

Our Lives in 2014

A RECOVERY VISION FROM
people with experience of mental illness
for the second mental health plan and the
development of the health and social sectors

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Mihimihi

E ngā ana e ngā reo me ngā karangatanga
Tēnā koutou i roto i nga tini āhuratanga o te wa

Tēnā e ngā mate o tenei tau
Haere haere haere atu rā haere ki a tāua tupuna
Kei tūa o te ārai noho ai

Āpiti hono tātai hono
Kotou kua whakapoioi ki tēnā taha o te ārai kia kotou
Āpiti hono tātai hono
Tātou e kawē nei i te mauri o te ora me te ira tangata
Kia tātou huri noa
Tihei mauri ora.

No reira kotou ma, e mahia tenei mahi o te hauora
hinengaro i roto i te ao turoa, kia kāhā, kia maia, kia
manawanui, kia manawaroa, hurinoa te whenua.

Tēnā kotou, tēnā kotou, tēnā tātou katoa.

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Introduction




The purpose of this vision is to guide the development of the Ministry of Health's second mental health plan and to influence the overall development of the services and sectors that affect people with mental illness.

This vision describes what 'being there' will look like in 2014; the second plan will describe how 'getting there' will happen over the next 10 years. It was prepared by 20 mental health service user leaders, in consultation with a larger number of service users. Feedback so far suggests there is overwhelming service user support for this vision.

This vision reflects a groundswell for a fundamental shift in the way services and society respond to people with mental illness – we do not want more of the same. We want services led by us that enhance our autonomy, recognise us as whole human beings, expect our recovery and offer us a broad range of solutions and resources.

'A vision without a task is a dream, and a task without a vision is a drudgery – but a vision with a task can change the world'.

Black Elk, Indigenous American novelist.



We want a society and whānau that value us as fully participating members, with the same rights and opportunities as other citizens.

The Ministry of Health, led by service users and in partnership with a wide range of people and sectors, needs to translate this vision into its plan. And all the services and sectors that affect people with mental illness need to translate this vision and the plan into action.

Explanation of terms



Tangata motuhake is a term for people with experience of mental illness or distress, chosen by some of us. It means special or unique person and can be loosely translated as ‘cherish your absolute uniqueness’. There was a lot of debate about what to call ourselves. Some preferred other terms. In this document tangata motuhake does not include alcohol and other drug service users who are working on their own vision.

Whānau is used instead of family because it has a broader meaning which includes any group of people tangata motuhake identify as their natural supports.

Mental illness did not have universal support from the tangata motuhake involved in this document because it reinforces the dominance of biological approaches. Some wanted to reclaim the word ‘madness’ but a few found this word either too colloquial or offensive.

Whānau ora means healthy Māori families that achieve maximum strength and wellbeing, both individually and collectively.

Our vision

In 2014 all tangata motuhake in New Zealand have personal power, a valued place in our whānau and communities, and services that support us to lead our own recovery.

Personal power



We lead our own recovery supported by services, whānau and communities, through:

- experiencing hope and optimism
- making sense of our experience
- accessing and using information
- managing our mental health
- knowing how to get the best service
- advocating for our rights and inclusion at all life stages
- belonging to the culture and lifestyles we identify with
- fulfilling our goals, roles and responsibilities
- maintaining our personal relationships
- contributing to healthy whānau.



A valued place in our communities

Mental illness is everyone's business. Tangata motuhake, whānau, communities and services work together to ensure we belong, have a livable income and have access to education, work and decent housing.

1. Whānau

- ❑ Tangata motuhake are fully participating and valued parents, children, siblings, partners and members of extended whānau.
- ❑ We have the same opportunities as others to:
 - participate in sexual relationships
 - marry and live in de facto or civil union relationships
 - bear, adopt and raise children
 - be raised in a safe and loving environment.
- ❑ We have support to keep our families together. More of us retain custody or access to our children and are not separated from them for long periods.



2. Education, Work and Money

- ❑ Tangata motuhake, including children and youth, have equal access to education of all kinds, at all levels and get the support needed to learn successfully.
- ❑ We have equal opportunities to work on the open labour market with the support needed to work successfully.
- ❑ Our average income is increasing and less of us are on income support.
- ❑ We have equal access to goods and services such as loans and insurance.

3. Housing and Transport

- ❑ Tangata motuhake have equal access to affordable, sustainable and independent housing.
- ❑ Fewer of us are living in supported accommodation.
- ❑ We all have choices over where we live and who we live with.
- ❑ We all have access to transport.



4. Community Activities

- ❑ Tangata motuhake have the same opportunities as others to belong to chosen cultures and lifestyles.
- ❑ We have equal opportunities to participate in politics, legal processes, cultural events, recreation, sport, the arts, religion and philanthropy.
- ❑ Portrayals of tangata motuhake in the media and the arts do not stigmatise or discriminate against us.

Services that support us to lead our own recovery



Recovery happens when we regain personal power and a valued place in our communities. Sometimes we need services to support us to get there.

5. All health and social services

5.1 Flexible service responsibilities and boundaries

- ❑ Services for our health and social needs are configured and provided in sectors and environments that keep us most connected to our whānau and communities **and** engage sufficient mental health expertise.
- ❑ These services easily cross agency and sectoral boundaries to ensure that, together, they are serving us as best they can – especially primary health, mental health, hapu and iwi, education, employment, income, housing, child protection, immigration, police and justice.

5.2 A fundamental shift to a recovery philosophy

- ❑ Tangata motuhake self-determination is paramount and we, not others, decide in our own best interests.
- ❑ Services recognise the social, psychological, spiritual as well as biological contributors to mental illness, including trauma, deprivation and loss.
- ❑ Mental illness is seen as a state of being with associated personal and social barriers to achieving a life worth living. It also presents philosophical and spiritual challenges that value and meaning can be derived from. Mental illness is not just a medical condition.
- ❑ Services support us to regain our personal power and a valued place in our whānau and communities, as well as treating symptoms.
- ❑ Services expect our recovery instead of lifelong disability.
- ❑ Tangata motuhake, whānau and communities have an essential role in recovery, which is recognised and facilitated by services.

5.3 Easy access and optimal choices

- ❑ All people can access and exit health and social services quickly and easily.
- ❑ Services give priority to offering us an optimal range of choices.

5.4 Tangata motuhake control and leadership

- ❑ Individuals using services, including youth, are in control of decisions about the services they receive in partnership with health and social service workers. We are entitled to:
 - learn about services, our options and our rights
 - make complaints easily and get a quick response
 - have competent interpreters and information in accessible formats.
- ❑ Tangata motuhake, including youth, collectively take a lead in:
 - the development of national policy
 - the development of standards, guidelines and outcome measures
 - governance of services
 - planning and funding
 - service delivery
 - education
 - research
 - auditing and monitoring.
- ❑ All agencies and services pay market rates for consumer advisors, consultants, trainers and auditors.
- ❑ National and regional representation of tangata motuhake is thriving and paid for with public funds.

5.5 No discrimination

- ❑ Health and social service workers recognise how they discriminate and actively stop it in themselves and their colleagues.
- ❑ Health and social services actively work to promote a valued place for us in our whānau and communities, as well as addressing internalised stigma.

5.6 No poorly served populations

- ❑ All people have access to health and social services that are culturally safe and responsive to our differing life experiences and needs including:
 - Māori
 - Pacific people
 - Asian people
 - immigrants
 - refugees
 - children and young people
 - older people
 - women
 - parents with mental illness
 - people affected by trauma, deprivation and loss
 - people with physical, sensory and learning disabilities
 - gay, lesbian, bisexual, fa'afafine, takatapui and transgendered people.

6. Mental health services

6.1 A broader range of services available to all

- Mental health services provide safe and effective resources and solutions, and include:
 - psychological therapies
 - support services, including practical assistance
 - support for philosophical reflection
 - traditional and cultural healing
 - alternative and complementary treatments
 - psychiatric drugs that work for us
 - a choice of home, community or hospital based acute services
 - advocacy services.

- New services provided by consumer-run agencies are fully established and are an integral part of the service continuum, including:
 - recovery education services
 - peer support services
 - peer advocacy services.

6.2 A focus on wellness

- ❑ Mental health services give priority to maintaining our wellness.
- ❑ Fewer of us need acute mental health services, particularly Māori and Pacific service users.

6.3 Service user control in treatment and support

- ❑ Individuals using mental health services, including youth, are entitled to:
 - refuse treatment and services
 - develop and review our recovery plans, including advance directives
 - participate in the writing of our notes
 - learn about mental illness and recovery.


6.4 Less use of Mental Health Act

- ❑ Advance directives and other alternatives to compulsion are used routinely.
- ❑ There is less compulsion particularly for the most 'at risk' groups such as young Māori and Pacific men.
- ❑ There are no compulsory interventions except to ensure safety:
 - for the duration of an emergency
 - in the least restrictive environment
 - with the least invasive treatment.

- ❑ People subject to compulsion have:
 - easy access to effective legal advocacy
 - easy access to peer advocacy
 - optimal choice over the services they use.
- ❑ Seclusion, physical restraint and chemical restraint rarely happen.
- ❑ Every act of compulsion is followed by:
 - debriefing or counselling for all involved service users and staff
 - an investigation to identify and remedy any service failures that led to compulsion and human rights abuses.
- ❑ There is no compulsory ECT or psychosurgery.

6.5 A better deal for poorly served groups

- ❑ All Māori can access culturally safe Māori and mainstream services, including Māori consumer-run services.
- ❑ Māori and mainstream services work collaboratively and value each other.
- ❑ People using Māori services have choice and control over their own recovery and leadership in the services they use.
- ❑ All Pacific people can access culturally safe Pacific and mainstream services that are responsive to each of the distinct and evolving Pacific cultures.

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- ❑ All children and youth have access to services that:
 - are appropriate to our life stage and to youth culture
 - are culturally safe
 - focus on preventing ongoing mental illness
 - support us as youth to lead our own recovery
 - support us to thrive in education, our whānau and our communities.
 - ❑ Live-in services such as supported accommodation, acute units, forensic services and prisons support us to lead our own recovery in a safe and comfortable environment.
 - ❑ Tangata motuhake who have alcohol and other drug addictions have access to integrated services that deal effectively with both problems.

6.6 Diverse positive workforce

- ❑ The mental health sector is an exciting and ground-breaking place to work and has a workforce that is stable, competent and available.
- ❑ All mental health workers develop trusting partnerships with service users.
- ❑ Experience of mental illness is a valued attribute for working in the mental health sector; we are a major part of the workforce in all roles and in all services.

- ❑ The composition and skills of the mental health workforce reflects the new philosophy and broader range of services as well as the diversity, age range and cultural mix of service users.
- ❑ Leadership is shared among the different occupational groups.
- ❑ Māori and Pacific peoples are an integral and valued part of the workforce.

6.7 Supportive whānau

- ❑ Service users define the extent to which whānau are involved in their recovery, in a way that is appropriate for their age and culture.
- ❑ All whānau have access to services that provide:
 - information on mental health problems and services
 - education about recovery and how to support it
 - counselling and family run peer support
 - support for Māori to achieve whānau ora.

7. Primary services

- ❑ All tangata motuhake can afford primary services and know how to access them.
- ❑ Primary services are delivered by people with the skills and resources to recognise psychological, social, spiritual as well as biological dimensions of health, and to support recovery.

8. Health promotion and prevention

- ❑ The incidence of mental illness is decreasing, especially among Māori.
- ❑ Tangata motuhake are a focus for mental health promotion and prevention activities, including child and youth initiatives, anti-discrimination and the promotion of recovery.
- ❑ We are a focus in physical health promotion and our physical health is improving.
- ❑ Less of us are attempting and committing suicide at all life stages.
- ❑ Physical and mental health promotion and prevention activities for and about tangata motuhake of all ages and cultures are led by us.

9. Social services

- ❑ All tangata motuhake have equitable access to social services.
- ❑ All social services combine their own specialist expertise with mental health expertise.
- ❑ Social services help remove the barriers we experience to whānau, education, work, income, housing, transport and community activities.



Contributors

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