

To: the Abortion Legislation Committee
NZ Parliament

18 Sept 2019

Mental Health Foundation Submission on the Abortion Legislation Bill

About the Mental Health Foundation

The Mental Health Foundation's vision is for a society where all people flourish. Established in 1977, 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). We provide free information and training, and advocate for policies and services that support the mental wellbeing of all New Zealanders, particularly (but not limited to) people with experience of mental distress, and their families/whānau and friends. Te Tiriti o Waitangi and the Ottawa Charter (regarding health promotion) are the core documents on which our principles and values are based. We value the expertise of tangata whaiora/ people with lived experience of mental distress, and incorporate these perspectives into all the work we do. A charitable trust, our work is funded through donations, grants and contract income, including from government.

Submission

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

Thank you for the opportunity to give comment on the Abortion Legislation Bill – ngā mihi nui ki a koutou.

The Mental Health Foundation supports the intent of this Bill as we consider it will increase mental wellbeing in Aotearoa New Zealand. It will do so by:

1. Reducing State stigmatisation of all people with lived experience of low levels of mental health by removing the need for women to lie about their mental health status; and
2. Reducing possible causes for mental distress for those considering or choosing to undergo the abortion process, particularly if additional clauses are included in the Bill, requiring the counselling to be free-of-charge, culturally appropriate and performed

by certified, qualified counsellors who can be objective and empathetic when counselling those who are seeking or have had an abortion.

We note that worldwide, there is no correlation between legalised abortion and high abortion rates. Instead, multiple studies have shown that abortion incidence declines as contraception use increases (because abortion is the result of unwanted pregnancy, and contraception use reduces the rate of unwanted pregnancy).¹ Therefore, we do not expect the Bill to have an effect on abortion rates, but rather we expect it to have a direct positive effect on the wellbeing of those considering or choosing to undergo the abortion process, and an indirect positive effect on the wellbeing of all New Zealanders with lived experience of mental distress.

Reducing State stigmatisation of people with lived experience of low levels of mental health

We strongly support the removal of abortion from the Crimes Act, and we strongly support the removal of the requirement of “serious danger to mental health” as grounds for abortion.

Currently 98-99% of all abortions in New Zealand are performed on the grounds that proceeding with the pregnancy would cause serious danger to the mental health of the person seeking the abortion.² Given this percentage, it seems highly probable that in practice, a significant number of people seeking abortion are being forced to lie about their mental health expectations in order to access a legal abortion. We agree with Prime Minister Jacinda Ardern that currently “women feel like they have to lie to legally access an abortion in New Zealand” and with Deputy Leader of the Opposition Paula Bennett that “we should not be telling [people] that they have to lie to the medical practitioner that they’re in front of so that they can get the medical help that they want.”³

The current law sends the wrong message about how much the State cares about the community’s genuine experiences of mental distress and mental health, suggesting that a disclosure of a mental health problem can simply be a means to an end rather than an issue of concern that deserves support. It also tacitly supports the harmful myth that people who experience mental distress are exaggerating or making up their distress. Additionally, there is a risk that genuine mental distress will not be picked up or addressed if there is a structural assumption that patients are simply disclosing what they need to in order to receive healthcare.

We strongly support the removal of this requirement for the following reasons:

1. **Increasing respect for everybody’s mental wellbeing:** The common knowledge that the law currently forces most people to lie about their mental health status gives the general public the message that the State does not care about people’s *genuine*

¹ [Sedgh, G., Henshaw, S., Singh, S., Åhman, E., & Shah, I. H. \(2007\). Induced abortion: estimated rates and trends worldwide. *The Lancet*, 370\(9595\), 1338-1345.](#)

² [Stats NZ. \(2011\). Abortion Statistics: Year ended December 2010.](#) Stats NZ webpage.

³ [Abortion Legislation Bill First Reading 8 Aug 2019. NZ Parliament Hansard Report.](#)

levels and experiences of mental health, mental wellbeing or mental distress. We welcome the removal of law that indirectly belittles mental health and wellbeing as relatively unimportant. We support encouraging people (whether pregnant or not) to disclose genuine mental distress when they experience it, in order to access appropriate support and assistance.

2. **Reducing misconceptions and therefore discrimination related to mental distress:** The relationship between mental health and maternity is a complex one. The current law hinders public understanding of mental health by masking genuine reasons for, and appropriate responses to, mental distress. In turn, confusion, misconceptions and discrimination related to mental illness are the main obstacles to the provision of care for people with mental distress.⁴ We welcome the removal of the law as a contributing factor for prejudice and discrimination. In contrast, widespread understanding and support of experiences of mental distress, from family, whānau, (prospective) employers, government agencies and the community in general, assist with flourishing, and mitigates against distress.
3. **Decreasing mental distress:** Being forced to lie about something so personal can itself cause mental distress to the patient. As one woman put it: “having to declare myself legally as physically/mentally unfit to bear a child is dehumanising and detracts from my autonomy to make decisions about my body and my future.”⁵ We welcome the removal of this cause of distress.

Ensuring appropriate counselling

We support:

- The mandate for the Minister of Health to “take reasonable and practicable steps to ensure that counselling services are available throughout New Zealand in relation to the provision of abortion services”;
- This counselling being available to all those who are considering abortion, who have decided to undergo abortion, and who have undergone the procedure; and
- This counselling being optional for all those it is offered to.

An unwanted pregnancy can be a time of high stress and/or anxiety; and for many reasons, people undergoing abortion can experience mental distress (although not always), even if they feel strongly they have made the right decision. Therefore, it is highly appropriate that the mental wellbeing of all people who are considering, request or have undergone abortion is supported with the offer of optional counselling.

We expect and hope that this Bill will enable a more sympathetic approach to reproductive healthcare than we currently have, by removing the statutory test up to 20 weeks; removing the incentive to lie about one’s mental health; and ensuring counselling is offered. All these provisions could help to reduce some mentally distressing effects of abortion for some people, and are therefore to be commended.

⁴ [Sartorius, N. \(2007\). Stigma and mental health. *The Lancet*, 370\(9590\), 810-811.](#)

⁵ [Borissenko, S. \(2017\). New Zealand Women Talk About Their Experiences of Abortion. *Vice*.](#)

In addition, we strongly recommend that the Ministry of Health receives a legal mandate to ensure that:

1. All the counselling is available free-of-charge and via a range of mediums (e.g. face-to-face, telephone, online), in order to ensure equitable access
2. Kaupapa Māori counselling and support is available in all areas (support examples might include kaiwahina, kuia and kaumatua)
3. As far as possible, (other) culturally-appropriate counselling is available
4. All the counselling is performed by practitioners who (i) are appropriately qualified and (ii) have no conscientious objection to abortion.

The Ministry of Internal Affairs has recently been criticised for funding anti-abortion group Pregnancy Counselling Services around \$300,000 in total over several years.⁶ While that is a different Ministry, we believe this shows that legal safeguards are required to ensure that no one is mistakenly referred to an inappropriate counselling service.

The Mental Health Foundation would welcome the opportunity to have input into any and all guidelines to health practitioners and counsellors in regard to this Bill. The current system is sometimes experienced as cruel by those undergoing abortion, and many may be experiencing trauma for other reasons (including sexual or other violence). While many services already do a good job of caring for all, all services must avoid retraumatising or disregarding continued harm and emotional distress.

Thank you for reading our submission; we welcome any queries about what we have outlined here, and wish to make an oral submission also.

Mauri tū, mauri ora

A handwritten signature in blue ink that reads "Shaun Robinson". The signature is fluid and cursive, with the first name "Shaun" being larger and more prominent than the last name "Robinson".

pp Shaun Robinson

Chief Executive

⁶ [Strongman, S. \(2019\). Anti-abortion charity Pregnancy Counselling Services received \\$300k taxpayer money. RNZ.](#)