

Submission on the Draft Disability Employment Action Plan



21 February 2020

**Tuia te rangi e tū nei
Tuia te papa e takoto nei
Tuia i te here tangata
Tihei mauri ora**

**He hōnore, he korōria ki te atua ki te runga rawa
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro
Rau rangatira mā, ānei ngā whakaaro me ngā kōrero nā Te Tūāpapa Hauora
Hinengaro**

Introduction

Thank you for the opportunity to provide feedback on the Ministry of Social Development's draft Disability Employment Action Plan.

This is a joint submission from the Mental Health Foundation (MHF) and the Like Minds Like Mine programme (Like Minds). This submission is endorsed by No Worries and Hapai Te Hauora. We also acknowledge the feedback provided to Ministry officials as part of the consultation hui held with people with lived experience of mental distress.

Our submission draws on the core focus of Like Minds: *to create a socially inclusive New Zealand that is free of prejudice and discrimination towards people with mental distress*. Our primary recommendation is to prioritise people with experience of mental distress, who have the highest unemployment rate of any disability group, with a separate and dedicated action plan and a commitment to funding planned actions. A dedicated employment action plan for people with experience of distress should focus on tackling discrimination towards this group during recruitment and seeking of employment, and as they maintain, return to, and progress in employment. Discrimination¹ is the most significant barrier to employment for this groupⁱ, whether this be by employers or colleagues, or the structures and cultures within workplaces, that either directly or subtly disadvantage people with experience of mental distress.

¹ Discrimination is unfair treatment which results in social exclusion (e.g. reduced access to housing, healthcare, and employment)

Dedicated action plan for people with mental distress

We appreciate the action plan is aimed at all disability groups and those with a health condition and therefore must be wide reaching. However, the Government's work in this area, and its impact, could be considerably strengthened by developing a separate and dedicated action plan for people with lived experience of mental distress, in partnership with the Ministry of Health. A separate and dedicated action would mean the depth and breadth of action and the resource commitment needed to make a real difference to short- and long-term employment outcomes for people with experience of mental distress are realised.

If a separate action plan is not an acceptable option for the Government, we recommend the current plan at a minimum explicitly commit to doing better for people with experience of mental distress and include targeted actions for this group. The feedback and recommendations in this submission apply regardless of whether a separate plan for people with distress is created, or the current plan is further developed.

Summary of feedback on the current plan

Our key points are as follows:

1. Recognise and demonstrate how the plan responds to the principles of Te Tiriti o Waitangi, the needs and rights of Māori, and addressing inequities.
2. Frame the action plan using a human rights approach and talk to the social model of disability.
3. Recognise intersectionality of different identities creates compounding layers of discrimination and disadvantage and give priority to people/groups over-represented in unemployment and underemployment.
4. Signal whole-of-government leadership and accountability in the plan
5. Demonstrate a joined-up response with government partnering with specialist groups already doing good work in this area.
6. Include new and specific actions to end discrimination against people with experience of mental distress, including ways to expand current initiatives such as *Open Minds* and *No Worries*.
7. Explore how the plan can support people with experience of mental distress and other disabilities to thrive in employment (beyond the focus of simply getting work and maintaining it).

8. Place more emphasis on ensuring everyone has access to supported employment, and on long-term supported employment initiatives during employment (not just at the beginning of employment).
9. Work alongside Māori to develop a meaningful evaluation framework for the actions that affect Māori.
10. Evaluate progress for all priority groups, including people with lived experience of mental distress, and in doing so include progress indicators that reflect their views and experiences.

Feedback on the overarching framework

Responsiveness to Māori

Overall, we feel the current plan has almost no relevance to Māori, both in the lack of acknowledgement of the Te Tiriti o Waitangi and the actions it presents.

The plan must recognise and explain how it responds to government obligations under Te Tiriti o Waitangi, and this should be done explicitly and upfront. This includes how it will ensure Māori have equitable opportunities, experience environments of cultural safety, and achieve outcomes regarding the right to work, and the right for Māori participation and leadership in decisions that impact on Māori employment.

The plan must support Māori to take a leadership role and control of employment outcomes for Māori with experience of mental distress and other disabilities. Specific actions for Māori must be identified in partnership with iwi and hapū, Whānau Ora providers and kaupapa Māori organisations, and these actions will need to be accompanied with a clear commitment to resourcing and implementation.

Furthermore, Māori values and concepts must be fully articulated and clearly shown how they apply in the implementation of the action plan (see page 9). Some Māori values have not been fully explained or the meaning provided is unclear. For example, *manaaki* already means to build and uplift the mana of others so the term *mana manaaki* is unnecessary and confusing. We recommend the principle of *manaakitanga* be used instead to better align with the definition in the plan.

Addressing inequities

The plan must seek to **address inequity across all aspects of the action plan, including in seeking, getting, maintaining, and progressing in, employment.** We believe the significant inequities experienced by people with mental distress across these areas of employment (see below) justifies a separate action plan or at least prioritisation of this group within the current action plan, including identifying targeted actions and a clear commitment to resourcing them.

We recommend using the term 'inequity' as opposed to 'inequality'. References to 'equal opportunity', for example, do not reflect that some will require much more support than others to access the same opportunities and achieve the same outcomes in employment. The plan should mirror equity messages in the New Zealand Disability Strategy and Our Employment Strategy, for example:

For Māori, Pacific peoples, women, young people and disabled people, including people living with health conditions, we need to ensure that those who consistently experience poor employment outcomes can access the right education, training and support to find quality employment. (Minister's foreword, page 1, Our Employment Strategy).

The action plan talks to drivers for change. We recommend the drivers of change include addressing inequity (or achieving for equity). Positive change for groups of people over-represented in unemployment and underemployment will not be achieved without addressing the underlying cause of these inequities, including the effects of colonisation, racism, prejudice and discrimination in all its forms.

Framing of disability

The action plan should follow a social model of disability to clearly define 'people who experience disadvantage in labour markets because of disability...'. The social model of disability, as outlined by the UN Convention on the Rights of Persons with Disabilities (CRPD), asserts that people are disabled by barriers in society, not by their impairment or condition. The barriers can be physical (such as no ramp for a wheelchair user) or attitudinal (such as not offering someone a job because of their mental distress). Disabling barriers hinder people's equal participation in society.

A **human rights approach** draws on the social model of disability and asserts the universal rights of people with disabilities, including those with mental distress, to equality with other citizens and to freedom from discrimination. The CRPD, which has been ratified by New Zealand, adopted this human rights perspective and it fundamentally underpins the New Zealand Disability Strategy and provides the legal framework for action in the disability space.² We are concerned the action plan lacks any human rights perspective and it seems out of step to place such little significance on the CRPD. **We recommend the action plan clearly explain at the start how the principles³ of the CRPD, and the New Zealand Human Rights Act – which sets out the prohibited grounds for discrimination including disability, will be realised in the actions identified in the plan.**

Intersectionality

The action plan goes as far as acknowledging people who experience multiple disadvantages may require additional support. **But it should go further by explicitly prioritising people who experience multiple forms of marginalisation.** We recommend using and defining upfront in the plan the term '**intersectionality**' as a concept that acknowledges people who experience one form of marginalisation, for instance people with mental distress, may also experience other forms of disadvantage or discrimination, such as racism, colonisation, sexism, poverty, early life trauma, homophobia or transphobia.

We note this action plan for disabled peoples is part of a series of employment action plans focusing on improving outcomes for a number of groups (e.g. Māori, Pasifika, refugees etc) and we are pleased the needs of these groups are being recognised in this way. But each action plan will need to prioritise people within these broad categories who experience complex layers of identity and disadvantage in order to deliver effective action for them. For example, actions that help Māori into paid and secure employment (in the 'Māori employment action plan') will not necessarily help Māori experiencing mental distress into employment, which to date has not been a target group.

² The Right to work and employment is highlighted in Article 27 of the CRPD stating signatories "...recognise the right of persons with disabilities to work, on an equal basis with others."

³ Its guiding principles include autonomy, non-discrimination, full participation in society and equality of opportunity.

At a minimum the action plan should cross-reference actions in other plans (and vice versa) that are relevant to the priority groups we identify below. It may also be an opportunity to increase the visibility and accountability of agencies (and senior officials) responsible for each action if their commitment is showcased across multiple plans.

We agree with the recommendation in the Work Counts and Platform Charitable Trust submission to **formally recognise the employment needs of people who experience addiction issues** (as captured within the group 'people with a health issue') as this group often remain invisible in government policy and implementation.

Priority groups

Stronger recognition of Te Tiriti, a human rights framework and an explicit goal to address inequity, as outlined above, as well as a social justice lens, would enable the action plan to provide more discussion and identifiable actions for disabled people over-represented in unemployment and underemployment, including those with lived experience of mental distress, Māori, Pasifika, rainbow and other demographic groups with multiple disadvantaged roles/identities (intersectionality). These groups could also be better represented in the images used in the plan, particularly on the front cover.

People with lived experience of mental distress

People with lived experience of mental distress should be the focus of a dedicated employment action plan. If a separate plan is not the preferred option, people with mental distress should be identified as a priority group in the current plan. Furthermore, we recommend the use of written quotes from those with lived experience to reflect their voices throughout the plan (as people with experience of mental distress cannot be clearly visually represented in the images used).

People with mental distress have the highest unemployment rate of any disability group^{ii iii iv} and people with mental health conditions make up the largest group receiving health-related benefits (e.g. Jobseeker Support - Health Condition or Disability and Supported Living Payments benefits).^v It is widely accepted that people with experience of mental distress are often discriminated against when it comes to seeking and maintaining employment, possibly more than any other disability group, and prejudice and discrimination can lead to unemployment and precarious employment for people with experience of mental illness.^{vi}

A 2007 New Zealand reviewⁱ found employers and colleagues sometimes responded positively to people becoming unwell, but the majority of those who became unwell at work were treated with hostility and unfairness.

Nevertheless the majority of people with experience of mental illness want to work,ⁱⁱ and employment tends to be followed by greater wellbeing, reduced distress, lower relapse rates, better quality of life, and increased social contact and use of leisure time.ⁱⁱⁱ Employment of people with experience of mental illness also removes cost from mental health services.

Māori

The plan must prioritise Māori, to uphold the crown's responsibility to protect Māori wellbeing, and because Māori are disproportionately represented across mental distress and illness, disability and unemployment. For example:

- Māori experience significantly higher rates of mental illness and greater prevalence of addictions, and Māori are 30 percent more likely than other ethnic groups to have their mental illness undiagnosed.^{vii}
- Māori have higher disability rates than non-Māori, regardless of age. When adjusted for age, the Māori disability rate is 32 percent compared to 27 percent of non-Māori.^{viii}
- Unemployment for Māori is double the national rate (9.0 % v. 4.5%) with an underutilisation rate of 21.6 percent compared to the overall rate in New Zealand of 12.1 percent.^{ix}

Altogether this suggests there are disproportionate numbers of Māori who are unemployed and on health-related supported living payments due to mental illness/disability and the rates of underdiagnosed mental illness suggests this group could be even larger.ⁱⁱ

Pacific peoples

Pacific peoples should be a priority of the action plan, due to their numbers, their levels of mental distress and discrimination, other disability, and the constitutional arrangements New Zealand has with some Pasifika nations.

Population surveys found Pacific peoples, on average, report higher psychological distress and depressive symptoms over the past 2 to 4 weeks than non-Māori, non-Pacific people, and prejudice surrounding mental health issues is high among Pacific communities.^x When adjusted by age Pacific people's disability rate (26%) is higher than Pakeha (24%) although some suggest disability rates may be underreported as reporting of disability among Pacific peoples depends in part on cultural factors including language, the meaning of disability, perceived need, and health beliefs.^{xi} Like Māori the unemployment rate for Pacific peoples is more than double the national rate (at 8%).^{xii}

Rainbow communities

Rainbow (sex characteristic, sexuality and gender diverse) communities currently experience high rates of disability (indicated by higher rates of suicidal behaviour, depression and anxiety, eating disorders, substance misuse and isolation) due to experiences of social exclusion and discrimination, including discrimination in the workplace.^{iv xiii} A 2015 survey indicated that rainbow community members were twice as likely to have felt bias at work due to their identity. Nearly one in three have been made to feel uncomfortable at work (compared with 11% of their peers) and 27% have experienced discrimination because of their identity (compared with 7% of their peers). The lack of legal clarity about whether discriminating against transgender, gender-diverse or intersex people in employment and other settings is illegal, is an ongoing cause of significant concern for rainbow communities.

Whole-of-government leadership and accountability

The action plan appears to be the sole responsibility of the one government department with no overarching cross-government coordination in the development and implementation of planned action. Aspirations that the plan "...should help agencies across welfare, education, employment and health systems to work better together..." will not come to fruition if there is no clear leadership and commitment by agencies that deliver policy and services across these domains. **The action plan must clearly represent cross-government commitment in these areas – including transport, housing, education, childcare, and health services – with a responsible agency identified for each action and with a clear process for holding each agency accountable on progress.**

The plan should represent a joined-up government and community response to the barriers behind secure employment for people with experience of mental distress. Government should partner with community organisations, Whānau Ora providers, iwi and hapū, kaupapa Māori organisations and the non-government organisations that already engage with business on many of the barriers and solutions to employment of people with experience of mental distress, such as the MHF, No Worries, LMLM programme providers, and the Health Promotion Agency – Te Hiringa Hauora. We recommend government partner with specialist groups already doing good work in this area and resource them to help deliver the action plans' objectives.

Feedback on actions

New actions to end discrimination in the workplace

As noted earlier, discrimination in the workplace forms a significant barrier to employment for people with experience of mental distress.ⁱ A 2010 Ministry of Health survey found 33 percent of those surveyed did not apply for jobs because of anticipated discrimination.^{xiv} People with experience of mental illness also ranked 'finding a job' as the biggest single area of discrimination. Another 2010 survey of people who had recently used mental health services in New Zealand found people assessed/treated under the Mental Health Act more often reported discrimination in relation to getting a job (and contact with the police).^{xv} Other literature notes that workers with experience of mental illness may be discouraged from taking on certain projects, avoided by colleagues, passed over for promotion or excluded or alienated at work, and may feel socially marginalised. People may not complain, because they do not want to be labelled as having a mental illness. Those looking for work may fear discrimination, and self-stigma can stop people from seeking employment.^{vi}

The Like Minds programme identifies workplaces and employers one of the priority settings and audiences for its work in 2020 – 2025. Workplaces and employers are targeted because they are where discrimination is worst for people with experience of mental distress and where the opportunities to make a difference are the greatest. **We recommend the focus of a separate action plan for people with experience of mental distress be on ending discrimination in employment, aligned with the future direction of the new Like Minds programme. If a separate action plan is not the preferred approach, then the current plan should be further developed with such a focus.**

There is already good work being undertaken to provide anti-discrimination workplace education and we recommend new actions to expand current successful initiatives. For example *No Worries* offers education opportunities for employers and work colleagues designed, coordinated and delivered by people with their own personal experience of mental distress, and *Open Minds* equips managers with the confidence and skills to talk about mental health in the workplace with videos, managers guide, tips, factsheets, posters and FAQs. See the appendix for a full description of these initiatives.

New initiatives could also be developed to address self-stigma in relation to employment. Self-stigma results from the internalisation of cultural stereotypes, prejudices and myths surrounding mental illness and can lead to self-damaging behaviour. Self-stigma among people with experience of mental illness may cause them to think they are not good enough for work, and, consequently, they fail to seek, gain, and retain employment.

Additional actions could also focus on addressing discrimination by educational institutions, and vocational and mental health service providers, with evidence that some providers may believe clients with experience of mental distress are not able to work or study or that doing so could harm their mental health and as such act as barriers to employment.ⁱⁱ

Additional objective to support people to thrive in employment

We recommend the Ministry explore how the plan can support people with experience of mental distress and other disabilities to *progress* in employment. This would help to ensure employees with disabilities have the same opportunity as others to develop their full potential.^{ii vi} This could, in part, be linked to action against workplace discrimination by employers as evidence suggests discrimination often prevents people with experience of mental distress from attaining promotion.ⁱ New Zealand data confirms that people with disabilities are less likely to enter or progress to professional or manager roles in employment compared to non-disabled people. Findings from the 2013 Disability survey found only 18 percent of disabled workers compared to 25 percent on non-disabled workers were professionals and 16 percent compared to 19 percent were managers. This is also reflected in the type of industries disabled workers are distributed across with higher numbers in manufacturing; agriculture, forestry, and fishing and construction.

Comment on proposed actions

We expect the final action plan to contain actions that are specific, action oriented, be the responsibility of an identified agency, and be adequately resourced. We hope these actions will not simply list existing initiatives as it then becomes a stock-take of the status quo. We suggest focusing on new and innovative solutions, and actions that will make *significant changes* to the current policies, structures and cultures to improve outcomes across all aspects of employment.

<p>Action area 1.1 Successful transition for disabled school-leavers</p>	<p>Interrupted education for people with experience of mental distress can impact employment prospects or delay entry into the workforce. People with mental distress are more likely to obtain lower levels of education, and this can prevent them from applying for and obtaining employment.ⁱ The action plan should acknowledge this and explore ways to address this through specific actions.</p>
<p>Action area 2.1 Create meaningful and joined-up introductions to employment support</p>	<p>We support the inclusion of supported employment initiatives. There is good evidence that supported employment increases employment rates for people with experience of mental distress.ⁱ</p> <p>Everyone to have access to employment support The action plan must commit to providing supported employment services to <u>everyone</u> with experience of distress who is out of work. We are aware of feedback from people with lived experience that case managers at Work and Income may not be aware, or do not actively inform, clients with experience of mental distress about the employment support services available to them. This suggest additional actions could focus on educating and supporting case managers of the rights and supports available to people with experience of mental distress.</p> <p>It is also vital that supported employment is provided on the basis of need and not based on medical models that define eligibility based on deficit. Having a psychiatric diagnosis should not be required in order to meet eligibility criteria for accessing employment support. The focus should be on the individual needs to access the labour market, have minimal conditionality and also be available to disabled persons not receiving health-related benefits.</p>

	<p>We support a review of the eligibility settings and processes for health and disability-related benefits to ensure recipients receive the support appropriate for their circumstances. There is good evidence that concerns about health-related benefits (e.g. Jobseeker Support) are a significant barrier for people with experience of mental distress. This includes fear of reduced overall income as the result of low-income jobs or reduced allowances while working part-time, and fear that if a person has to stop work due to mental illness, delay or difficulties in having a benefit reinstated will be encountered.ⁱⁱ</p> <p>The review should seek to explore and recommend possible solutions to benefits barriers, include increasing availability of information and advice on rights and entitlements, allowing people to retain their benefits while at work, protecting income security in the face of relapsing mental distress/illness, and training and knowledge of staff administering benefits and advice.</p>
<p>Action area 2.2 Greater participation in employment services by disabled people and people with health conditions</p>	<p>We support increasing access to long-term support during employment. The lack of on-going mental health support when a person is in employment is a significant barrier for people with lived experience of mental distress. People with lived experience may need support to help manage practical challenges; such as managing mental illness (both symptoms and medication side-effects), accessing appointments with mental health and addiction services during work hours, managing workplace culture and navigating policies and practices, and managing workplace discrimination and stress.^{xvi} Support during employment must be long-term and not just at the beginning of employment in order to help people sustain employment and reach long-term employment goals. The plan should include actions on better information and education for employers on how to integrate best practice support for people with experience of mental distress.</p>
<p>Action area 3.1 Raise the visibility of disabled people and people with health conditions as a talent pool</p>	<p>We support actions that seek to promote success stories, champions for change, and role models. There is some evidence that promotion of high-status individuals with experience of mental illness in the workplace as role models is an effective way to help disseminate messages of openness and empathy about mental distress and demonstrate a welcoming environment for people with lived experience.ⁱ</p>



	<p>See Wellplace.nz for their series of case studies of change agents who contribute to influencing workplace culture and practice.</p> <p>Such initiatives could be a trialled in the health and disability system, which, collectively, is one of the largest employment sectors, and a DHB may be the largest single employer in its district. The Health and Disability System Review interim report notes that as well as having substantial employment power, the health and disability system has much to gain from the greater employment of people with experience of mental distress and other disabilities.</p>
<p>Action area 4.1 Promote flexible and wellbeing enhancing workplaces</p>	<p>We support actions to promote flexible and wellbeing enhancing workplaces. Employers can create positive work environments to remove discrimination and reduce the risk of depression and stress in the workplace, thereby promoting mental wellbeing for everyone. The MHF's <i>Working Well</i> resources and training programme already provide organisations with the tools to create a culture that enhances and protects people's mental health. Programs such as Open Minds and No Worries, which create inclusive and supportive work environments for people with mental distress, also help to achieve a wellbeing enhancing workplace (see the appendix for an outline of these initiatives).</p> <p>We would be concerned if such initiatives are solely linked to 'tick box' health and safety requirements. While workplaces have a legal responsibility to manage risks to mental health and wellbeing, promoting mentally healthy workplaces speaks to border issues of organisational cultures, practices and structures, including tackling discrimination, prejudice and bullying.</p> <p>There is also scope to improve employer perceptions and knowledge of their obligations to make changes to the work environment or in the way things are done to meet an employee's needs in relation to a disability ('reasonable accommodations'). New Zealand research found most of the special arrangements made for employees in the workplace, due to their experience of mental illness, were around increased flexibility of working hours, work location and sick leave arrangements.^{vi}</p>



	<p>This research found these accommodations are generally no greater than the arrangements other employees have to accommodate various aspects of their lives (e.g. long-term physical conditions or impairments, children), are not onerous to implement and manage, and are not costly, but are the most effective accommodations for supporting people with experience of mental illness to work positively and successfully.</p>
<p>Action area 4.2 Stop people from falling out of work</p>	<p>We support actions that encourage workplaces to have a preventive approach, such as looking to ensure introduction policies are set up to retain workers with mental distress and have good structures around return to work planning.</p> <p>We are also aware that poor mental health and distress can develop due to workplaces cultures and processes. This includes, for example, lack of job clarity, unrealistic expectations, poor communication, and lack of regular feedback. This also links in with actions around wellbeing enhancing workplaces.</p>

Evaluation and monitoring

We recommend the Ministry work alongside Māori to develop a meaningful evaluation framework for the actions that affect Māori. Additionally, the plan should signal a commitment to specifically evaluate progress for all priority groups that experience multiple forms of disadvantage (intersectionality), including people with lived experience of mental distress.

The indicators of progress include feedback from employers, but it must also reflect the views and experiences of people with experience of mental distress, and other disabilities and other priority group (Māori, Pacific peoples, rainbow). This might include, for example, how well they feel they are able to participate in employment, job satisfaction (which is closely related to the workplace environment e.g. accommodations, support from co-workers etc), or experiences of discrimination in finding or keeping employment, returning to employment and gaining promotion.



Summary

We urge the Ministry to consider developing a stand-alone action plan for people with lived experience of mental distress. As currently drafted the action plan does little to overcome the barriers people with mental distress, including Māori, face as they strive to enter, and retain and return to employment. A dedicated plan with clear cross-government support, allocated funding, and an accountable timeline and process, will go some way to generating a positive impact on the long-term employment needs of this group, as well as contributing to their mental health and wellbeing. We welcome any opportunity to meet with officials to discuss our submission and possible ways forward.

Ngā mihi,



Shaun Robertson
Chief Executive Officer

Appendix: summary of initiatives

No Worries

No Worries is led by Peer Zone, a peer led organisation which is contracted by the Health Promotion Agency as part of the Like Minds, Like Mine Programme. *No Worries* offers education opportunities for employers and work colleagues designed, coordinated and delivered by people with their own personal experience of mental distress. The overall purpose of *No Worries* is to engage and work with employers to develop their capacity and confidence to employ people with mental distress and feel comfortable in knowing how to respond appropriately. For more information see <https://www.likeminds.org.nz/home/story/105/no-worries>

Open Minds

Open Minds, a workplace program developed especially for managers, run by the MHF. *Open Minds* equips managers with the confidence and skills to talk about mental health in the workplace with videos, managers guide, tips, factsheets, posters and FAQs providing managers with practical tips to help with conversations about mental health in the workplace. The long-term outcome of *Open Minds* is that New Zealand employers are able to develop workplace policies, structures and cultures that are more inclusive and supportive of people with experience of mental illness. For more information see <https://www.mentalhealth.org.nz/home/our-work/category/40/open-minds>

Working Well

The Mental Health Foundation's Working Well Guide and resources provide organisations with the tools to create a culture that enhances and protects people's mental health. These resources including fact sheets, worksheets and slides support workplaces to improve wellbeing at individual, team and systems levels with a focus on creating psychologically safe, supportive and strong environments, and people. They allow organisations to identify and address potential psychosocial risks. Practical, evidence-based information and engaging activities help workplaces and their people develop a shared understanding of mental health, identify opportunities to protect and enhance mental wellbeing, and take positive action. For more information see <https://www.mentalhealth.org.nz/home/our-work/category/44/working-well-guide-and-resources>

About the Mental Health Foundation

The MHF's vision is for a society where all people flourish. We take a holistic approach to mental health and wellbeing, promoting what we know makes and keeps people mentally well and flourishing, including the reduction of stigma and discrimination (particularly on the basis of mental-health status).

The MHF is committed to ensuring that Te Tiriti o Waitangi and its Articles are honoured, enacted, upheld and incorporated into our work, including through our Māori Development Strategy. We are proud that Sir Mason Durie is a Foundation patron.

The MHF takes a public health approach to our work, which includes working with communities and professionals to support safe and effective suicide prevention activities, create support and social inclusion for people experiencing distress, and develop positive mental health and wellbeing. Our positive mental health programmes include Farmstrong (for farmers and growers), All Right? (supporting psychosocial recovery in Canterbury, Kaikōura and Hurunui), Pink Shirt Day (challenging bullying by developing positive school, workplace and community environments), Open Minds (encouraging workplaces to start conversations about mental health) and Tāne Ora (working with tāne Māori and their whānau to build wellbeing skills). Our campaigns reach tens of thousands of New Zealanders each week with information to support their wellbeing and help guide them through distress and recovery.

We value the expertise of tangata whai ora/ people with lived experience of mental distress and incorporate these perspectives into all the work we do. Established in 1977, the MHF is a charitable trust, and our work is funded through donations, grants and contract income, including from government.



About Like Minds Like Mine Programme

Like Minds, Like Mine is a public awareness programme to increase social inclusion and end discrimination towards people with experience of mental illness or distress. We do this through public awareness campaigns, community projects and research.

The Like Minds, Like Mine programme is funded by the New Zealand Government. The Health Promotion Agency (HPA) is the lead operational agency for the programme, with strategic responsibility held by the Ministry of Health.

National coordination and communications for the programme is led by the Mental Health Foundation of New Zealand (MHF). The MHF has a long involvement in the programme, providing support for the national activities for the past decade. It has also held contracts to deliver regional activities.

About Hāpai Te Hauora

Hāpai Te Hauora is the largest Māori Public Health organisation, operating across the areas of gambling harm prevention and minimisation, tobacco control advocacy and SUDI prevention, nutrition and physical activity, alcohol and other drug harm minimisation and Māori Public Health Leadership, advocacy, infrastructure and community engagement.

Established as a tripartite agreement between Te Rūnanga o Ngāti Whātua, Raukura Hauora o Tainui and Te Whānau o Waipareira. In matters of Maori Public Health, we are the representative Māori Public Health body for two of the largest Iwi who hold mana whenua over Tāmaki Makaurau (Collectively with a number of other affiliate Iwi and Hapū), as well as one of the largest urban Maori Organisations in Tāmaki Makaurau.

Our organisational history has seen Hāpai work across strategy, coordination and delivery of mental health related services. We advocate for a holistic approach to mental health and wellbeing and for human rights-based approaches that centralize tino rangatiratanga. We acknowledge the expertise and leadership of The Mental Health Foundation in this space and therefore endorse this submission and its recommendations.

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