. Sometimes there may be a case for withholding information, especially from your adversaries, but this should be the exception rather than the rule for ethical and relationship reasons.

At a more formal level, the two major ways of sharing information are through writing or speaking.

Writing

When you are writing a report or paper as part of your advocacy effort you must:

- define clearly the purpose of the paper in one or two short sentences
- define clearly the audience for the paper (which helps you to tailor your messages to them)
- plan a logical and persuasive structure for the paper.

A typical paper or report structure includes:

- an introduction to the purpose, background and framework of the paper
- the body of the paper, which discusses the information and draws out your arguments from it
- a conclusion that ties all the points together around the purpose.

Most readers like a document that is clear and brief, uses reliable information and is well argued. People in positions of power usually respond best to an objective tone and a conventional evidence base that produces rigorous arguments and conclusions.

Speaking

Many people do not like public speaking but it is an important advocacy skill. It is often less scary if you are well prepared and know your subject well. Public speaking is a performance; it is not like natural talking or conversation.

Key tips when speaking in public are to:

- try to give your speech without reading it
- look at the audience
- put energy and conviction into what you say
- make sure people can hear you
- look bold and confident
- present your messages simply and clearly
- not speak for too long.

The basic structure of a speech can be very like a report or paper but you have more flexibility to expand on some issues, gloss over others or add images, music, humour and anecdotes.

More information

Farmer, WM (2003) *Tips on Writing Papers*. McMaster University. http://imps.mcmaster.ca/doc/paper-tips.pdf.

National Multiple Sclerosis Society (no date) *Turning Words into Action: Tips on concise and compelling advocacy writing*. National Multiple Sclerosis Society. http://www.msandyou.org/programs_services/advocacy-writing.pdf.

'Presentation tips for public speaking' (chapter 3), *A Research Guide for Students*. http://www.aresearchguide.com/3tips.html.

'Tips on public speaking', *ActNow*. http://www.actnow.com.au/Tool/Tips_on_public_speaking.aspx (last modified 5 July 2006).

3.4 Developing a strategic action plan

Every advocacy action or campaign needs a strategic action plan. It does not have to be big or complicated.

The two benefits of doing a plan are that it clarifies why and how you will do the advocacy, and it provides a framework within which you can track progress.

Your plan should less than 10 pages long and answer the questions set out in Table 1.

Table 1: Writing an advocacy action plan

Element	Description	Length
Define the problem	What problem/s will you address? What problem/s won't you address?	1 to 2 paragraphs
Test your decision	How will resolving the problem you have decided on, address the underlying causes or have more impact than addressing another part of the problem?	½ to 1 page
Develop your vision	What will the world be like if the problem you have decided on is resolved?	1 to 2 sentences
Define your context	What are the root causes of the problem? What is likely to help or hinder you in resolving the problem? Who gains and who loses from the problem? Who else is trying to resolve the problem?	½ to 1 page
Consider your capacities	What are your organisation's values, strengths, weaknesses and priorities, as well as its human and financial resources?	½ to 1 page
List key players	Who are the key players –the people you want to change, your allies and other advocates?	½ page
Define your objectives	What do you need to achieve to get to the vision and is it time-specific, achievable and measurable?	1 to 2 pages (One to three objectives of one sentence each, plus tactics, a timeline and an evaluation in table format.)
Decide on your tactics	How will you achieve your objectives? Which objective will deliver the greatest impact for the least energy and resources?	
Timeline	What are the key dates (or deadlines) by which milestones need to be achieved?	
People	Who will be doing what on the campaign?	
Evaluation	How will you know if you have succeeded? What is your process for finding out whether you have succeeded?	
Develop communications	What key messages will have maximum impact with the different key players and audiences? How and when will the key messages be delivered?	½ to 1 page
Engage with others	How will you recruit and engage constituents, more advocates and allies?	½ to 1 page
Budget	What are expenditure items and the total budget?	½ page

Source: Adapted from ‘Campaign planning template’, *The Change Agency*.
http://www.thechangeagency.org/_dbase_upl/tCA_campaign_plan_template.pdf.

More information

‘Campaign planning template’, *The Change Agency*.
http://www.thechangeagency.org/_dbase_upl/tCA_campaign_plan_template.pdf.

‘Developing a strategic plan’ (chapter 8), *The Community Tool Box*.
http://ctb.ku.edu/en/tablecontents/chapter_1007.htm.

3.5 Communicating for maximum influence

Key messages

The first task of effective communication is to decide your key messages.

Developing key messages is harder than it sounds, but it is essential for effective communication. To develop effective key messages you need to have a good understanding of your cause, your audiences and your critics. The process of developing key messages will help you to crystallise what you stand for. You can also use this process to anticipate what your critics might say in response to you, so you can design some of your key messages to pre-empt them.

Fill in Table 2 to focus you when you start working on your key messages.

Table 2: Deciding the key messages

Audiences	Other advocates	Allies	People targeted for change
Behavioural objective What is the specific action you want your audience to take?			
Barriers What is stopping your audience from taking the specific action?			
Opportunities What is some desire or fashion we can ride on?			
Competing messages What is the opposition saying?			
Audience benefits What can we offer that is important to the audience?			
Theme/messages How can we best frame a convincing case?			

Source: Adapted from Les Robinson and Andreas Glanznig (2003) 'Crafting strong messages' (chapter 18) *Enabling Ecoaction*. Humane Society International, WWF Australia and World Conservation Union, p 132. http://www.enablingchange.com.au/Enabling_EcoAction.pdf.

All persuasive communication

Use concrete, clear language, avoid jargon and keep your messages simple and memorable.

Use a variety of methods to explain your point in your advocacy communications, including:

- a hook such as an interesting heading to grab people's attention
- stories or anecdotes
- facts and evidence
- ideas of what the audience can do about the issue
- the benefits for the audience of doing something about the issue.

Depending on the nature of the communication and the audience you are addressing, you can also use images, sound and music, quotations from credible sources and other devices. A variety of methods is likely to be more effective and suit different learning styles than just a single method.

If people dismiss you as extreme or biased, use people who are credible in their eyes to help convey your message.

More information

Robinson, Les, and Glanznig, Andreas (2003) ‘Crafting strong messages’ (chapter 18) *Enabling Ecoaction*. Sydney: Humane Society International, WWF Australia and World Conservation Union. http://www.enablingchange.com.au/Enabling_EcoAction.pdf.

3.6 Lobbying and writing submissions

Lobbying politicians, senior bureaucrats and chief executives

Political and organisational leaders are busy people who are juggling many issues at the same time. They are usually inundated with information and exposed to stakeholders with opposing views. Many of these leaders are very risk averse and do not like bad publicity. If you want to influence them, don't expose them to risk and be well prepared.

- Know your subject and the different views on it.
- Try to meet face to face as this has more potential to influence than a letter or leaflet has.
- Be clear but flexible about the outcome you want from a meeting or letter.
- Find out as much as you can about the person before you meet with them.
- Present your case clearly, using evidence, anecdotes and reasoned argument they can relate to.
- Be positive rather than preachy or angry, and engage the person in dialogue.
- Get an agreement from the person for further action to be carried out by you or them.
- Leave the person with a written summary of your presentation.
- Don't stay too long.
- Follow up the meeting with a thank you note, send further information and keep in touch from time to time.

Submissions

A submission is a formal response to the Government or planners on a piece of legislation, a proposal or an inquiry. In New Zealand people write submissions to select committees, council committees, DHBs and others.

Many of the rules that apply to other forms of writing also apply to submissions, but they have their own purpose and structure. A submission is always designed to persuade politicians or planners of your position on an issue. A submission needs to start with:

- a heading that gives the name of the bill or proposal on which you are commenting and the committee the submission is going to
- who the submission is from and your contact details
- a request to make an oral submission (if you want to make one)
- your organisation's aims
- how widely you have consulted.

The body of the submission needs to directly address the bill, proposal or inquiry terms of reference. Summarise your general position first, then systematically make your points in the same order as the relevant content in the document you are responding to.

Type your submission on A4 paper, one sided, with wide margins on both sides of the page.

Use headings for each paragraph and number the paragraphs as well as the pages.

Remember to be concise, clear and accurate in what you write and keep the content of your submission relevant to the subject.

Many government agencies and local councils have their own guidelines for making submissions to them.

More information

Barnett, Tim, MP (no date) ‘Political lobbying: How to plan and deliver a strategy’, *Volunteer Wellington*. http://www.volwell.org.nz/index.html.

‘Have your say’, *New Zealand Parliament*. http://www.parliament.nz/en-NZ/HvYrSay (making submissions to select committees).

3.7 Taking part in meetings

Chairing meetings

The core responsibilities of the person chairing a meeting are to:

- ensure everyone has the opportunity to participate
- maintain order and guide discussion
- achieve an outcome.

Your job as chair is to be a facilitator rather than a contributor, although you can contribute indirectly by asking questions, suggesting other angles or options, or giving a view that will help the discussion.

A chair needs to politely constrain people who dominate the discussion to ensure quiet people have the opportunity to give their view.

Read the minutes from the last meeting to remind yourself of the items that need to go on the agenda. Organise the agenda so the most important items are dealt with first.

Guide the discussion by introducing the purpose of the discussion, keeping the group on track, bringing the discussion to a close when the time is right, and summarising the discussion at the end. If the group gets stuck, suggest a new angle or group activity such as brainstorming to move the discussion along.

In many meetings decisions are made by consensus but in more formal settings decisions may be the result of voting. It is better if there has been sufficient discussion and all or most of the people present agree to the decision. If there isn’t agreement, you might suggest the decision is deferred until another meeting, especially if you need more information.

It is important for progress and group morale that there is an outcome from a meeting and that further action is decided at the meeting. Towards the end of the meeting decide who is going to do what and by when, and record that information as actions at the end of the minutes.

Participating in meetings

If you are a member of a committee or a board you will be expected to prepare for meetings by reading and considering information you have been sent beforehand.

If you are prepared, you will feel more confident about speaking at the meeting.

If you want an item put on the agenda, talk to the chair before or at the start of the meeting.

To be a successful committee member it helps if you are organised, reliable, flexible, a good listener and a clear communicator with a good sense of humour.

When you introduce an agenda item, prepare yourself. If it is a big or contentious issue, seek the views of some or all of the committee members before the next meeting, so you can gauge the level of support for your item and can figure out how to communicate your view.

Some of the committees you are on will be stacked with professionals and managers. You may find they use a lot of jargon, say discriminatory things about service users, and focus more on money, politics and risk than on benefiting service users. You may feel excluded and alienated, which can lead you to lose confidence or become angry. It is important you have your say. Question jargon, challenge discrimination and remind professionals and managers that they are in their roles for service users. Usually, it is better to be polite or use humour rather than be explicitly angry when you challenge them. Anger can have a place, but it should be the exception rather than the rule.

More information

‘How to facilitate a meeting’, *GSA Network*. http://www.gsanetwork.org/resources/pdf/Meetings.pdf.

‘How to organise and facilitate meetings effectively’, *libcom.org*. http://libcom.org/organise/organise-facilitate-meetings-effectively.

3.8 Working with the media

The media (such as television, radio, newspapers and magazines) can be part of the problem for people doing systemic advocacy. However, with your input they can also be part of the solution; the media has a huge role in changing attitudes.

To begin, your group needs to work out its key messages on the issues you want to go to the media about. Think about the language and imagery you use. Does it support your fundamental beliefs? Will it resonate with the public?

Then, it's a good idea to compile a list of all relevant media contacts and to build relationships with journalists who report on health and related issues.

Tips for engaging with journalists

Here are some tips for engaging with journalists.

- Journalists find it easiest to find an 'angle' in real events, new stories and human interest stories.
- Always provide accurate information and evidence.
- Return journalists' calls or email messages as soon as you can because they have deadlines to meet.
- Never say anything to a journalist that you wouldn't want splashed in headlines.
- Communicate clearly and avoid ambiguity, especially on radio and television.
- Don't give journalists 'off the record' information because they might use it.
- If you are asked to comment on something you don't know about, say you don't know enough to comment.
- If you are asked to comment and you aren't prepared, tell the journalist you will call them back in a few minutes to give you time to prepare your comments.
- Steer an interview to fulfil your agenda by 'answering' questions with the messages you want to get across, not the answers the journalist is seeking – politicians do it all the time.
- Don't expect journalists to check what they write with you before publication – they don't do it.

Media releases

Media releases are a good way to distribute your views to many media and other contacts at once.

A media release needs to be clear and to the point with an attention-grabbing headline. It's best to write a release in the way a journalist writes a news article: start with the most important point, then work down to the least important point.

The media release needs to convey some of your key messages and answer who, what, when, where and why.

Restrict the release to one or two double-spaced pages, write the release in the present tense, and use short paragraphs. Include quotations from your organisation's spokesperson.

Write the date and the spokesperson's contact details at the end of the release.

Letters to the editor and comment columns

Letters to the editor are a good way to respond to newspaper coverage. Keep your letter short, write it promptly, get your facts right, and come across as reasonable rather than angry.

Many papers have space for people to write comment columns where readers can discuss their views on a topical issue in more depth than in a letter to the editor. Prepare an outline of what you want to write, then talk to the features editor to see whether the paper is interested in your material. Be prepared for the editor to cut your article if they publish it.

Complaints to the media

If media coverage is discriminatory, you may want to meet with the journalist or editor about it. If this doesn't get a good response, you can make a formal complaint to the:

- **New Zealand Press Council** (see the council's website http://www.presscouncil.org.nz)
- **Broadcasting Standards Authority** (see the authority's website http://www.bsa.govt.nz)
- **Advertising Standards Authority** (see the authority's website http://www.asa.co.nz).

More information

'Dealing with the media', *Seeds for Change*. http://seedsforchange.org.uk/free/media.pdf.

Robinson, Les (Social Change Media) (2000) *The Social Change Media Guide to Working with the Media*. Australia: Pluto Press Australia. http://www.enablingchange.com.au/Working_the_media.pdf.

Wilkinson, Ron (Media Matters) (no date) 'Guidelines for dealing with the media'. *New Zealand Principals' Federation*. http://www.nzpf.ac.nz/resources/Media_Guidelines.pdf.

3.9 Understanding Māori protocols

Advocates in New Zealand need to be familiar with Māori protocols. Every culture has protocols − the do's and don'ts about how to behave in certain situations. In European cultures, for instance, it's not done to talk loudly in a traditional church, spit on the street or look at the ground all the time when you're talking to someone.

Māori protocols come into force most intensively on a marae.

Rituals of encounter: pōwhiri (welcome) and poroporoakī (farewell)

If you are going onto a marae for the first time, you are classified as manuhiri (a visitor). You must wait outside the gate of the marae for the tangata whenua (people of the land who belong to the marae) to start the pōwhiri (welcome). A woman stands on the porch of the whare nui (meeting house) and does a karanga (call). Someone from the manuhiri does a karanga in reply. The manuhiri then walk slowly behind their kaikaranga (caller) to the porch of the marae where they take their shoes off and walk inside to where they are told to sit.

The speakers for the manuhiri and tangata whenua, who in most iwi are always male, sit in the front row. Both groups sit opposite each other. The whaikōrero (speech making in Māori) starts with the tangata whenua all speaking first or alternating with the manuhiri. Usually after each speaker finishes, other people on the speaker's side stand behind him and sing a waiata (song). The last speaker for the manuhiri places a koha (gift – usually an envelope with money in it) on the floor. The tangata whenua karanga the koha, pick it up and acknowledge the contribution. The leader of the tangata whenua now invites the manuhiri to come over and harirū (shake hands) or hongi (press noses and exchange breath). The manuhiri are now considered tangata whenua and share some kai (food) to remove the tapu (sacredness) of the ritual of encounter.

At the end of the event, there is a ritual named a poroporoakī (farewell).

Pōwhiri and poroporoakī also happen outside the marae setting at the start and close of big events such as conferences. At smaller events the pōwhiri may be scaled down to mihi whakatau (welcome speeches in Maori).

Rules of the marae

The rules of the marae can differ between tribes. But the following are reasonably consistent.

- Take your shoes off before going into the whare hui.
- The left-hand side and rear of the whare hui is usually occupied by the manuhiri.
- Never interrupt someone while they are speaking.
- Do not smoke, drink, eat food or chew gum in the whare hui.
- Do not run, step over people or walk in front of speakers in the whare nui.
- Do not jump on mattresses or sit on pillows.
- Do not sit on tables anywhere.
- Do not pass food over anyone's head.
- Do not smoke in the whare nui, whare kai (dining room) or ātea (grass area in front of the marae).
- Alcohol is not allowed anywhere on the marae.

Pepeha or mihimihi

The pepeha or mihimihi is the way to introduce yourself in Māori. It's useful to prepare and learn your own pepeha to share in a Māori context. The pepeha starts with statements about your home mountain, river and sea, then your ancestors, your iwi, hapū and marae, then your grandparents, your parents and finally yourself. Pākehā can do a modified pepeha.

More information

‘Customs/traditions: Pepeha: What Is It?’, *maori.org.nz*. www.maori.org.nz/tikanga/?d=page&pid=sp72&parent=71.

maori.org.nz. http://www.maori.org.nz (Māori tikanga and protocols).

3.10 Dealing with conflict

Conflict can be expressed in different ways. It can be:

- open – people argue and disagree
- silent – people stop communicating with each other
- covert – people appear to get on but undermine each other behind the scenes.

Conflict in groups is inevitable, but if handled well it can have positive outcomes. However, it can also damage individuals, relationships and the cause your group is working on. The user/survivor movement has been blighted by unresolved conflicts in every country. This may have something to do with our history of oppression, our sensitivity to exclusion and our insecurity in new, untested roles.

Process for conflict resolution

The way we handle conflict requires care and restraint. If a conflict starts to affect others, people need to act, as it has the potential to do damage to the group. A process for resolving the conflict needs to be set up. It may involve just the people who are in conflict or, in more serious cases, a third party who may be the group's leader or a mediator.

Follow the process below to resolve conflict.

1. Set a time and a place for a discussion. Kanohi te kanohi (face-to-face) discussion is especially important for Māori, and it is better not to conduct a conflict through the written word.
2. Before the discussion, think about what you want from the discussion. Think in terms of 'win-win', but don't expect miracles.
3. At the discussion, each person:
    - defines what the conflict is about for them in clear and tangible terms
    - acknowledges their contribution to the conflict
    - discusses past attempts to resolve the conflict (or similar conflicts).
4. Both parties then:
    - brainstorm possible solutions
    - discuss and evaluate possible solutions
    - agree on a solution to try
    - agree how each individual will work toward the solution
    - agree when to discuss progress with the solution.

Spirit of conflict resolution

The best process for conflict resolution won't work unless people adopt a constructive approach.

- Listen with curiosity to the other person's story without interrupting them.
- Acknowledge the other person's story, their perspective on the conflict, as well as your contributions to the conflict.
- Tell your own story and advocate for your own view without minimising the other person's view.

Using a process for conflict resolution helps in most cases. But occasionally a conflict gets so entrenched that resolution can be achieved only by parting company. In these cases the process needs to be used to achieve the parting in the most constructive way possible.

More information

‘Conflict resolution: How to fight fair so everyone wins’, *Faculty Staff Assistance Program, Univeristyof Pennsylvania*. http://www.upenn.edu/fsap/conflict.htm.

‘Conflict resolution tips’, *Crysand Consultants*. http://www.crysand.com/tips.php.

Rowse, Darren (2006) ’10 steps to conflict resolution’, *ProBlogger*. http://www.problogger.net/archives/2006/09/15/10-steps-to-conflict-resolution.

3.11 Developing leadership

If power is the ability to make things happen, leadership is the ability to take other people with you. All advocates have to demonstrate leadership, even if they are not the formal leader or spokesperson of the group they belong to. Every time you persuade people, coordinate people, organise events, make suggestions, give directions or ask the neglected question, you are demonstrating leadership.

Some people, however, are placed in the role of ‘leader’. They have an additional responsibility to adopt an overview of the whole group, its purpose, its work and its vision.

Note that leadership is distinct from management. Managers can be leaders but they also need management skills such as employer, financial and organisational skills that aren’t a part of pure leadership.

Leadership styles

The classic theory of leadership suggests there are three leadership styles.

Authoritarian leaders use orders and coercion to get things done. People tend to respond to authoritarian leadership by becoming aggressive or apathetic. There are some fine examples of these behaviours in traditional mental health services.

Laissez-faire leaders are aloof and uninvolved. People tend to respond to these leaders with low satisfaction, fragmentation and poor results. Our current health structure has encouraged laissez-faire leadership. Just look at some of the structural relationships between the Ministry of Health and the DHBs.

Participatory leaders consult with their group, listen carefully and offer inspiration and advice. They tend to generate high morale, creative solutions and good quality work. The user/survivor movement is founded on the ideal of democratic leadership, as are recovery-based services.

Participatory leadership

A good participatory leader is skilled at:

- team building
- group facilitation
- conflict resolution
- negotiation
- change facilitation.

How do good participatory leaders express these roles? They need to:

- carry the vision and help keep the group on track
- enable other people to express their ideas, as well as use their talents and initiative
- create an atmosphere that facilitates honesty, openness and respect for others
- take responsibility for sustaining the well-being of the group
- be good listeners and be able to act as a neutral facilitator in conflict situations
- show enthusiasm and be able to motivate people to keep going
- be innovative and prepared to take calculated risks
- celebrate and reward successes
- not use their position of influence and knowledge to manipulate decisions or outcomes

- be as happy to lead in the background without the lime-light as to lead from the front.

More information

‘2005–2006 weLEAD leadership tips’, *weLEAD (web enhanced leadership education and development)*. http://www.leadingtoday.org/Tips.html.

‘Lewin’s leadership styles’, *ChangingMinds/org*. http://changingminds.org/disciplines/leadership/styles/lewin_style.html

PART FOUR
PERSONAL ISSUES

4.1 Dealing with negative feelings and responses

Stress

Advocacy work can be adversarial in an environment of unequal power and even discrimination. This can create a lot of stress. Most of the stress people experience is necessary and manageable but when stress takes over it can interfere with people's physical and mental functioning as well as their relationships. Too much stress can compromise your work.

Good ways to deal with stress are to:

- identify the causes or triggers so you can start to minimise their impact
- don't promise more than you can comfortably deliver
- get enough rest, exercise, relaxation and good food
- create 'to do' lists, tidy up, or use other devices that give you a sense of control over your life
- talk to people you trust about the stresses you are experiencing
- use your favourite meditation technique when you feel wound up
- resolve conflicts quickly
- find constructive ways to deal with negative feelings such as fear, anger and disappointment.

Fear

Advocates may fear situations like challenging important people, not having enough information, or being shown up in public. It helps to define and understand exactly what the fear is about, and then look at ways to minimise its power or impact.

Common strategies for dealing with fear are to:

- ensure you are informed and fully briefed beforehand
- visualise the situations that could trip you up and strategies for dealing with them
- rehearse what you need to say
- call on others with complementary skills to assist you beforehand or at the time.

Anger

There's always some anger behind every advocacy effort. Anger can be a huge motivator but it can be destructive if it is expressed in anti-social ways, such as a refusal to engage or listen and verbal or physical aggression. When we've been hurt or feel passionately about an issue, anger can be difficult to contain, but in most circumstances it is best to use open expressions of it sparingly.

Common ways of dealing with anger are to:

- recognise what triggers it
- understand that you could be like the people you are angry at, if you were in their position
- separate issues from personalities
- use humour, stories or metaphors to defuse tension or to get your message across in a less threatening way
- walk away from the situation that is angering you, if you start to feel out of control
- express anger openly when alone with like-minded people you trust

- use assertiveness techniques (section 4.3).

Disappointment

Most movements and causes will take years or even generations to reach their goals and even then, the outcome may not be nearly as clear-cut as you would like. You need to be patient and prepared for disappointment. Powerful forces resist change, but change does happen, most of the time quite imperceptibly.

Advocates often pay the price of frustration and disappointment for having a more progressive vision than people in power. To counter this disappointment, it is important to celebrate what has changed even if it is modest and slow.

More information

‘Emotions’, *Emotional Intelligence*. http://eqi.saltainfo.com/emotions.htm.

‘Managing negative feelings’, *WikiHow*. http://www.wikihow.com/Category:Managing-Negative-Feelings.

‘Mind guide to managing stress’, *Mind*.
http://www.mind.org.uk/Information/Booklets/Mind+guide+to/Mind+guide+to+managing+stress.htm (last modified 2006).

‘Stress management: How to reduce, manage, and cope with stress’, *Helpguide*.
http://www.helpguide.org/mental/stress_management_relief_coping.htm.

4.2 Identity and role strain

Identity

Identity is a complex, mercurial issue but our identity is at the core of both why and how we do advocacy. When we start to use services, particularly ones that are not recovery oriented, we may take on the identity of a sick, helpless victim. For many people, emerging from this experience to do advocacy, requires a radical reframing of their identity and often a questioning of some of the core beliefs that the mental health system is based on.

Successful advocates cannot maintain the identity of the helpless victim, nor should they take on the expert authority identity of a traditional mental health professional. The user/survivor movement has generated new identities for service users – such as experts by experience, advisors, change agents and human rights activists. These new identities dovetail with roles that go beyond the helpless victim or sick person. Predictably, the new roles can generate tensions with the traditional mental health system.

If a person is still caught up in the ‘helpless victim’ role or lured by the traditional professional ‘expert authority’ role, they will find it difficult to do effective advocacy. If, however, they take on a new identity that is active, strong and assertive, they will do much better.

It is worth reflecting on your identity and discussing the issue with other advocates from a service user background to get clear about how your identity affects your work.

Role strain

Identity and role are intertwined; identity is your internal sense of yourself in relation to the rest of the world whereas a role is an external expression of this. Role strain is the tension created when an individual is known, or known of, in two very different roles. Service user advocates and mental health professionals may both experience role strain when they begin to relate as colleagues rather than professional and client. These transitions can bring out feelings and behaviour that betray inferiority, prejudice or confusion.

Service user advocates often experience role strain in the following ways.

- Fear that professionals will pathologise their emotions, behaviour and appearance.
- Concern that professionals will expect their service user colleagues to expose their personal stories without understanding the personal cost or having to do it themselves.
- Fear that they will appear incompetent or unknowledgeable because they don’t have the same kind of knowledge or use the same kind of language as the professionals use.
- Feelings of isolation and alienation from the world view of professionals, particularly if it dominates.

Service user advocates have come up with a variety of ways to minimise role strain such as fostering a strong identity, using humour, being assertive, and having open discussions and supervision.

Employers can minimise role strain by having zero tolerance of prejudice, clear job descriptions and tailored work adjustments.

More information

Wells, Debra (1999) ‘The experience of role strain from the perspective of consumer/employees in mental health settings’, presented at the ‘Realising’ Recovery Conference, Wellington, 29 November – 1 December 1999. http://cmapspublic.ihmc.us/servlet/SBReadResourceServlet?rid=1132134270875_1395918309_13107 (also available from deb.wells@xtra.co.nz).

4.3 Assertiveness

Assertiveness is a useful attribute or skill in advocacy work as well as in other areas of life. It is a way of communicating that is clear about what you think or want while respecting the rights and feelings of others. Anyone can learn assertive behaviour – it just takes practise. A good way to clearly define assertiveness is to contrast it with passive and aggressive behaviour:

Table 3: Assertive behaviour compared with passive and aggressive behaviours

	Initiating behaviour	Likely response
Passive behaviour	• Is self-denying, feels hurt, anxious, inhibited, lets others choose • Does not achieve goals	• Feels sympathy, guilt or contempt • Achieves goals at other person's expense
Aggressive behaviour	• Expresses feelings but hurts or puts down others • Achieves goals at others' expense	• Feels hurt, humiliated, taken advantage of or used • Does not achieve goals
Assertive behaviour	• Expresses feelings and wishes but respects others' feelings and wishes • Usually achieves goals	• Feels clear about the other person's position as well as respected • May achieve goals

Examples of assertive behaviour

Assertive behaviour includes:

- asking for help when you need it
- asking questions when you are confused
- offering your opinion when it differs from others' opinions
- saying 'no' when you don't want or need to do something
- explaining your feelings and intentions clearly
- showing willingness to look for a 'win-win' solution
- showing confidence and strength as well as concern for others
- being able to contain your anger and annoyance.

Assertiveness techniques

There are four main assertiveness techniques.

A **basic** assertion is a straightforward expression of your beliefs, wishes, opinions. For example, 'I need the paper by midday on Friday'.

An **empathic** assertion is a genuine recognition of the other person's situation, followed by a statement that expresses what you need or feel. For example, 'I know you've been busy but I need the paper by midday on Friday'.

An **escalating** assertion is when the other person continues to resist your request unreasonably, you repeat your request and, if that doesn't work, you mention the consequences if your request is not met. For example, 'I need the paper by midday on Friday'. The response is unreasonably resistant. 'I need the paper by midday on Friday and if I don't get it I won't contract with you again'.

An **'I' language** assertion is useful for expressing negative experiences without judging or blaming. It involves a three-part statement, 'When you do X, the effects are Y, so I need you to do Z'. For example, ‘When you get your papers in late, it can delay the project by one week, that’s why I need you to get your paper in by midday on Friday’.

More information

‘Assertiveness’, *Wikipedia*. http://en.wikipedia.org/wiki/Assertiveness (last modified 4 July 2008).

‘Improving assertive behaviour’, *Coping.org: Tools for Coping with Life's Stressors*. http://www.coping.org/relations/assert.htm.

‘Learning to be assertive’, *Counseling and Mental Health Center*. http://www.utexas.edu/student/cmhc/booklets/assert/assertive.html (last modified 10 October 2002).

4.4 Getting support

Advocacy is often hard work. You will at times feel demoralised, powerless, angry, ignored and even discriminated against. It's important that there are other people around you, such as your employer, peers, mentors, professional supervisors who can support you in different ways.

Employer support

If you are employed to do advocacy or similar work, your manager's job is to ensure you are able to do your work to the best of your ability. They are there to sort out your salary, work conditions, training and performance appraisals. A good manager will touch base with you regularly and give you positive and negative feedback about your work, and assist you to make improvements.

Peer support

Meeting formally or informally with other people doing similar work is a must for people who work in isolation from their peers. The support of other service users will help you to realise that you are not struggling alone and that many of your responses are due, not to your psychiatric label or your personality, but to the difficult circumstances you are in.

Peer support provides strength and a feeling of solidarity as well as strategies for dealing with difficulties at work.

Mentors

A mentor is someone who is more experienced than you are at the work you do, and gives you advice on how to fulfil your role. Many mentor relationships are informal and are conducted on a friendship basis. Sometimes employers, other peers and professional supervisors function as mentors as part of their role with you.

External supervision

If you work for an agency, you may be able to get external supervision (sometimes called job coaching) as part of your package. This supervisor is not part of the organisation you work for and you are not accountable to them. External supervisors can specialise in areas like cultural, clinical, peer or management supervision. Your external supervisor doesn't necessarily need to be all that familiar with the mental health system but they need to have tools and expertise in areas like personal development, career development, organisational development and change management. Usually, you will go to them once a month, or as needed, to discuss your difficulties in your work and strategies for overcoming them.

You can find professional supervisors through word of mouth or by looking in the *Yellow Pages* under 'careers advice', 'coaching' or 'supervision'.

APPENDIX: Advocacy Resources in subject order

Comprehensive resources

The Community Tool Box. http://ctb.ku.edu/en (world's largest resource for free practical guidance in creating change and improvement – over 7,000 pages).

CommunityNet Aotearoa. http://www.community.net.nz (internet resource for community organisations in New Zealand)

National Mental Health Consumers' Self-Help Clearinghouse. http://www.mhselfhelp.org (American consumer-run online resource for self-help and advocacy initiatives).

Robinson, Les, and Glanznig Andreas (2003) *Enabling Ecoaction*. Humane Society International, WWF Australia and World Conservation Union. http://www.enablingchange.com.au/Enabling_EcoAction.pdf (Australian handbook for environmental advocates with useful guidance for all advocates).

SPICE Consulting (1999) *The Kit: A guide to the advocacy we choose to do: a resource kit for consumers of mental health services and family carers* (2nd ed). Australia: Commonwealth Department of Health and Family Services. http://www.mhca.org.au/Resources/CommunityDevelopment/index.html#TheKit

The user/survivor movement

Barnes, Marian (2002) 'Taking over the asylum', paper for the Critical Psychiatry Network Conference, Birmingham, 26 April 2002. http://www.critpsynet.freeuk.com/Barnes.htm.

'Consumer/survivor/ex-patient movement', *Wikipedia*. http://en.wikipedia.org/wiki/Consumer/Survivor/Ex-Patient_Movement (last modified 13 June 2008).

'Psychiatric survivor movement history', *MindFreedom*. http://www.mindfreedom.org/kb/act/movement-history.

Mental Health Commission (2004) *Our Lives in 2014: A recovery vision from people with experience of mental illness for the second mental health plan*. Wellington: Mental Health Commission. http://www.mhc.govt.nz/publications/2004/MCH_Our_Lives_Final(b).pdf.

Understanding power

'Power', *Wikipedia*. http://en.wikipedia.org/wiki/power (last modified 2 July 2008).

Advocacy levers

'International Covenant on Civil and Political Rights', *University of Minnesota, Human Rights Library*. http://www1.umn.edu/humanrts/instree/b3ccpr.htm.

'International Covenant on Economic, Social and Cultural Rights', *Office of the High Commissioner for Human Rights*. http://www.unhchr.ch/html/menu3/b/a_cescr.htm.

Convention of the Rights of Persons with Disabilities. *United Nations*. http://www.un.org/disabilities/convention/conventionfull.shtml.

Ministry of Justice (2001) *New Zealand Bill of Rights Act 1990*. Wellington: Ministry of Justice. http://www.justice.govt.nz/pubs/other/pamphlets/bill_of_rights/bill_rights.pdf.

'Human Rights Act', *Human Rights Commission*. http://www.hrc.co.nz/index.php?p=308.

'Health and Disability Commissioner Act 1994', *Health and Disability Commissioner*. http://www.hdc.org.nz/files/hdc/HDC-Act-1994.pdf.

'Health Information Privacy Code', *Privacy Commissioner*. http://www.privacy.org.nz/health-information-privacy-code-1994.

'Official Information Act 1982', *Knowledge Basket*. http://gpacts.knowledge-basket.co.nz/gpacts/reprint/text/1982/an/156.html.

Minister of Health (2005) *Te Tāhuhu: Improving mental health 2005–2015: The second New Zealand Mental Health and Addiction Plan*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/0/F2907744575A9DA9CC25702C007E8411/$File/tetahuhu-improvingmentalhealth.pdf.

Minister for Disability Issues (2001) *The New Zealand Disability Strategy: Making a world of difference: Whakanui Oranga*. Wellington: Ministry of Health. http://www.odi.govt.nz/nzds.

Māori health policy (Minister of Health and Associate Minister of Health (2002) He Korowai Oranga: Maori Health Strategy. Wellington: Minstry of Health. http://www.moh.govt.nz/mhs.html).

Changing systems – what works

Rogers, Everett M (1995). *Diffusion of Innovations*. New York: Free Press, cited in the *Key Text* report 'Building a better mousetrap: Why the relative advantage of an innovation helps it diffuse', http://www.children.smartlibrary.org/NewInterface/segment.cfm?segment=2173.

Central government

'MPs and parties', *New Zealand Parliament*. http://www.parliament.nz/en-NZ/MPP.

'Select committees', *New Zealand Parliament*. http://www.parliament.nz/en-NZ/SC.

'Have your say', *New Zealand Parliament*. http://www.parliament.nz/en-NZ/HvYrSay.

'Asking an MP to put an inquiry or question to parliament', New Zealand Parliament. http://www.parliament.nz/en-NZ/MPP.

Human Rights Commission. http://www.hrc.co.nz.

Health and Disability Commissioner. http://www.hdc.org.nz.

Privacy Commissioner. http://www.privacy.org.nz.

Office of the Ombudsmen. http://www.ombudsmen.parliament.nz.

'Guide to Parliament and government', *DecisionMaker*. http://www.decisionmaker.co.nz.

New Zealand Government. http://newzealand.govt.nz (information and resources from all government agencies).

New Zealand Parliament. http://www.parliament.nz/en-NZ

How the health system works

‘About mental health services’, *Mental Health Commission*. http://www.mhc.govt.nz/about_mental_health_services.

‘The New Zealand health and disability system’, *Ministry of Health*. http://www.moh.govt.nz/healthsystem.

District Health Boards

‘District Health Boards’, *Ministry of Health*. http://www.moh.govt.nz/moh.nsf/wpg_Index/About-District+Health+Boards (last modified 30 May 2008).

New Zealand Health Strategy (Minister of Health (2000) *The New Zealand Health Strategy*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/2285/$File/newzealandhealthstrategy.pdf)

New Zealand Disability Strategy (Minister for Disability Issues (2001) *The New Zealand Disability Strategy: Making a world of difference: Whakanui Oranga*. Wellington: Ministry of Health. http://www.odi.govt.nz/nzds).

Te Tāhuhu (Minister of Health (2005) *Te Tāhuhu: Improving mental health 2005–2015: The second New Zealand Mental Health and Addiction Plan*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/0/F2907744575A9DA9CC25702C007E8411/$File/tetahuhu-improvingmentalhealth.pdf)

Te Kōkiri (Minister of Health (2006) *Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/5014/$File/te-kokiri-mental-health-addicition-action-plan-2006-2015.pdf)

the Blueprint (Mental Health Commission (1998) *Blueprint for Mental Health Services in New Zealand: How things need to be*. Wellington: Mental Health Commission. http://www.mhc.govt.nz/documents/0000/0000/0009/BLUEPRINT1998.PDF)

Primary health services

Minister of Health (2001) *The Primary Health Care Strategy*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/756?Open.

‘Evaluation of the implementation and intermediate outcomes of the Primary Health Care Strategy’, *Victoria University of Wellington*. http://www.victoria.ac.nz/hsrc/reports/primary-index.aspx (last modified 18 September 2007).

‘Healthy on purpose’, *Waikato Primary Health*. http://www.waikatoprimaryhealth.org.nz/wpho (a PHO website).

‘Primary health care’, *Ministry of Health*. http://www.moh.govt.nz/primaryhealthcare (last modified 1 July 2008).

‘Primary mental health evaluation’, *University of Otago*. http://www.wnmeds.ac.nz/academic/gp/mentalhealth (last modified 27 March 2007).

ProCare. http://procare.co.nz (a PHO website).

Human rights agencies

Human Rights Commission. http://www.hrc.co.nz.

Health and Disability Commissioner. http://www.hdc.org.nz.

Health and Disability Advocacy Service. http://www.hdc.org.nz/advocacy.

Other central government agencies

Ministry of Social Development. http://www.msd.govt.nz.

Work and Income. http://www.workandincome.govt.nz.

Child, Youth and Family. http://www.cyf.govt.nz.

Housing New Zealand. http://www.hnzc.co.nz.

Ministry of Education. http://www.minedu.govt.nz

Tertiary Education Commission. http://www.tec.govt.nz.

New Zealand Qualifications Authority. http://www.nzqa.govt.nz.

Ministry of Health. http://www.moh.govt.nz.

Pharmac. http://www.pharmac.govt.nz (last modified 4 July 2008).

Accident Compensation Corporation. http://www.acc.co.nz.

Ministry of Justice. http://www.justice.govt.nz.

Department of Corrections. http://www.corrections.govt.nz.

New Zealand Police. http://www.police.govt.nz.

Legal Services Agency. http://www.lsa.govt.nz.

Office for Disability Issues. http://www.odi.govt.nz.

Office of the Community and Voluntary Sector. http://www.ocvs.govt.nz.

Maori Structures

'National Maori Congress' (1999) *Center for World Indigenous Studies*. http://www.cwis.org/fwdp/Oceania/maori.txt.

'Maori Womens Welfare League. Ngā rōpū wāhine Māori (Māori women's organisations)', *Ministry of Women's Affairs*. http://www.mwa.govt.nz/directory/index.html#maori.

Local government

Local Government New Zealand. http://www.lgnz.co.nz

Local Government Online. http://www.localgovt.co.nz

'Resources', *localcouncils.govt.nz*. Department of Internal Affairs. http://www.localcouncils.govt.nz/lgip.nsf/wpg_URL/Resources-Index?OpenDocument.

Mental Health (Compulsory Assessment and Treatment) Act 1992

Bazelon Center for Mental Health Law. http://www.bazelon.org.

'Community law centres', *Legal Services Agency*. http://www.lsa.govt.nz/03clc.php (contact details for community law centres).

‘District law societies’, *New Zealand Law Society*. http://www.nz-lawsoc.org.nz/hmdlsocieties.asp (contact details for district law societies, which can provide contact details for mental health lawyers).

‘Mental health: Guidelines’, *Ministry of Health*. http://www.moh.govt.nz/moh.nsf/indexmh/mentalhealth-resources-publications#guidelines (last modified 23 April 2008) (guidelines on the use of and roles under the Mental Health (Compulsory Assessment and Treatment) Act 1992).

Ministry of Heath (2007) *District Inspectors Current Directory*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/2486?Open (contact details for dstrict inspectors).

PsychRights; Law project for psychiatric rights. http://psychrights.org/index.htm (last modified 7 April 2008).

Wellington Community Law Centre (2002) *Mental Health and the Law: A legal resource for people who use mental health services*. Wellington: Wellington Community Law Centre (can be ordered from http://www.edresources.co.nz/res_mind.asp).

Developing relationships

‘Creating and maintaining coalitions and partnerships’, *The Community Tool Box*. http://ctb.ku.edu/en/dothework/tools_tk_1.htm (about coalitions and partnerships).

Forsythe, Janice (1997) ‘A guide to coalition building’, *Cypress Consulting*. http://www.cypresscon.com/coalition.html.

Finding information

‘Community research network’, *MapCruzin.com*. http://mapcruzin.com/community-research (information about gathering spoken evidence from groups of people).

‘Find articles, research, and archives’, *HighBeam Research*. http://www.highbeam.com (online library providing easy access to a wide range of written materials via the internet)

‘Finding information’, *LInC Online*. http://ed.fnal.gov/lincon/tech_find_info.shtml (last modified 17 July 2006) (tutorials on internet searching).

‘How-to guides: Community research’, *CommunityNet Aotearoa*. http://www.community.net.nz/how-toguides/community-research (information about gathering spoken evidence from groups of people).

‘Tutorial table of contents’, *Teaching Library at the University of California at Berkeley*. http://www.lib.berkeley.edu/TeachingLib/Guides/Internet/FindInfo.html (last modified 30 January 2008) (tutorials on internet searching).

Preparing and presenting information

Farmer, WM (2003) *Tips on Writing Papers*. McMaster University. http://imps.mcmaster.ca/doc/paper-tips.pdf.

National Multiple Sclerosis Society (no date) *Turning Words into Action: Tips on concise and compelling advocacy writing*. National Multiple Sclerosis Society. http://www.msandyou.org/programs_services/advocacy-writing.pdf.

‘Presentation tips for public speaking’ (chapter 3), *A Research Guide for Students*. http://www.aresearchguide.com/3tips.html.

‘Tips on public speaking’, *ActNow*. http://www.actnow.com.au/Tool/Tips_on_public_speaking.aspx (last modified 5 July 2006).

Developing a strategy

‘Campaign planning template’, *The Change Agency*. http://www.thechangeagency.org/_dbase_upl/tCA_campaign_plan_template.pdf.

‘Developing a strategic plan’ (chapter 8), *The Community Tool Box*. http://ctb.ku.edu/en/tablecontents/chapter_1007.htm.

Communicating for maximum influence

Robinson, Les, and Glanznig, Andreas (2003) ‘Crafting strong messages’ (chapter 18) *Enabling Ecoaction*. Sydney: Humane Society International, WWF Australia and World Conservation Union. http://www.enablingchange.com.au/Enabling_EcoAction.pdf.

Lobbying and writing submissions

Barnett, Tim, MP (no date) ‘Political lobbying: How to plan and deliver a strategy’, *Volunteer Wellington*. http://www.volwell.org.nz/index.html.

‘Have your say’, *New Zealand Parliament*. http://www.parliament.nz/en-NZ/HvYrSay (making submissions to select committees).

Taking part in meetings

‘How to facilitate a meeting’, *GSA Network*. http://www.gsanetwork.org/resources/pdf/Meetings.pdf.

‘How to organise and facilitate meetings effectively’, *libcom.org*. http://libcom.org/organise/organise-facilitate-meetings-effectively.

Working with the media

New Zealand Press Council. http://www.presscouncil.org.nz.

Broadcasting Standards Authority. http://www.bsa.govt.nz.

Advertising Standards Authority. http://www.asa.co.nz.

‘Dealing with the media’, *Seeds for Change*. http://seedsforchange.org.uk/free/media.pdf.

Robinson, Les (Social Change Media) (2000) *The Social Change Media Guide to Working with the Media*. Australia: Pluto Press Australia. http://www.enablingchange.com.au/Working_the_media.pdf.

Wilkinson, Ron (Media Matters) (no date) ‘Guidelines for dealing with the media’. *New Zealand Principals’ Federation*. http://www.nzpf.ac.nz/resources/Media_Guidelines.pdf.

Understanding Māori protocols

‘Customs/traditions: Pepeha: What Is It?’, *maori.org.nz*. www.maori.org.nz/tikanga/?d=page&pid=sp72&parent=71.

maori.org.nz. http://www.maori.org.nz (Māori tikanga and protocols).

Dealing with conflict

‘Conflict resolution: How to fight fair so everyone wins’, *Faculty Staff Assistance Program, Univeristyof Pennsylvania*. http://www.upenn.edu/fsap/conflict.htm.

‘Conflict resolution tips’, *Crysand Consultants*. http://www.crysand.com/tips.php.

Rowse, Darren (2006) ’10 steps to conflict resolution’, *ProBlogger*. http://www.problogger.net/archives/2006/09/15/10-steps-to-conflict-resolution.

Developing leadership

‘2005–2006 weLEAD leadership tips’, *weLEAD (web enhanced leadership education and development)*. http://www.leadingtoday.org/Tips.html.

‘Lewin’s leadership styles’, *ChangingMinds/org*. http://changingminds.org/disciplines/leadership/styles/lewin_style.html

Dealing with negative feelings and responses

‘Emotions’, *Emotional Intelligence*. http://eqi.saltainfo.com/emotions.htm.

‘Managing negative feelings’, *WikiHow*. http://www.wikihow.com/Category:Managing-Negative-Feelings.

‘Mind guide to managing stress’, *Mind*. http://www.mind.org.uk/Information/Booklets/Mind+guide+to/Mind+guide+to+managing+stress.htm (last modified 2006).

‘Stress management: How to reduce, manage, and cope with stress’, *Helpguide*. http://www.helpguide.org/mental/stress_management_relief_coping.htm.

Identity and role strain

Wells, Debra (1999) ‘The experience of role strain from the perspective of consumer/employees in mental health settings’, presented at the ‘Realising’ Recovery Conference, Wellington, 29 November – 1 December 1999. http://cmapspublic.ihmc.us/servlet/SBReadResourceServlet?rid=1132134270875_1395918309_13107 (also available from deb.wells@xtra.co.nz).

Assertiveness

‘Assertiveness’, *Wikipedia*. http://en.wikipedia.org/wiki/Assertiveness (last modified 4 July 2008).

‘Improving assertive behaviour’, *Coping.org: Tools for Coping with Life's Stressors*. http://www.coping.org/relations/assert.htm.

‘Learning to be assertive’, *Counseling and Mental Health Center*. http://www.utexas.edu/student/cmhc/booklets/assert/assertive.html (last modified 10 October 2002).

REFERENCES: In alphabetical order

'2005–2006 weLEAD leadership tips', *weLEAD (web enhanced leadership education and development).* http://www.leadingtoday.org/Tips.html.

'About mental health services', *Mental Health Commission.* http://www.mhc.govt.nz/about_mental_health_services.

Accident Compensation Corporation. http://www.acc.co.nz.

Advertising Standards Authority. http://www.asa.co.nz).

'Assertiveness', *Wikipedia.* http://en.wikipedia.org/wiki/Assertiveness (last modified 4 July 2008).

Barnes, Marian (2002) 'Taking over the asylum', paper for the Critical Psychiatry Network Conference, Birmingham, 26 April 2002. http://www.critpsynet.freeuk.com/Barnes.htm.

Barnett, Tim, MP (no date) 'Political lobbying: How to plan and deliver a strategy', *Volunteer Wellington.* http://www.volwell.org.nz/index.html.

Bazelon Center for Mental Health Law. http://www.bazelon.org.

Broadcasting Standards Authority. http://www.bsa.govt.nz.

'Campaign planning template', *The Change Agency.* http://www.thechangeagency.org/_dbase_upl/tCA_campaign_plan_template.pdf.

Child, Youth and Family. http://www.cyf.govt.nz.

'Community law centres', *Legal Services Agency.* http://www.lsa.govt.nz/03clc.php.

CommunityNet Aotearoa. http://www.community.net.nz.

'Community research network', *MapCruzin.com.* http://mapcruzin.com/community-research.

The Community Tool Box. http://ctb.ku.edu/en.

'Conflict resolution: How to fight fair so everyone wins', *Faculty Staff Assistance Program, Univeristyof Pennsylvania.* http://www.upenn.edu/fsap/conflict.htm.

'Conflict resolution tips', *Crysand Consultants.* http://www.crysand.com/tips.php.

'Consumer/survivor/ex-patient movement', *Wikipedia.* http://en.wikipedia.org/wiki/Consumer/Survivor/Ex-Patient_Movement (last modified 13 June 2008).

Convention of the Rights of Persons with Disabilities. *United Nations.* http://www.un.org/disabilities/convention/conventionfull.shtml.

'Creating and maintaining coalitions and partnerships', *The Community Tool Box.* http://ctb.ku.edu/en/dothework/tools_tk_1.htm.

'Customs/traditions: Pepeha: What Is It?', *maori.org.nz.* www.maori.org.nz/tikanga/?d=page&pid=sp72&parent=71.

'Dealing with the media', *Seeds for Change.* http://seedsforchange.org.uk/free/media.pdf.

Department of Corrections. http://www.corrections.govt.nz.

‘Developing a strategic plan’ (chapter 8), *The Community Tool Box*. http://ctb.ku.edu/en/tablecontents/chapter_1007.htm.

‘District Health Boards’, *Ministry of Health*. http://www.moh.govt.nz/moh.nsf/wpg_Index/About-District+Health+Boards (last modified 30 May 2008).

‘District law societies’, *New Zealand Law Society*. http://www.nz-lawsoc.org.nz/hmdlsocieties.asp.

‘Emotions’, *Emotional Intelligence*. http://eqi.saltainfo.com/emotions.htm.

‘Evaluation of the implementation and intermediate outcomes of the Primary Health Care Strategy’, *Victoria University of Wellington*. http://www.victoria.ac.nz/hsrc/reports/primary-index.aspx (last modified 18 September 2007).

Farmer, WM (2003) *Tips on Writing Papers*. McMaster University. http://imps.mcmaster.ca/doc/paper-tips.pdf.

‘Find articles, research, and archives’, *HighBeam Research*. http://www.highbeam.com.

‘Finding information’, *LInC Online*. http://ed.fnal.gov/lincon/tech_find_info.shtml (last modified 17 July 2006).

Forsythe, Janice (1997) ‘A guide to coalition building’, *Cypress Consulting*. http://www.cypresscon.com/coalition.html.

‘Guide to Parliament and government’, *DecisionMaker*. http://www.decisionmaker.co.nz.

‘Have your say’, *New Zealand Parliament*. http://www.parliament.nz/en-NZ/HvYrSay.

Health and Disability Advocacy Service. http://www.hdc.org.nz/advocacy.

Health and Disability Commissioner. http://www.hdc.org.nz.

‘Health and Disability Commissioner Act 1994’, *Health and Disability Commissioner*. http://www.hdc.org.nz/files/hdc/HDC-Act-1994.pdf.

‘Health Information Privacy Code’, *Privacy Commissioner*. http://www.privacy.org.nz/health-information-privacy-code-1994.

‘Healthy on purpose’, *Waikato Primary Health*. http://www.waikatoprimaryhealth.org.nz/wpho.

Housing New Zealand. http://www.hnzc.co.nz (last modified 30 June 2008).

‘How to facilitate a meeting’, *GSA Network*. http://www.gsanetwork.org/resources/pdf/Meetings.pdf.

‘How-to guides: Community research’, *CommunityNet Aotearoa*. http://www.community.net.nz/how-toguides/community-research.

‘How to organise and facilitate meetings effectively’, *libcom.org*. http://libcom.org/organise/organise-facilitate-meetings-effectively.

‘Human Rights Act’, *Human Rights Commission*. http://www.hrc.co.nz/index.php?p=308.

Human Rights Commission. http://www.hrc.co.nz.

‘Improving assertive behaviour’, *Coping.org: Tools for Coping with Life's Stressors*. http://www.coping.org/relations/assert.htm.

‘International Covenant on Civil and Political Rights’, *University of Minnesota, Human Rights Library*. http://www1.umn.edu/humanrts/instree/b3ccpr.htm.

‘International Covenant on Economic, Social and Cultural Rights’, *Office of the High Commissioner for Human Rights*. http://www.unhchr.ch/html/menu3/b/a_cescr.htm.

‘Learning to be assertive’, *Counseling and Mental Health Center*. http://www.utexas.edu/student/cmhc/booklets/assert/assertive.html (last modified 10 October 2002).

Legal Services Agency. http://www.lsa.govt.nz.

‘Lewin’s leadership styles’, *ChangingMinds/org*. http://changingminds.org/disciplines/leadership/styles/lewin_style.html.

Local Government New Zealand. http://www.lgnz.co.nz.

Local Government Online. http://www.localgovt.co.nz.

‘Managing negative feelings’, *WikiHow*. http://www.wikihow.com/Category:Managing-Negative-Feelings.

maori.org.nz. http://www.maori.org.nz.

‘Mental health: Guidelines’, *Ministry of Health*. http://www.moh.govt.nz/moh.nsf/indexmh/mentalhealth-resources-publications#guidelines (last modified 23 April 2008).

Mental Health Commission (1998) *Blueprint for Mental Health Services in New Zealand: How things need to be*. Wellington: Mental Health Commission. http://www.mhc.govt.nz/documents/0000/0000/0009/BLUEPRINT1998.PDF.

Mental Health Commission (2004) *Our Lives in 2014: A recovery vision from people with experience of mental illness for the second mental health*. Wellington: Mental Health Commission. http://www.mhc.govt.nz/publications/2004/MCH_Our_Lives_Final(b).pdf.

‘Mind guide to managing stress’, *Mind*. http://www.mind.org.uk/Information/Booklets/Mind+guide+to/Mind+guide+to+managing+stress.htm (last modified 2006).

Minister for Disability Issues (2001) *The New Zealand Disability Strategy: Making a world of difference: Whakanui Oranga*. Wellington: Ministry of Health. http://www.odi.govt.nz/nzds.

Minister of Health (2000) *The New Zealand Health Strategy*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/2285/$File/newzealandhealthstrategy.pdf.

Minister of Health (2001) *The Primary Health Care Strategy*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/756?Open.

Māori health policy (Minister of Health and Associate Minister of Health (2002) He Korowai Oranga: Maori Health Strategy. Wellington: Minstry of Health. http://www.moh.govt.nz/mhs.html).

Minister of Health (2005) *Te Tāhuhu: Improving mental health 2005–2015: The second New Zealand Mental Health and Addiction Plan*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/0/F2907744575A9DA9CC25702C007E8411/$File/tetahuhu-improvingmentalhealth.pdf.

Minister of Health (2006) *Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/5014/$File/te-kokiri-mental-health-addicition-action-plan-2006-2015.pdf.

Ministry of Education, http://www.minedu.govt.nz.

Ministry of Health. http://www.moh.govt.nz.

Ministry of Heath (2007) *District Inspectors Current Directory*. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/2486?Open.

Ministry of Justice (2001) *New Zealand Bill of Rights Act 1990*. Wellington: Ministry of Justice. http://www.justice.govt.nz/pubs/other/pamphlets/bill_of_rights/bill_rights.pdf.

Ministry of Justice. http://www.justice.govt.nz.

Ministry of Social Development. http://www.msd.govt.nz.

'MPs and parties', *New Zealand Parliament*. http://www.parliament.nz/en-NZ/MPP.

'National Maori Congress' (1999) *Center for World Indigenous Studies*. http://www.cwis.org/fwdp/Oceania/maori.txt.

National Mental Health Consumers' Self-Help Clearinghouse. http://www.mhselfhelp.org.

National Multiple Sclerosis Society (no date) *Turning Words into Action: Tips on concise and compelling advocacy writing*. National Multiple Sclerosis Society. http://www.msandyou.org/programs_services/advocacy-writing.pdf.

New Zealand Government. http://newzealand.govt.nz.

'The New Zealand health and disability system', *Ministry of Health*. http://www.moh.govt.nz/healthsystem.

New Zealand Parliament. http://www.parliament.nz/en-NZ.

New Zealand Police. http://www.police.govt.nz.

New Zealand Press Council. http://www.presscouncil.org.nz.

New Zealand Qualifications Authority. http://www.nzqa.govt.nz.

Office for Disability Issues. http://www.odi.govt.nz.

Office for the Community and Voluntary Sector. http://www.ocvs.govt.nz.

Office of the Ombudsmen. http://www.ombudsmen.parliament.nz.

'Official Information Act 1982', *Knowledge Basket*. http://gpacts.knowledge-basket.co.nz/gpacts/reprint/text/1982/an/156.html.

Pharmac. http://www.pharmac.govt.nz (last modified 4 July 2008).

'Power', *Wikipedia*. http://en.wikipedia.org/wiki/power (last modified 2 July 2008).

'Presentation tips for public speaking' (chapter 3), *A Research Guide for Students*. http://www.aresearchguide.com/3tips.html.

'Primary health care', *Ministry of Health*. http://www.moh.govt.nz/primaryhealthcare (last modified 1 July 2008).

'Primary mental health evaluation', *University of Otago*. http://www.wnmeds.ac.nz/academic/gp/mentalhealth (last modified 27 March 2007).

Privacy Commissioner. http://www.privacy.org.nz.

ProCare. http://procare.co.nz.

‘Psychiatric survivor movement history’, *MindFreedom*. http://www.mindfreedom.org/kb/act/movement-history.

PsychRights; Law project for psychiatric rights. http://psychrights.org/index.htm (last modified 7 April 2008).

‘Resources’, *localcouncils.govt.nz*. Department of Internal Affairs. http://www.localcouncils.govt.nz/lgip.nsf/wpg_URL/Resources-Index?OpenDocument.

Robinson, Les (Social Change Media) (2000) *The Social Change Media Guide to Working with the Media*. Australia: Pluto Press Australia. http://www.enablingchange.com.au/Working_the_media.pdf.

Robinson, Les, and Glanznig, Andreas (2003) ‘Crafting strong messages’ (chapter 18) *Enabling Ecoaction*. Sydney: Humane Society International, WWF Australia and World Conservation Union. http://www.enablingchange.com.au/Enabling_EcoAction.pdf.

Robinson, Les, and Glanznig Andreas (2003) *Enabling Ecoaction*. Humane Society International, WWF Australia and World Conservation Union. http://www.enablingchange.com.au/Enabling_EcoAction.pdf.

Rogers, Everett M (1995). *Diffusion of Innovations*. New York: Free Press, cited in the *Key Text* report ‘Building a better mousetrap: Why the relative advantage of an innovation helps it diffuse’. http://www.children.smartlibrary.org/NewInterface/segment.cfm?segment=2173.

Rowse, Darren (2006) ’10 steps to conflict resolution’, *ProBlogger*. http://www.problogger.net/archives/2006/09/15/10-steps-to-conflict-resolution.

‘Select committees’, *New Zealand Parliament*. http://www.parliament.nz/en-NZ/SC.

SPICE Consulting (1999) *The Kit: A guide to the advocacy we choose to do: A resource kit for consumers of mental health services and family carers* (2nd ed). Australia: Commonwealth Department of Health and Family Services. http://www.mhca.org.au/Resources/CommunityDevelopment/index.html#TheKit.

‘Stress management: How to reduce, manage, and cope with stress’, *Helpguide*. http://www.helpguide.org/mental/stress_management_relief_coping.htm.

Tertiary Education Commission. http://www.tec.govt.nz.

‘Tips on public speaking’, *ActNow*. http://www.actnow.com.au/Tool/Tips_on_public_speaking.aspx (last modified 5 July 2006).

‘Tutorial table of contents’, *Teaching Library at the University of California at Berkeley*. http://www.lib.berkeley.edu/TeachingLib/Guides/Internet/FindInfo.html (last modified 30 January 2008).

Wellington Community Law Centre (2002) *Mental Health and the Law: A legal resource for people who use mental health services*. Wellington: Wellington Community Law Centre (can be ordered from http://www.edresources.co.nz/res_mind.asp).

Wells, Debra (1999) ‘The experience of role strain from the perspective of consumer/employees in mental health settings’, presented at the ‘Realising’ Recovery Conference, Wellington, 29 November – 1 December 1999. http://cmapspublic.ihmc.us/servlet/SBReadResourceServlet?rid=1132134270875_1395918309_13107 (also available from deb.wells@xtra.co.nz).

Wilkinson, Ron (Media Matters) (no date) ‘Guidelines for dealing with the media’. *New Zealand Principals’ Federation*. http://www.nzpf.ac.nz/resources/Media_Guidelines.pdf.

‘Women’s directory. Ngā rōpū wāhine Māori (Māori women's organisations)’, *Ministry of Women’s Affairs*. http://www.mwa.govt.nz/directory/index.html#maori.

Work and Income. http://www.workandincome.govt.nz.