

Welcome

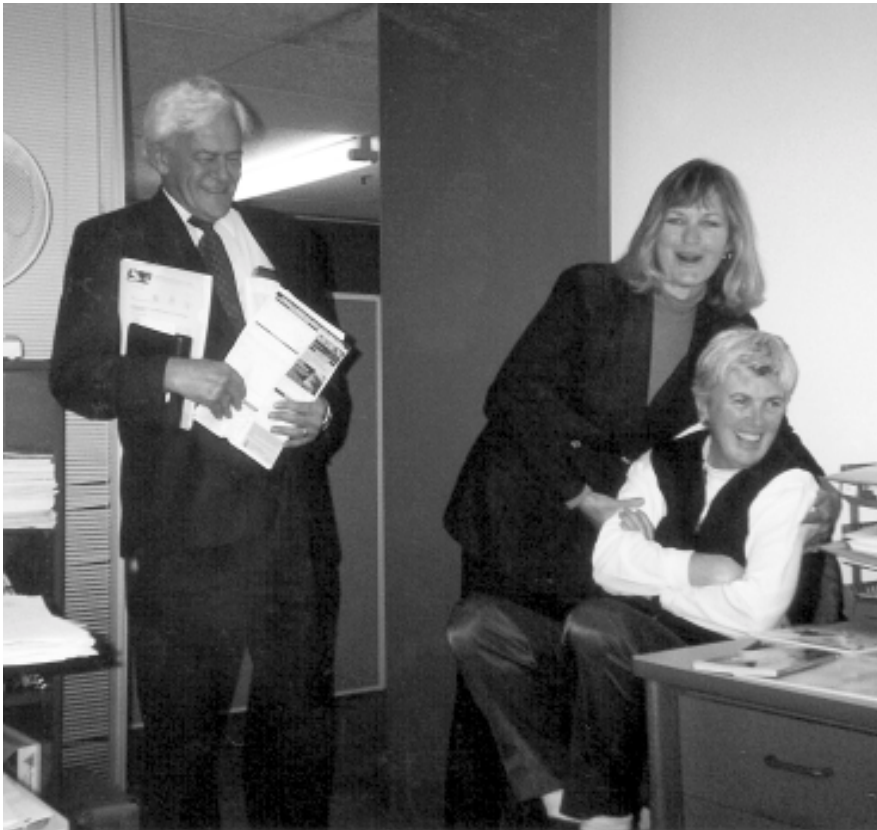
Mary O'Hagan

initiatives, consumer participation in services, consumer-run evaluation, recovery approaches, and anti-discrimination projects.

Mary attended a Commission workshop held in late October after her appointment was announced, but before her official starting date. She spoke about the need for a much greater focus on human rights of people with experience of mental illness both as service users/tangata whaiora and as citizens. The current use of seclusion in hospitals; and the introduction of advance directives, a system where people can record in advance what they would want to happen to them if they become unwell are two human rights issues for service users/tangata whaiora. People being able to live where they want to live is a human right as a citizen. People with mental illness are too often deprived of their rights.

The big challenge that faces us all is to create a recovery-saturated, discrimination-free environment for people with mental illness. Mary's skills will make a big contribution to this.

Babara Disley, Chair

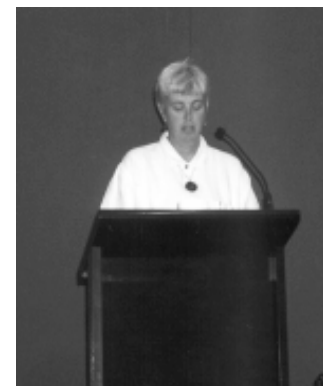


The choice of Mary O'Hagan as the new Mental Health Commissioner has been welcomed with open arms by Commissioners Barbara Disley and Bob Henare and the Commission's staff.

Mary has experience of ongoing mental illness. She was an initiator of the mental health service user/tangata whaiora movement in New Zealand in the late 1980s, and was the first chairperson of the World Federation of Psychiatric Users between 1991 and 1995.

Mary has experience working in consumer organisations, in mental health policy and funding agencies, and as a consultant. She has represented service users/tangata whaiora in national and international forums and has been a keynote speaker at several international conferences. She has contributed to several international mental health books and to national government policy documents.

Mary's overriding commitment in all her work is to ensure service users/tangata whaiora are treated with respect and equality in mental health services, that they retain their citizen rights and responsibilities, and are able to develop their personal resourcefulness. To this end Mary has worked to develop self-help and advocacy



Mary O'Hagan speaking at the Australia New Zealand College of Mental Health Nursing Inc conference in Australia this year

INSIDE:

- Peer Advocacy and Peer Support
- Recovery Competencies
- Workforce Development

PEER SUPPORT and PEER ADVOCACY



Arana Pearson, consumer advisor

Peer support happens when people with a mental illness organise and help each other to recover. Peer advocacy happens when people with a mental illness organise to advance their rights and interests to others whose decisions impact on their lives.

While service user/tangata whaiora participation in services has increased, peer support and peer advocacy are not yet fully supported by the system. Service user/tangata whaiora participation in services, peers support and peer advocacy all developed out of the mental health service user movement, with its underlying philosophy of human rights and self-determination.

The Commission's consumer advisor, Arana Pearson, says a major part of becoming well is having personal resourcefulness. "If we can advocate for ourselves and help others, we have the true foundation for recovery. Peer support relates to the idea of the wounded healer; people often want access to someone who know first hand what your wounding feels like. Peer advocacy is common sense; people can advocate best for themselves and others in similar circumstances".

Peer Support: Each One teach One

The *Blueprint* signalled the importance of peer support but did little more than that. We are now working on what it actually means and how the Commission can encourage peer support development in New Zealand. We know from other countries that healthy service user involvement that actually helps people live better lives, is based on systems built by people with experience of mental illness helping each other.

In New Zealand there is already a lot of volunteer support, people and groups helping each other. Growth and recognition of the value of this support can lead to effective partnerships with services and mental health professionals.

Peer Advocacy: Nothing About Us Without Us

The impetus to do something about peer advocacy came from a meeting of consumers at the Building Bridges conference in Auckland earlier this year. That meeting identified the lack of peer advocacy in New Zealand that needs to be filled "to aid our recovery" says Arana.

What is the Commission Doing About Peer Advocacy?

In November the Commission held a meeting attended by a range of people who have used mental health services including representatives from two Maori consumer organisations, Morehu Waiora and Te Awa o te Ora, and a representative from an alcohol and drug consumer network. The HFA's anti-discrimination project Coordinator, Warren Lindberg, also attended.

The meeting agreed that to build peer advocacy we need:

- mentoring and coaching, education and training to develop advocacy skills
- to identify what resources exist and what are needed to help develop and maintain groups and networks.

The issues now are:

- ⇒ how to progress peer advocacy in the mental health sector
- ⇒ what is the relationship among peer advocates, the Commission and the Ministry of health to the growth and development of peer advocacy?

The consumers at the Commission-hosted meeting were unanimously positive about the Commission picking up this issue and about the way it is working to aid the development of peer advocacy.

What Makes a Material Difference to Recovering from a Mental Illness?

What is going to make the most difference to recovery **outside** that which is provided by mental health services?

Money, a Home, and Employment

Living the life you choose, with or after a mental illness, requires action by a range of agencies and sectors based on a good understanding of people's needs. To help all parties understand the issues, the Commission has held workshops on employment and housing and is developing **checklists** for the sectors involved on what should be done and who should be doing it.

Housing

Agencies concerned with housing need training for their staff and other initiatives to develop awareness and understanding of mental illness. Policy must recognise the importance of affordability and housing supply issues for people with mental illness. Having a decent and safe home, while being a basic human right, is particularly important for a person recovering from mental illness.

Employment

There is a notion that a person in a supported home is unable to work, and conversely that a person who is working does not need a supported home. Neither of these assumptions is true for all people. Rebuilding lost confidence in previous abilities and gaining confidence to develop new skills leads many people into work.

The reasons for unemployment are complex and involve many variables, some we can change, others we cannot. We are identifying what can be done, and who can do it, eg, families, clinicians, employment services and employers. We need to find the balance between care and support, capacity building, liberation and empowerment.

Mental Health Workforce - We're working on it

... and we are not the only ones. The Blueprint will simply not be implemented unless a quality workforce with the right skill mix is encouraged into the mental health sector. Fortunately the Crown Health Association has now taken up the challenge to tackle workforce issues from the provider end - backed by the Commission, the Ministry of Health and the HFA, and with full support from the Minister of Health.

Commissioner Bob Henare says that the Commission has been actively pressing for some time to invite providers of mental health services to drive workforce development and it is pleasing to see such clear and positive action.

At the end of October the Commission held a brain-storming seminar with people inside and outside the health and mental health sectors to gather ideas and learn from others' experience of developing and maintaining effective workforces.

Learning from other industries

John Stuart from the NZ Police Association outlined key areas where there needs to be certainty to successfully create a good workforce.

- What is the guiding theme or purpose that you want to characterise the industry? In words relating to us: what is the mental health sector's strategic purpose?

- What is the actual and potential technology the industry uses? The technology of the mental health sector is its methods, its ways of working that cause change for people with mental illness.
- What other occupation groups have affinity with your industry? This knowledge will shape our recruitment processes and the groups we form strong relationships with.
- Building a workforce takes time - how do you cope "in the meantime"? How do you cope with the feeling that nothing is happening?

And applying it to ours

Mental health is an industry in transition. Historically its role has changed from containing and removing people from society to treating and supporting people in the community, and now, to assisting people to re-establish their lives. The technologies we need today centre around skill

building, excellence in pharmacology, recovery/partnership approaches with people who use services and building inclusive, non-discriminatory communities. The time factor in our workforce planning means we have to look to the needs of the future population which will have different demographics from what we have now.

Workplaces with a Learning Culture

Successful industries, health sectors, hospitals, community teams, etc, challenge and support staff to learn and to put their learning into practice. Lyn Johnston from Waitemata Health quoted research at the seminar that a high percentage of learning and development world-wide is wasted because people do not put into practice knowledge and experience acquired at courses. Why? Because there is no clear objective for doing the course, no follow-up and no requirement to change practice.

Workforces are effective when there is management training, good coaching and good teamwork.

The Question of Dangerousness

Tessa Thompson, the Commission's anti-discrimination team leader was invited to an international conference in England in November to give a keynote address and present a conference session. The conference was organised by the English mental health organisation, Mind.

Her paper is built on the thesis that notions of danger associated with mental illness are the Achilles' heel to efforts to improve mental health services and the population's mental health. These notions, whether expressed politically or privately are the biggest challenges to work promoting social inclusion or dealing with discrimination.

There is general public confusion over whether mental illness contributes to

violence and what role mental health services are expected to play in preventing violence.

"Some mental health services are required to manage the violent behaviour of a very small percentage of the mental health service user/tangata whaiora population. However the public needs to understand that mental health services do not have a primary responsibility to modify the behaviour of badly behaved citizens or to identify potential offenders and keep them off the streets. Perhaps baggage from the historical roles of services, along with the manner in which mental health services are delivered to violent offenders, contributes to confusion about what mental health service's role is. This confusion is reflected in discussion about service structures and

about the interface between forensic services, mainstream services and prisons," says Tessa's paper.



Tessa Thompson, anti-discrimination analyst

Recovery Competencies for Mental Health Workers

The Commission has completed a resource that will guide educators to include 'recovery' content in the courses they run for all mental health workers, including psychiatrists, comprehensive nurses, social workers, occupational therapists, psychologists and mental health support workers.

The role of mental health workers is to provide treatment and support in ways which best meet the needs of each individual, to provide an environment for each individual that promotes hope, supports individual and community responsibility and provide people with the know-how to take the actions that will lead to better health and recovery.

When a person working in mental health uses the 'recovery approach' they are providing the best possible environment for a person with a mental illness to live well by drawing on their own resources, and those around them.

Sue Ellis, senior advisor to the Commission, took the Recovery Competencies hot off the computer to Otago Polytechnic and the Southland Institute of Technology. This was the first of what will be a series of visits to educational institutions and provider agencies to introduce the competencies and get feedback.



Sue Ellis, senior advisor

The comment was made to Sue that the recovery principles apply right across the spectrum of health - and outside of health - and while it is important that we prioritise

mental health, these competencies could apply EVERYWHERE! - housing employment, etc.

We will be doing a comprehensive mailout of the document to the mental health sector soon, but email us on info@mhc.govt.nz or call us if you want a copy now.

For Services Too

Sue will also be visiting mental health service providers to discuss how the competencies can be used in in-service training.

The recovery competencies are for

guiding service delivery policies and practices as well as for individual's education. The *Blueprint* emphasises that the quality of service is of equal importance to quantity of service; a workforce that practices the recovery competencies will be a workforce that is implementing the *Blueprint*.

One thing at a time

Keeping up to date with the breadth of knowledge and understanding required in the competencies is a life-long learning exercise. Don't be put off - knowing what we don't know is a good start.

To whet the Appetite here is an extract from the recovery competencies ...

We've chosen number nine because it related to our Peer Advocacy and Support article on page 2.

available at www.mhc.govt.nz, or contact the office

9 A competent mental health worker has knowledge of the service user movement and is able to support their participation in services

9.1 They have knowledge of the principles and activities of the service user movement

For example, they demonstrate:

- understanding of the principles of self-determination, human rights and social inclusion
- understanding of the similarities with other social movements, eg. women's movement, civil rights, indigenous movements
- understanding of the meaning and scope of advocacy, eg. individual, systems, political
- understanding of the meaning and scope of service user/tangata whaiora run self-help, eg. support networks, peer counselling, service user run businesses.

9.2 They have knowledge of the range of service user participation and principles and policy behind it

For example, they demonstrate:

- knowledge of government policy on service user participation
- understanding of the levels of participation, eg. one-to-one, management, funding, policy
- understanding of the phases of participation, eg. planning, delivery, evaluation, improvements
- understanding of different service user roles in participation - as service recipients, in advisory roles or as service providers.

9.3 They understand the different methods of service user participation

For example, they demonstrate:

- ability to work in partnership with individuals to support recovery, eg. collaborative approaches to goal setting, treatment, crisis planning, recording notes and the provision of information
- ability to seek a representative view of what service users think, eg. surveys, focus groups, consultation, representatives on committees and boards
- ability to use 'experts' with experience of mental illness, eg. employing or contracting people to do work, appointing advisors or board members.
- ability to support service user-run independent initiatives while they are being established, eg. 'umbrella-ing', joint ventures, technical assistance, financial assistance, and supervision.

9.4 They have the ability to apply knowledge of service user participation to different groups and settings

For example, they demonstrate:

- understanding of participation issues for different age groups
- understanding of participation issues for different cultures, eg. Maori, Pacific Nations, Pakeha

- c) understanding of participation issues for different types of services, eg. forensic service users, service users under compulsory treatment orders
- d) understanding of participation issues for present and past service users, and of role strain in service users.

Some Examples of Resources for Recovery Competency 9

NB IN THE DOCUMENT EACH SUB-SECTION HAS ITS OWN LIST OF RESOURCES

Aggleton, Peter, et al. *Young People and Mental Health*. Wiley, 2000. publications@mind.org.uk

Barnes, Marian, et al. *Unequal partners: User groups and community care*. Policy Press, 1999. publications@mind.org.uk

Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities*. Guilford Press, New York, 1995.

Chamberlin, Judi. The Ex-Patients' Movement: Where We've Been and Where We're Going. *Journal of Mind and Behavior*, Volume 11, Numbers 3 and 4, 1990.

Charlton, James. *Nothing About Us Without Us: Disability oppression and empowerment*. University of California Press, 1998.

Davidson, Larry et al. Peer Support Among Individuals with Severe Mental Illness: A review of the evidence. *Clinical Psychology Science and Practice*, Volume 6, pp. 165-187.

Durie, Mason, et al. *A Framework for Measuring Maori Mental Health Outcomes*. Department of Maori Studies, Massey University, 1997. TePutahi-a-Toi@massey.ac.nz

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal*, Volume 34, Number 6, 1998.

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services*. Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Lampshire, Debra, et al. Recovery principles for the Older Adult: Dispelling the Myths and Defining the Potential. Unpublished paper, Auckland Healthcare, 2000. debral@ahsl.co.nz

Laws, Sophie. *Hear Me: Consulting with young people on mental health services*. The Mental Health Foundation, London, 1998. mhf@mentalhealth.org.uk

Meagher, Janet. *Partnership or Pretence*. Psychiatric Rehabilitation Association, Australia, 1995. 3rd edition due early 2001. admin@pra.org.au

O'Hagan, Mary. *Stopovers on my Way Home from Mars: a journey into the psychiatric survivor movement in the USA, Britain and the Netherlands*. Survivors Speak Out, London, 1994. mohagan@ihug.co.nz

Oliver, Michael. *The Politics of Disablement*. MacMillan, London, 1991.

Wells, Debra. *The Experience of Role Strain from the Perspective of Consumer Employees in Mental Health Settings*. deb.wells@extra.co.nz

New Recovery Booklet - Three Forensic Service users and Their Families Talk About Recovery

This booklet is the fourth in a series of recovery booklets. The first three, which have been overwhelmingly successful with people working in services, service users/tangata whaiora and educators, are titled:

- *Four Maori Korero About Their Experiences Of Mental Illness*
- *Four Families Of People With Mental Illness Talk About Their Experience*, and
- *Pacific People In New Zealand Talk About Their Experiences With Mental Illness*.

The booklets are one way that the Commission is working to improve services for people with a mental illness – through providing *their* stories and *their* points of view to other people who use services and to those who provide health and other social services.

We are widely distributing the booklet to mental health service users/tangata whaiora and people working in the mental health sector, drug and alcohol service providers, family court judges and corrections facilities.

If you want more copies (we will provide up to 20 copies):
phone, fax, write or email: info@mhc.govt.nz
or down-load from the internet: www.mhc.govt.nz

NB The families recovery booklet is out of print. Go to the internet or ask us for a photocopy.

Maori

We are in the process of developing a paper which will explain the role and purpose of cultural assessment for mainstream services and provide initial guidance to services to develop their own local iwi-appropriate cultural assessment tool to further assist service providers to provide services for Maori that will meet their needs.

There are already service providers who have developed and regularly use their own cultural assessment tool and the Commission also acknowledges the work Maori have done to promote the importance of cultural assessment over the last five years. Cultural assessment acknowledges the link between identity, wellness, treatment and recovery as well as providing a process that can be adopted by mental health services to provide the best outcome for tangata whaiora.

Pacific People

The Commission has reviewed the HHS mental health service plans for 2000/01 for their attention to the needs of Pacific people. The key findings are that most services recognise the need to provide culturally sensitive services, that Pacific mental health service capacity is growing and developing, but that the plans of one or two providers in areas where there are high Pacific populations are disappointingly light on how they will address the needs of Pacific people.

Pacific interagency fono for mental health held in July and October this year look set to become regular occurrences with the next meeting scheduled for March 2001. The fono are attended by people from the HFA, the Ministry of Health, the Ministry of Pacific Island Affairs and the Mental Health Commission.

Work is progressing on a paper on Pacific mental health workforce development.

The Commission's Pacific peoples advisory committee held its first meeting for the 2000/01 year in Auckland at the end of November.

Visit our website, it's been redesigned and updated.

For example, we now have a map that locates consumer groups throughout New Zealand. At this stage it by no means includes all groups. We are relying on group members to inform us. One way you can do this is through the internet response form.

This is what the map on our internet site looks like:



Standing: Joy Cooper [programmes manager], Mary O'Hagan [commissioner], Arana Pearson [consumer advisor], Manda Trevathen [PA, web administrator], Ingrid Goodwin [PA], Sue Ellis [senior advisor], Barbara Disley [commission chair], Bob Henare [commissioner], Lindsay Denton [PA, support services team leader]

Sitting: Christopher Carroll [analyst], Denis Simpson [kaumatua], Tessa Thompson [anti-discrimination analyst], Tessa Castree [communications advisor]

Absent: Mey Chan [reception, accounts], Rosemary Morton [PA]

Regional Networks

The Commission is supporting the Ministry of Health and HHSs with their transition planning to the new District Health Board Structure.

For Mental Health Services the main focus of the new structure is the mental health regional networks. The Commission, with the Ministry of Health, has attended several network-formation meetings around the country to clarify what a regional approach to mental health service planning and delivery actually means in practice.

The Commission is emphasising that

for good networks and good service delivery under a DHB structure, all mental health providers, for example, NGO and Maori service providers, must be involved in the transition process.

Planning in all regions has moved forward since the DHBs submitted their initial draft transitional plans earlier this year.

Go to www.mhc.govt.nz for our regional networks paper and our briefing to District Health Board members.

Live and Let Live

Planning Processes for Providing Supported Accommodation for People with Mental Illness: A Survey of Council Plans and Discussion Paper

Many district plans contain definitions, rules and policies for supported houses which can affect the location of accommodation for people with mental illness. We commissioned the discussion paper to assist councils to design district plans that provide positive developments for the people with a mental illness in their communities. We also want to remind councils that the purpose of the Resource Management Act is to ensure good planning and positive effects from the use of land, its purpose is not to

regulate where certain people should live.

We have distributed the discussion paper to mayors and town planners. Don't confuse it with the handbook for accommodation providers, which is on the same topic. We've sent the handbook to relevant people in the mental health sector and to mayors and town planners. Let us know if you want to receive a copy of either or both publications. Alternatively you can download from our internet site.

Consumer Groups

These contacts are provided for information only and are not associated with the Mental Health Commission

As this is a new resource, there are many groups to be added. Please click here if you would like us to add your group



Go to our website for the *Blueprint*, *Recovery Competencies*, *Recovery Booklets* (and much more)

Mental Health COMMISSION

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Phone: 04 478 8900
Fax: 04 474 8901
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website: www.mhc.govt.nz