Mental Health Foundation OF NEW ZEALAND
mauri tū, mauri ora

11 December 2019
To the Health Committee

Submission on the proposed Mental Health and Wellbeing Commission Bill

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 o Aotearoa

Introduction

Thank you for the opportunity to give comment on the Mental Health and Wellbeing Commission Bill – ngā mihi nui ki a koutou.

The Mental Health Foundation supports the intent of this Bill.

Key Points:

- We welcome the establishment of the Mental Health & Wellbeing Commission, and are pleased it is being established in order to contribute to better and more equitable mental health and wellbeing outcomes for people in New Zealand.
- In order for it to be able to meet these aims, the Commission needs to:
    - be positioned within te ao Māori/ a Māori worldview, with all the personnel, structures and approaches that entails. This will enable it to better engage with all minorities and disadvantaged populations
    - model partnership with people with lived experience of mental distress. In addition, its expertise in and focus on personal experience of mental distress needs to be strengthened
    - include mechanisms to consult with rainbow people
    - include expertise on population health approaches to mental health and wellbeing, and embrace and promote population health and distress-prevention approaches.
- To ensure the Commission is effective, its functions need to include:
    - commenting on all relevant legislation
    - reporting annually to Parliament on the state of New Zealand's mental health and wellbeing and on approaches government and others have taken to improve this
    - researching and making recommendations on improving support for mental health and wellbeing and preventing further mental distress on a population level (rather than just assessing the current landscape). Ministers should be required to publicly respond within a reasonable timeframe.

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We welcome the establishment of the Mental Health & Wellbeing Commission and applaud the aims for the Commission as set out in the Bill's explanatory note. In particular we are pleased that:

- Mental wellbeing as well as mental health is a focus for the Commission. (Mental wellbeing is not the absence of mental illness; instead it is variously associated with "flourishing", experiencing mostly positive emotions within a supportive context, a sense of meaning, a sense of accomplishment, positive relationships, belonging and autonomy.)[1]
- The Commission is expected to assist in improving equity for Māori, Pacific peoples, disabled people, rainbow communities, and other groups that experience poorer mental health and wellbeing outcomes.
- The Commission's focus will encompass the social determinants of health. A wide lens is necessary for the Commission to be truly effective given the clear links between mental wellbeing and all aspects of people's lives (including their social and economic circumstances and the inter-generational issues that impact these).
- The Commission will assess whether approaches to mental health and wellbeing are culturally appropriate. This is vital as approaches that are not culturally appropriate are at high-risk of being counterproductive.

We believe this is a rare and exciting opportunity to create a commission that could make a much-needed and *substantial* difference to the mental health and wellbeing of all New Zealanders for generations to come. With the right legislation, the Commission has the potential to be:

- a trusted kaitiaki of the country's mental health and wellbeing
- a thought leader that looks beyond the next planning cycle
- an encouraging influencer that
    - leads by example
    - uplifts the mana of all those it engages with, from whānau to communities, through to government agencies
    - erodes discrimination and prejudice against those with lived experience of mental distress.

In order for this to happen, the Commission cannot be "business as usual" in terms of the history of many government agency behaviours. It must earn the trust of Māori whānau and communities, other groups who are most vulnerable to mental distress and those who have lived experience of distress. It must not replicate normalised culturally-inappropriate agency structures and attitudes which add to distress, create discrimination, and build obstacles to

[1] Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of health and social behavior*, 207-222.

mental wellbeing. If Māori and minority ethnic community views are merely acknowledged, "added on" or listened to within a Pākehā framework, and if the wisdom of those with lived experience is seen as secondary to standard clinical paradigms, the Commission will largely fail in its bid to increase health and reduce health inequities across New Zealand.

Thus, it is of paramount importance that the Commission focusses on lived experience and is embedded within te ao Māori (Māori worldview). Without this deliberate framing, it will be difficult for the Commission to avoid perpetuating both prevailing discrimination against those with lived experience, and its monocultural Pākehā worldview, which is a default setting due to common unconscious assumptions.

Positioning within te ao Māori will also enable the Commission to better serve (other) groups affected by inequity, as there are shared understandings between Māori and others of what it means to be a minority group facing the barriers and obstacles of a different imposed dominant hegemony – even though those barriers are different for every group.

We also agree with the recommendations in the combined submission by Platform Trust, Community Housing Aotearoa and The Wise Group, and share the vision for the Commission to have a positive agenda, encourage stakeholders, and focus on system/s reform and improvement, with the ability to hold other entities accountable.

Please see the Appendix for our envisaged changes in the Bill, shown as track-changes.

Recommendations

1. In order to be a true leader in mental health equity, and to practice kaitiakitanga of our mental health and wellbeing, the Commission needs to be embedded in a Māori worldview from its beginning. This means the Bill establishing the Commission needs:

i. to ensure that the Commission is founded on the articles of Te Tiriti o Waitangi and, as recommended by the Inquiry into Mental Health and Addictions in *He Ara Oranga*, that it *actively promotes* the Treaty (rather than simply upholding the Treaty)

Ongoing colonisation continues to create inter-generational trauma, and social and health problems for Māori. There are numerous indicators that things need to change drastically. Māori are 3.6 times more likely to face compulsory treatment than non-Māori,[2] one of many indicators that the mental health system – like the health system in general – discriminates on the basis of race. Rangatahi Māori are more than twice as likely to die by suicide than non-Māori youth,[3] an indicator that the State continues to neglect Māori wellbeing.

[2] Ministry of Health. (2017). Office of the Director of Mental Health annual report 2016. Wellington: Ministry of Health. Retrieved from https://www.health.govt.nz/publication/office-director-mental-health-annual-report-2016 (p. 25)

[3] Ministry of Health. (2016.) Suicide Facts: Deaths and intentional self-harm hospitalisations: 2013. Wellington: Ministry of Health. Retrieved from https://www.health.govt.nz/system/files/documents/publications/suicide-facts-deaths-intentional-self-harm-hospitalisations-2013-nov16.pdf

As a new body designed to lead-by-influence, the Commission must show what decolonised, true partnership and leadership looks like, and what its positive outcomes can be.

By being founded on the articles of Te Tiriti o Waitangi, the Commission will be acknowledging the Māori right to tino rangatiratanga, enshrined in Te Tiriti. For example, regarding the health system specifically, we support the aspirations of Māori leaders that a specific kaupapa Māori entity and structure be developed to drive kaupapa Māori service commissioning and provide oversight to ensure all health services improve the quality of care to Māori. We agree with the aspirations expressed in the Māori Manifesto submission to the Mental Health & Addictions Inquiry that specific by-Māori for-Māori approaches must be empowered, and that institutional racism in health services must be removed to ensure that actions are responsive to and appropriate for Māori. The Commission – with its responsibilities wider than the health sector – must be framed and set-up in such a way that it can work with this health-focussed kaupapa Māori entity in a collegial way based on trust and shared cultural understandings.

ii. to ensure that a Māori name is requested for the Commission in a way that aligns with tikanga

Requesting a Māori name for an entity is now standard practice, and a way of establishing relationships with iwi and hapū by "starting as you mean to go on". We recommend seeking advice from a group such as the Ministry of Health's Māori Mental Health Advisory Group as to what the process for finding a name should be, and who needs to be involved in that process.

iii. to acknowledge and support Māori understandings of wellbeing and of mental health

An important part of tino rangatiratanga is Māori defining their own aspirations, rather than having others' aspirations imposed upon them. We expect that acknowledgement and support of Māori understandings of wellbeing and of mental health – an acknowledgement that tacitly acknowledges that definitions of wellbeing and mental health are various and culturally specific – will also lead to greater acknowledgement of the diverse understandings of wellbeing and of mental health for other minority groups also (whether equity groups or not). This will lead to increased collective mental health and wellbeing for New Zealand as a whole.

iv. to ensure that *each and every* Commission board member has knowledge and understanding of te ao Māori, tikanga Māori and Māori understandings of wellbeing including whānau-centred approaches, instead of as few as one board member having such knowledge and understanding

Given the importance of te ao Māori, we should expect *all* our leaders in *all* sectors in Aotearoa New Zealand to have knowledge and understanding of Māori culture. By requiring all board members to demonstrate knowledge and understanding of te ao Māori, the Commission can be a flagship best-practice institution for not only mental health, but for the health sector in general and wider society.

In addition, the New Zealand Health Practitioner Competence Assurance Act 2003 requires health practitioners to be culturally competent to work with Māori to a standard "that will enable effective and respectful interaction with Māori". In order to competently assess the effectiveness of approaches to mental health, all Commission board members also need to be culturally competent.

v. **to ensure that all Commission board members have knowledge and understanding of systemic discrimination and colonisation as factors affecting people's mental health and wellbeing**

This includes not only racism but *any and all* systemic discrimination, including against people with lived experience of mental illness and/or mental distress and people with disabilities, as well as homophobia, transphobia and sexism.

vi. **to ensure at least 50 percent of board members have Māori whakapapa, te reo me ōna tikanga (language, knowledge and traditions), and are connected to one or more iwi, hapū and/or marae.**

Having te reo and connection to culture are protective factors for Māori. For example, strengthening cultural identity has been found protective in suicide prevention[4] and improves treatment outcomes for Māori.[5] Māori who drink alcohol and live in deprived circumstances are less likely to have a harmful relationship with alcohol if they speak te reo Māori.[6]

Adopting the criteria of te reo me ōna tikanga for Board members shows that the Commission values these factors. Multiple board members should have deep understanding of these connections between culture and mental wellbeing – and the access to this understanding is immersion in te reo me ōna tikanga. Ensuring at least 50 percent of board members have te reo me ōna tikanga helps to ensure that the Commission does indeed promote Te Tiriti and carries out its responsibility to have particular regard to the outcomes for Māori.

From our experience in the mental health sector, we know the capacity and capability exists to meet these criteria of Māori language and cultural practices for multiple board members.

vii. **to ensure the Commission's approach, systems and processes are founded on pou of Mātauranga Māori and evidence-based Kaupapa Māori research.**

In order to reach its goals, the Commission must be embedded into contemporary and traditional Māori frameworks. For example, it is vital that Māori are able to determine the definitions and understandings of their own mental health and well-being on their own terms, and that they are able to determine the specific ways to evaluate and assess and safeguard successful approaches to increasing their mental

[4] Coupe, N. M. (2005). *Whakamomori: Māori suicide prevention:* (Doctoral dissertation, Massey University). https://mro.massey.ac.nz/handle/10179/1695

[5] Durie, M. (2001). *Mauri ora: The dynamics of Māori health*. Oxford University Press. Cited in Elder, H. (2015). Te waka oranga: Bringing indigenous knowledge forward. *Rethinking rehabilitation: Theory and practice*, 227-246.

[6] Hapai te Hauora (2019). New statistics show Te Reo Māori protects against alcohol harm. Retrieved from http://hapai.co.nz/content/te-reo-maori-protects-against-alcohol-harm?mc_cid=f7c95b9186&mc_eid=7c3a1e6dd3

health and wellbeing. In its monitoring function, the Commission needs to assist in enabling the realisation of these aspirations to appropriate assessments and evaluations.

viii. **to ensure the Commission not only seeks the views of Māori, people with lived experience of mental distress and groups impacted by inequity but also is guided by all these groups and demonstrates how it *reflects* and *responds* to their views in its activities and outputs.**

Strong community feedback is that people are tired of being consulted for no apparent reason, with no feedback loop, in what seems to be meaningless tickbox exercises. This recommendation is to help ensure that the views requested are not only listened to and heard, but genuinely direct and influence the outputs of the Commission.

ix. **to ensure the Commission liaises with iwi and hapū as mana whenua, in order to truly practice kaitiakitanga of the mental health and wellbeing of all rohe.**

Iwi and hapū are kaitiaki in the environments where they hold mana whenua. For the authority of kaitiaki of mental health and wellbeing to be bestowed on the Commission – for it to take up the related responsibilities as it should – it will need to liaise with iwi and hapū.

2. At least 40 precent of the Commission Board should have personal experience of significant mental distress (rather than a minimum of one of a maximum of five board members)

For transformational change to occur within Aotearoa New Zealand's response to mental health it is vital that those directly affected by significant mental distress are co-designers and drivers of change. Those with lived experience have deep insight into what works and what does not in terms of population health, prevention, support, recovery and the elimination of discrimination and prejudice. Members with lived experience can alert other board members to unconscious bias and prejudice.

Personal experience of mental distress does not necessarily mean having experience of a mental health service (which is appropriately covered by another clause as being a collective required characteristic of the board) or having a diagnosis.

3. The Commission Board should collectively have expertise in population health approaches to mental health promotion and the prevention of mental distress (whether named as such or instead recognised as 'education', 'cultural', 'community' or other work)

This clause is also required to ensure the Commission is not "business as usual" but that it recognises that truly safeguarding and uplifting mental health and wellbeing requires approaches well outside the "individual treatment" model, and even outside health promotion (although both those things are also important parts of the Commission's remit).

For example, a New Zealand study on flourishing in the workplace found, "the factors most strongly associated with the Flourishing Scale scores for female workers were meaning and purpose, self-esteem, friendship satisfaction, work satisfaction , and strengths use, and for male workers were self-esteem, meaning and purpose, respect, strength use, and satisfaction with spirituality."[7] Thus protective factors both for mental health and mental wellbeing are not all – or even mostly – driven by actions within the health sector. Another study found that being older and married, reporting greater income, financial security, physical health, autonomy, awareness and use of strengths, work-life balance, job satisfaction, participation in behaviours associated with the Five Ways to Well-being, volunteering, and feeling appreciated by others were all positively associated with worker flourishing.[8]

Sites of intervention – things that the Commission may choose to comment on or advocate for – include policies and practices to improve social, cultural, built, natural and economic environments; ways of upskilling our populations; and ways of encouraging small behavioural changes that are protective factors for mental wellbeing (see figure).

Figure 1: Potential sites of intervention that the Commission may chose to comment on

4. "Rainbow people" should be included on the list of groups the Commission consults

We strongly agree with and support OUTline's submission and recommendation that rainbow people be included in Section 13 (which already names Māori, Pacific, disabled people, and children and young people). It is inappropriate to leave this group in the catch-all of "other groups of people who have disproportionately poorer mental health

[7] Jarden, A. (2014). Important considerations in enabling female and male wellbeing at work. Retrieved from http://www.aaronjarden.com/uploads/3/8/0/4/3804146/important_considerations_in_enabling_female_and_male_wellbeing_at_work_draft.docx

[8] Hone, L. C., Jarden, A., Duncan, S., & Schofield, G. M. (2015). Flourishing in New Zealand workers: associations with lifestyle behaviors, physical health, psychosocial, and work-related indicators. Journal of Occupational and Environmental Medicine, 57(9), 973–983. https://doi.org/10.1097/JOM.0000000000000508

and wellbeing" because of how high the risk of serious self-harm is among rainbow people due to homophobia, transphobia and discrimination against intersex people and non-binary people. For example, a major national survey of the health and wellbeing of secondary school students, Youth 2012, found that almost half of queer youth had seriously thought about taking their own life in the previous year. One in five had attempted suicide, compared with one in 20 of their non-queer peers. Queer youth were three times more likely to be bullied every week than their heterosexual peers and almost half had been hit or hurt at school in the previous year.[9]

Rainbow people should be defined in the Bill in an inclusive way, as an umbrella term to describe people whose sexual orientation, gender identity, gender expression or sex characteristics differ from majority, binary norms. It is important that the Commission seeks the views of people from a wide range of rainbow groups as it is a diverse population.

5. Commission functions should include reporting to Government on any existing or proposed legislation or policy that the Commission considers may affect mental health and wellbeing

It would be extremely useful for New Zealand's mental health and wellbeing if an independent body such as the Commission was charged with reviewing all legislation with a mental health and wellbeing lens, and reporting on that legislation which might have an effect, much as the Human Rights Commission reports on legislation which may affect human rights. It would help ensure that no new law that clashed with or was counter-productive to the country's strategies and aspirations in mental health and wellbeing could be passed unnoticed or unchallenged – which could easily happen otherwise given the size and complexity of those factors that affect mental health and wellbeing.

This would ensure that governments could not simply forget, ignore or drop mental health and wellbeing if it became inconvenient.

6. The Commission's functions should include being a thought leader which researches and recommends potential improvements in approaches to mental health and wellbeing – rather than only monitoring and evaluating.

While the Bill currently gives the Commission the power to "make recommendations to any person (including any Minister) on any matters concerning mental health and wellbeing" it does not actually give it the function of being a thought leader which researches and recommends potential improvements in approaches to mental health and wellbeing. We believe that using this power should be a core function of the Commission, and the Bill should mandate it as such.

[9] Lucassen, M., Clark, T., Moselen, E., & Robinson, E. M. (2014). Youth '12, the health and wellbeing of secondary school students in New Zealand: results for young people attracted to the same sex or both sexes. Auckland, N.Z.: University of Auckland. Retrieved from https://cdn.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Youth%2712%20Young%20People%20Attracted%20to%20the%20Same%20or%20Both%20Sexes%20Report.pdf

Because the Commission will receive a large amount of data from multiple groups and systems and yet not deliver services or advocate for individuals, it will be able to focus on the bigger picture and the larger timeframe, making sense of complexities. This has the potential to be an enormously valuable contribution, if it positioned as a thought leader for mental health and wellbeing, not just a watchdog assessor.

It is outside the scope of this Bill, but we also strongly recommend that successive governments be legally required to produce a national mental health and wellbeing strategy. An overarching plan – as recommended by *He Ara Oranga* and in order initially to implement *He Ara Oranga*'s recommendations – is desperately needed if New Zealand is to promote mental wellbeing, prevent unnecessary distress and improve its services for those in mental distress. The Commission will be well-placed to inform and strengthen such a strategy.

7. The Commission's reporting functions should include (but not be limited to) an annual report to Parliament

The state of New Zealand's mental health and wellbeing, and approaches taken to support this, are too important to be reported by the Commission on solely on an ad hoc basis. This recommendation is designed to keep mental health and wellbeing appropriately prioritised by all decision-makers.

8. Ministers must be required to respond publicly to Commission reports and recommendations within a reasonable timeframe.

Politicians should not simply be able to ignore Commission concerns and recommendations. The Commission will be a publicly-funded influencer and will ask questions and make recommendations on behalf of all New Zealanders, including some of our most vulnerable groups. As such, it is important that the public is guaranteed to receive answers from Ministers to points put to them by the Commission.

Our recommendations above are all designed to assist the Commission in its objectives now and into the future. There is huge work to be done; and we look forward to the near future when a robust Commission is an effective leader and advocate that all New Zealanders respect for having all our best interests at heart, and for influencing our environments in ways that support our equity and mental health and wellbeing.

Mauri tū, mauri ora,

Shaun Robinson

Chief Executive
Mental Health Foundation of New Zealand

About the Mental Health Foundation of New Zealand

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 whaiora/ 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.

Appendix: Current bill – MHF suggested track-changes of selected passages (note that these are not legally drafted, but are to show intent of our recommendations)**:**

3 Treaty of Waitangi (Te Tiriti o Waitangi) [and sections 8, 9, 11 and 13 as per these changes]

In order to recognise and respect the Crown's responsibility to take appropriate account of the Treaty of Waitangi, and with a view to achieving better and more equitable mental health and wellbeing outcomes for Māori (as defined by Māori),—

section 8(2) requires the Minister to have regard to the need for

(X) each and every member~~s~~ of the board to have ~~collectively have~~ knowledge~~,~~ and understanding~~, and experience~~ of—

(i) te ao Māori (Māori world view), tikanga Māori (Māori protocol and culture), and Māori understandings of wellbeing including whānau-centred understandings~~approaches to wellbeing~~; and

(ii) the cultural, economic, educational, spiritual, societal, and other factors that affect people's mental health and wellbeing, including ongoing, systemic discrimination, intergenerational trauma and colonisation; and

(XY) at least 50% of board members to have Māori whakapapa; and

(XZ) at least 50% of board members to

(i) have te reo me ōna tikanga [language, knowledge, traditions]; and

(ii) to be connected to one or more iwi, hapū and/or marae.

(b)

section 9(1) requires the board to ensure that the Commission maintains systems, ~~and~~ processes and approaches drawn from te ao Māori to ensure that, for the purposes of carrying out its functions under this Act, the Commission

(i) bases all its activities on the Treaty of Waitangi (Te Tiriti o Waitangi) as its foundation ~~has the capability and capacity~~

(ii) **~~to~~ upholds and actively promotes the Treaty of Waitangi (Te Tiriti o Waitangi), its articles and its principles; and**

(iii) **~~to~~ engages with Māori ~~and~~ to understand perspectives of Māori, including Māori understandings of wellbeing; and**

(iv) works within Māori frameworks; and

(v) reflects Māori perspectives.

(c)

section 11 requires the Commission to have particular regard to the experience, expertise, perspectives and aspirations of, and outcomes for, Māori when the Commission performs its functions under this Act, which include—

(i)

assessing and reporting publicly on the mental health and wellbeing of people in New Zealand; and

(ii)

assessing and reporting publicly on factors that affect people's mental health and wellbeing; and

(iii)

assessing and reporting publicly on the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing (including mental health services and addiction services); and

(iv)

advocating for the collective interests of people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them; and

(v) recommending improvements to existing approaches to mental health and wellbeing; and

(vi) recommending new meritorious approaches to mental health and wellbeing.

(d)

section 13 requires the Commission, in performing its functions and exercising its powers under this Act, to establish mechanisms drawn from te ao Māori to ensure that there are effective means of seeking and reflecting the views of Māori, of iwi and hapū and to ensure the Commission reflects these views in its outputs and the way it carries out its functions.

**

11 Functions of Commission

(1)

The functions of the Commission are—

(a)

to assess and report publicly on the mental health and wellbeing of people in New Zealand, including but not limited to annually presenting a report to the House of Representatives on this subject; and

(b)

to assess and report publicly on factors that affect people's mental health and wellbeing, , including but not limited to annually presenting a report to the House of Representatives on this subject; and

(c)

to assess and report publicly on the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing (including mental health promotion and mental health services and addiction services), , including but not limited to annually presenting a report to the House of Representatives on this subject; and

(d)

To publicly promote potential improvements to approaches to mental health and wellbeing (including population health approaches, mental health promotion and mental health services and addiction services); and

(d~

to promote alignment, collaboration, and communication between entities involved in mental health and wellbeing; and

(e)

to advocate for the collective interests of people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them; and

(f)

To report to either or both of the Prime Minister and the Minister responsible on any existing or proposed legislation (including subordinate legislation), administrative provision, or policy of the Government that the Commission considers may affect mental health and wellbeing

(2)

When performing its functions under this Act, the Commission must have particular regard to the experience, expertise, perspectives and aspirations of, and outcomes for, Māori.

*

Board of Commission

(1)

[changes 1 (i) to (iv) as above]

(v)

population health approaches to mental health promotion and the prevention of mental distress; and.

(b)

~~have personal experience of mental distress; and~~

(c)

have personal experience of addiction.

(d)

At least 40% of Board Members need to have personal experience of significant mental distress.~~; and~~

(3)

This section does not limit section 29 of the Crown Entities Act 2004.

12 Powers of Commission

The Commission has the power to—

(a)

publicly report on any matters concerning the mental health and wellbeing of people in New Zealand; and

(b)

make recommendations to any person (including any Minister) on any matters concerning mental health and wellbeing; and

(c)

obtain information in accordance with **sections 14 to 16.**

Any Minister who has received recommendations from the Commission is required to respond publicly to the recommendations within a reasonable time frame.

13 Obligation to establish mechanisms to seek and reflect views

(1)

In performing its functions and exercising its powers under this Act, the Commission must establish mechanisms drawn from te ao Māori to ensure that there are effective means of seeking and reflecting the views of, —

~~(a)~~

Māori including but not limited to iwi and hapū; and the Commission must reflect these views in its outputs and the way it carries out its functions.

The Commission must establish culturally appropriate mechanisms to ensure that there are effective means of seeking and reflecting the views of (b)

Pacific peoples; and

(c)

disabled people; and

(x)

Rainbow people; and

(d) other groups of people who have disproportionately poorer mental health and wellbeing; and

(e)

people who have experienced mental distress, and the persons (including family and whānau) who support them; and

(f)

people who have experienced addiction, and the persons (including family and whānau) who support them; and

(g)

children and young people.

(2)

~~Those mechanisms may include appointing advisory committees or forming consultation forums.~~