

HOW TO REPORT ON THE MENTAL HEALTH ACT ACCURATELY, AND SAFELY



"THE MENTAL HEALTH ACT IS A PLACE OF FEAR."

Someone who has been under the Mental Health Act

The Mental Health (Compulsory Assessment and Treatment) Act 1992 is Aotearoa New Zealand's mental health law. It covers how we treat people believed to need acute mental health support.

The Government is replacing the current Mental Health Act with a new law, and there will be an opportunity for the public to have their say.

This law is over 30 years old. Changing it is a once-in-a-life opportunity to create a safer, more empowering legal framework for mental health care; advocate for mental health worker wellbeing; and help end the many unethical practices it currently enables.

Below is a guide on how to report accurately and safely on the Mental Health Act, both during and after this law change process.

If you have any questions or would like to kōrero further, call or email us. We're always happy to help.

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DO ✓	DON'T ✗	WHY ?
Do include voices from all sides of the debate – mental health workers, people who have been under the Mental Health Act, and their families and whānau.	Don't share only one side of the story.	The Mental Health Act is an emotionally-charged topic, because it begs the wider societal question of how we treat the New Zealanders believed to need mental health support the most. To ensure reporting is balanced, it's important all parties have the chance to have their say.
Do challenge myths that people who have been, or currently are, under the Mental Health Act are violent or unpredictable.	Don't sensationalise Mental Health Act stories, or imply reducing compulsory mental health treatment would mean more public risk.	People with significant mental distress or illness are not innately dangerous or violent – up to 80% of us will experience mental distress or illness in our lifetimes. ¹ Although rare incidents do occur (and are over-reported on), statistics show people experiencing significant mental distress are far more likely to be the victims of crime and violence, rather than its perpetrators. ^{2,3,4}
Do acknowledge the Mental Health Act doesn't always keep people safe.	Don't blame mental health workers when a suicide or other adverse event occurs.	Although some people feel safer when their loved ones are detained in a hospital or forced to receive mental health treatment, this feeling of safety is only an illusion. There is little evidence that going under the Mental Health Act removes all risk that someone in distress may hurt themselves or others, or that those risks can be accurately predicted. ⁵ This is borne out by a number of high-profile adverse events (such as suicides) in mental health units over the years.

DO ✓	DON'T ✗	WHY ?
Do highlight how the Mental Health Act unnecessarily breaches people's basic freedoms and rights.	Don't suggest restrictive practices like solitary confinement are the only way to keep people safe.	Basic human rights such as the freedom to exit a space (like a solitary confinement room in a hospital) or to make decisions about one's own mental health care are breached by this law. In particular, solitary confinement (where someone is placed in a room, often with just a cardboard toilet and mattress) has been defined by the United Nations as a form of torture. ^{6,7} These kinds of breaches can discourage people from seeking help when they need it most. ¹
Do highlight how the way the Mental Health Act is used disproportionately affects Māori, and breaches Te Tiriti o Waitangi.	Don't leave Māori out of the debate, or forget to acknowledge how discrimination contributes to these inequities.	Māori are three to four times more likely than other groups to be subjected to compulsory mental health treatment, and in 2021/22 represented more than half of all people subjected to solitary confinement. ⁸ These outcomes are inequitable and breach Te Tiriti o Waitangi.
Do acknowledge the way the Mental Health Act is used harms mental health workers, too.	Don't assume mental health workers always approve of using restrictive mental health practices.	Evidence shows carrying out restrictive practices can be traumatic and/or harmful for staff, and reducing practices such as solitary confinement can improve staff wellbeing. ⁹ Reducing these practices is also shown to decrease violence on wards. ¹⁰ Our mental health workers deserve safer and better-resourced workplaces that support their wellbeing, without the burden of carrying out restrictive practices.
Do acknowledge compulsory mental health treatment is not often effective.	Don't imply using the Mental Health Act is a necessary evil.	75% of people under the Mental Health Act are on community compulsory treatment orders, ⁸ which are costly and untherapeutic for most people. ^{11,12} Research on the benefits for people on inpatient compulsory treatment orders is limited and mixed. ¹³
Do showcase the many effective alternatives to compulsory mental health treatment, thriving both overseas and here in Aotearoa New Zealand.	Don't imply alternatives aren't possible, or available.	Aotearoa New Zealand has one of the highest compulsory mental health treatment rates in the world ¹⁴ – an unnecessary and dated approach. There are many alternatives available, which with funding and support can become the norm. Visit rethinktheact.nz to read our case studies and find out more.

HELPLINES AND FURTHER SUPPORT

Talking about the Mental Health Act may be upsetting.

If you or someone you know has immediate safety concerns, please dial 111 or contact your local mental health crisis assessment team.

Your local mental health crisis assessment team and helplines offering free, less critical support are available at mentalhealth.org.nz/helplines

