



Wellbeing Manifesto for Aotearoa New Zealand

Haere Mai to all people
with distress and addiction

* MENU *

- Personal and whānau support
- Income, work and housing
- Therapies and treatments
- Spiritual healing
- Crisis response



Warnings

At the end of this presentation I show an image and voice of Geoffrey Gurrumul Yunupingu who died last year.

During this presentation I may say things that upset mental health professionals. I critique systems not the individuals who work in them.





Background

The Mental Health Inquiry

- Mounting public pressure
- Broad terms of reference
- PM said 'nothing is off the table'
- Mood for big change
- Reports to government 31 Oct 2018

- Wellbeing Manifesto handed over to Inquiry panel on 31 July



GOVERNMENT INQUIRY INTO
Mental Health and Addiction
Oranga Tāngata, Oranga Whānau





Key messages

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wellbeingmanifesto.nz



The problem

Big Psychiatry sits at the hub of the system shaping the world view, using most of the resources and doing routine harm:

- Coercion
- Institutionalisation
- Narrow focus
- Expensive services
- Poor and late access
- Poor outcomes



Big Psychiatry

Big Community

Mental disorder – health deficit

Mental distress – recoverable life

Health entry point led by medicine

by sectors and

Most resources used for ‘pills and pill

menu of services

Mostly medical and allied professional

ural and

We are about here
on the transition
from Big Psychiatry
to Big Community

professional workers

Legacy of paternalism and human rights breaches

Commitment to partnerships and human rights

Focus on compliance and risk management

Focus on access, strengths and life outcomes

Responds to risk with coercion and compulsion

Responds to risk with compassion and intensive support

Colonising and excludes other world views

Includes multiple world views

NEXT

1. The seven wellbeing priorities

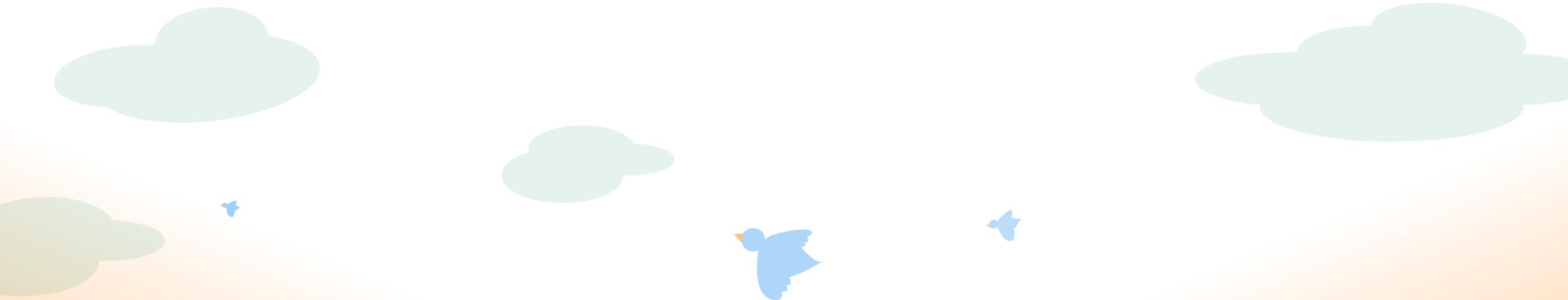
All people and their whānau:

- Live in social conditions to sustain wellbeing,
- Have skills and supports to manage stress
- Have access to services and supports to recover from mental distress and addiction.



2. Comprehensive responses for all

Open access to a full menu of services, supports and opportunities to sustain and restore wellbeing.





NEXT

3. Peer and cultural workforce

Cultural workers and peer workers work alongside the traditional workforce with equal status and in equal numbers.



NEXT

4. Multi-sector community-led funding

All the sectors that have responsibility for wellbeing, distress and addiction - not just health - but social development, justice, corrections and education need to jointly fund a full menu of services at the local level, in partnership with people affected by distress and addiction.



NEXT

5. Integrated community delivery

The services, supports and opportunities need to be based in communities not hospitals, and co-delivered, under as few roofs as possible, in community settings, such as primary health, marae, community centres, schools and large workplaces.



Active government

Long term bi-partisan commitment to Big Community:

- Articulate the vision
- Provide regulation and resources
- Fund social inclusion programmes with urgency
- Lead public acknowledgement of Big Psychiatry harm
- Repeal mental health laws in line with UNCRPD
- Measure wellbeing as well as wealth
- Invest in first three years of life
- Reduce social determinants

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Controversial implications

The end of a health-led system

Although the health sector and health professionals have a role, a system lead by health will not deliver open access to a full menu of services or better outcomes for people and their whānau. The Manifesto proposes that funding not going to health services but to pooled multi-sector governance of planning and funding.

- | | |
|---|---|
|  Wellbeing promotion and self-management |  Education and employment supports |
|  Stable housing |  Income support |
|  Whānau and parenting support |  Community and home-based crisis support |
|  Psychiatric treatments |  Cultural and spiritual healing |
|  Physical healthcare |  Community connection |
|  Talking therapies |  Advocacy and navigation |



Repeal of the Mental Health Act

From
UNCRPD

Article 12 **Equal recognition before the law**

1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.
2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.

Article 14 **Liberty and security of person**

1. States Parties shall ensure that persons with disabilities, on an equal basis with others:
 - (a) Enjoy the right to liberty and security of person;
 - (b) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.



Māori ownership

Māori need to design and deliver services for Māori.

Tikanga Māori

Big Community encompasses Tikanga Māori – the customs and norms governing Te Ao Māori. The expression of Tikanga values enhances the mauri or life force of all people. These values in the service delivery context include:

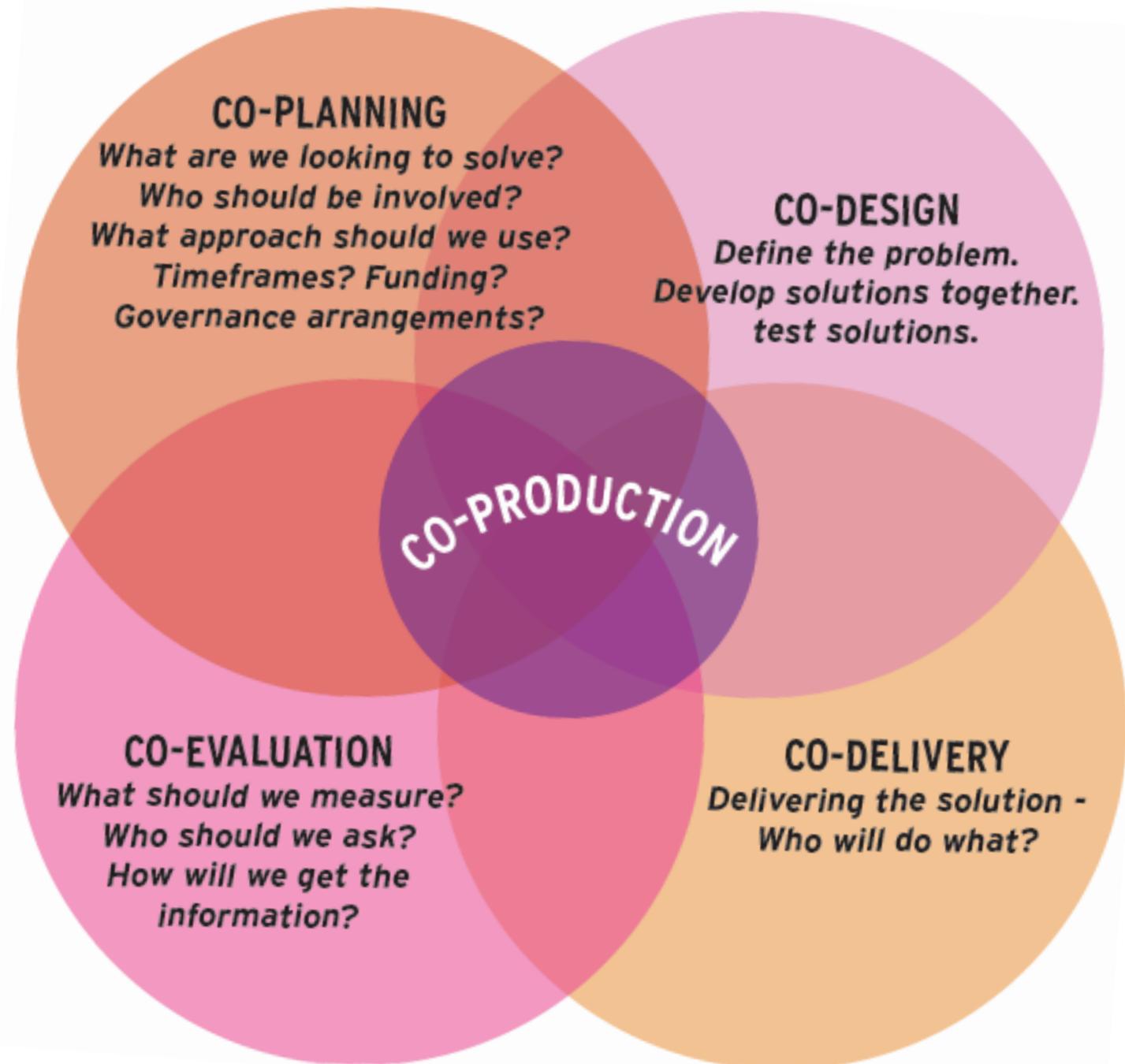
- Aroha: Concern and sympathy for others.
- Manākitanga: Respect and hospitality.
- Wairuatanga: Connection to a greater source.
- Whakapapa: Whānau and kinship ties.
- Tūrangawaewae: Identity and a place to stand.
- Whānau ora: Support for whānau to thrive.



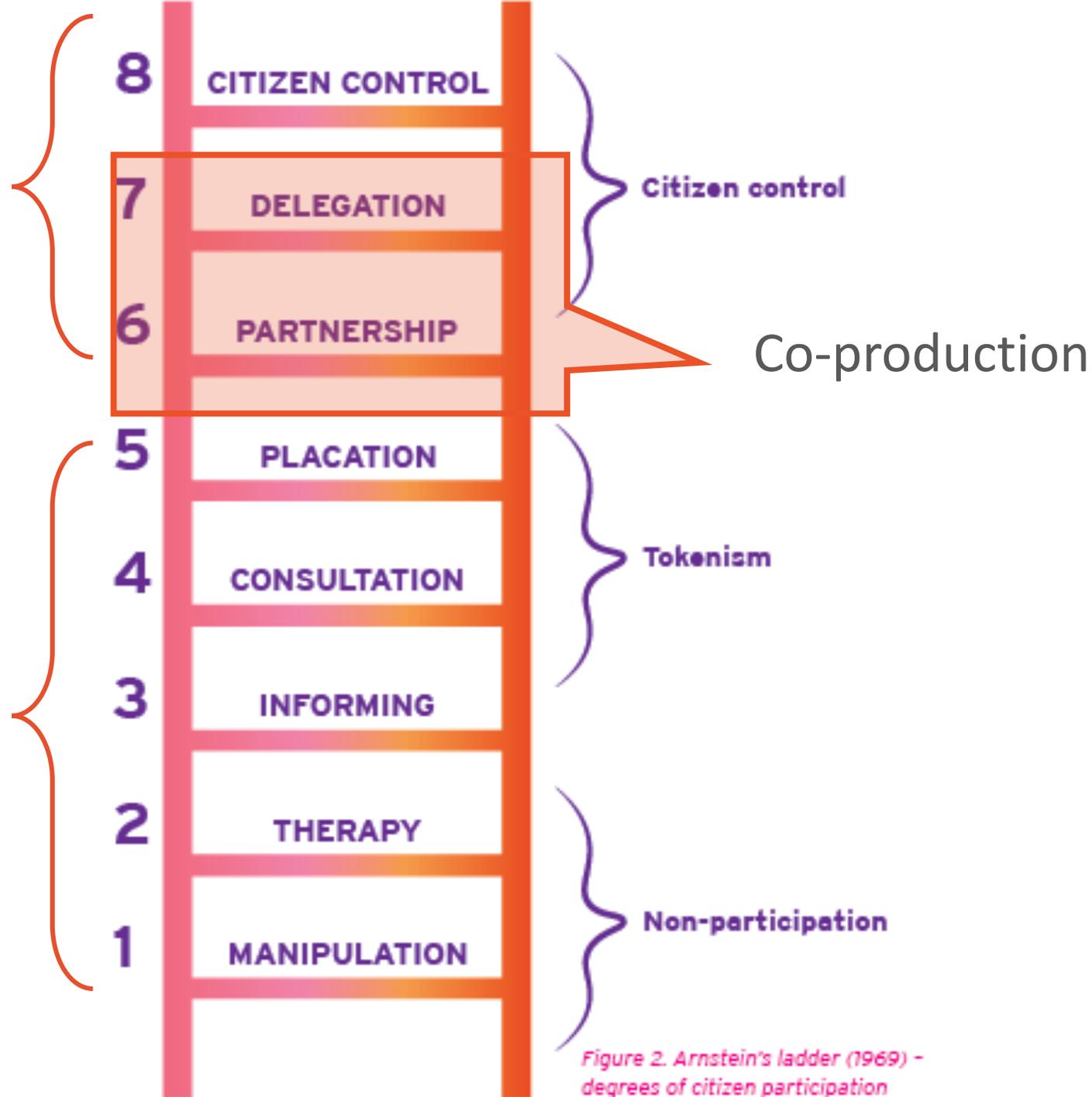


Big Community and Co-production

Co-production is a way for participants with different expertise to work collaboratively together.



Big Community



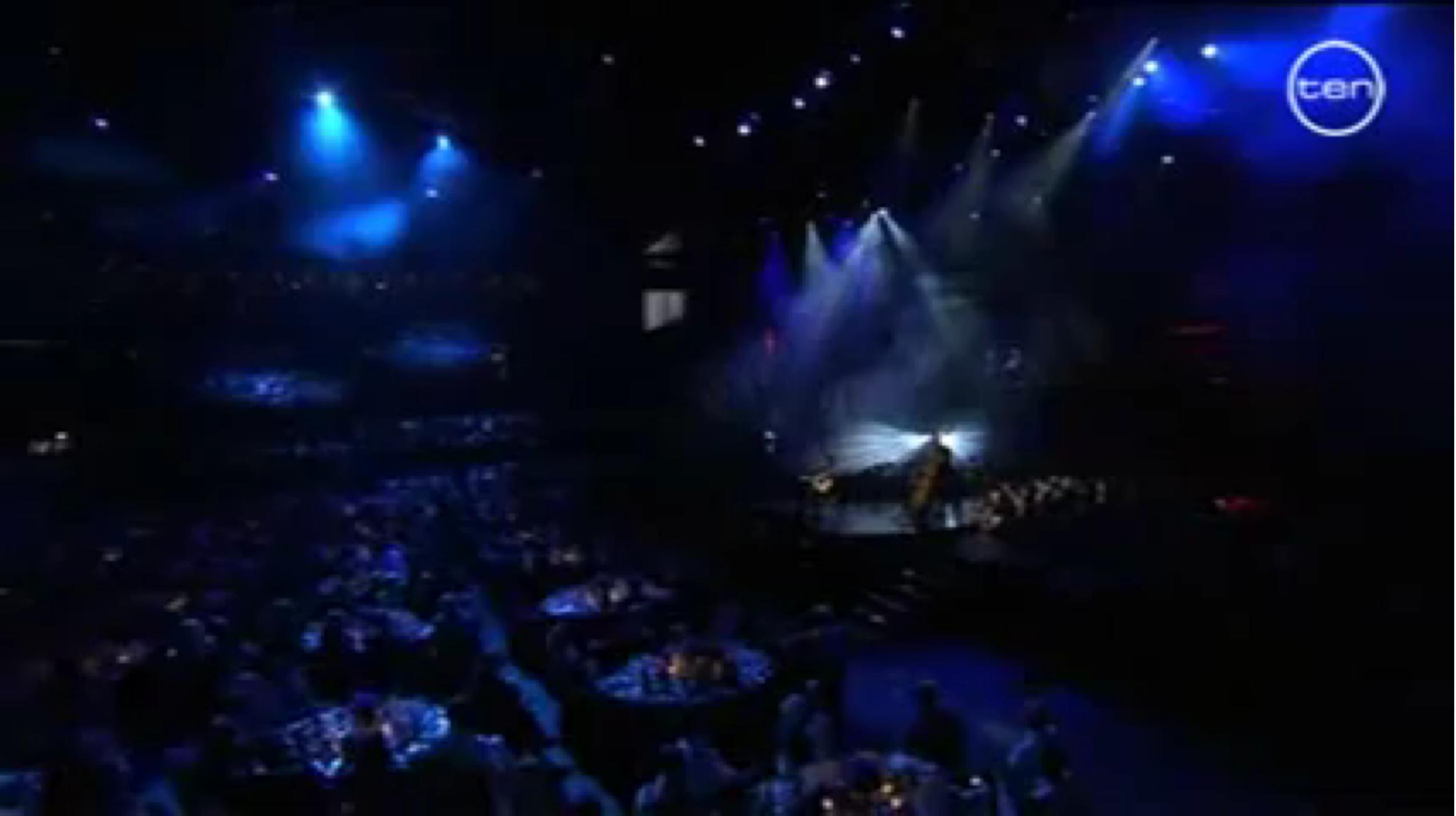
Big Psychiatry

Figure 2. Arnstein's ladder (1969) - degrees of citizen participation

GURRUMUL







Questions and comments



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