Change in Mind

Kia Puāwai ā Mua

A history of the Mental Health
Foundation of New Zealand:
Thirty years on from Telethon 1977

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Kia ū ki tou Kāwai Tupuna, kia matauria ai, i ahu mai koe i hūa, e anga ana koe ki hēa

Trace out your ancestral stem, so that it may be known where you came
from and in which direction you are going

Te Iwi o Te Rarawa

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Image courtesy of APN / New Zealand Herald.

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The Foundation acknowledges its Board and staff for their support of this publication. We also acknowledge the vision and efforts of past and present staff and Board members, and all of those people who have contributed to, and collaborated with, the Foundation's work over the past thirty years, including the many not specifically mentioned in the book.

Note on the Text

This book was first conceived some years ago. Much of the material was researched and compiled by Dell Coyte from 2001 to 2003, based on her many years of previous involvement with the Foundation. Dell provided insight into the work she had been most closely involved with, as well as asking past and present Board members, Chief Executives, and staff members to contribute their memories. The text was subsequently prepared for publication by writer and editor Sarah Johnson, with the assistance of Pauline Curtis who undertook additional research. The historical context pages were provided by Kathryn Nemec.

In compiling her material, Dell noted that it was very much a personal history and this remains the case. The book is based primarily on the memories of people involved with the Foundation and reflects individuals' recollections and viewpoints, with some subsequent interpretation and contextualisation. The more recent material is based on current organisational knowledge, including the memories and experiences of those people who continue to work for, or be involved with, the Foundation.

The book does not attempt to cover all of the Foundation's work over the past thirty years, which has been extensive and varied, or to mention all of those people who contributed in a large or small way. Nor could every viewpoint be expressed. The material selected for the book reflects the topics that came to the fore in the memoirs collected, and those felt to provide insight into the ways the Foundation has worked.

Every effort has been made to ensure the accuracy of the material. However, for any errors of fact, interpretation, or omission, we offer our sincere apologies.

Foreword

In the thirty years since 1977, the Mental Health Foundation has played a major role in reshaping New Zealand's approach to mental health.

No longer is mental health synonymous with large psychiatric hospitals, or with permanent incarceration away from families, friends and communities. Nor are we as sure as we were that distinctions can be made between mental health and physical health; if anything we are increasingly drawn to the conclusion that all dimensions of health are inextricably woven together and significantly influenced by both internal and external environments. In that respect, the nature-nurture debate has largely been replaced by an examination of the impact of environmental stressors on genetic make-up and conversely by a consideration of the influence of genetic factors on environmental engagement.

Over the past thirty years much more has also been learned about prevention. Overly optimistic claims that serious mental disorders might be prevented by, for example, improved bonding in early childhood have given way to a more realistic goal of early intervention so that the worst features of untreated illness can be avoided. At the same time, the influence of lifestyle on health generally, on the quality of interpersonal relationships, and on wellbeing has deservedly been given greater attention.

The Mental Health Foundation's journey over three decades has focused variously on a wide range of concerns relevant to mental health including family dynamics, childhood experience, societal attitudes to childcare, mental health promotion, and mental disorders.

Although the Foundation's initial aim was not to dwell on mental illness but to consider mental wellbeing in its widest sense, rightly there has nonetheless been considerable emphasis on mental disorders, arrangements for treatment and care, advocacy for consumers and support for less restrictive mental health legislation.

Since it was established, the Foundation has been witness to major transformations in mental health services. By the mid-1970s New Zealand had embarked on a process of de-institutionalisation that saw the demise of the large psychiatric hospitals built at a time when institutionalisation was the answer to mental distress. After some indecision and ambivalence we subsequently instituted a regime of community care and local treatment, eventually incorporating a recovery philosophy and recognising that consumers were integral to good outcomes.

More recently it has become increasingly clear that mental health services are not, by themselves, able to address the full spectrum of mental health problems and in any case may not be the most appropriate agencies to do so. Instead, the primary health care sub-sector has been identified as a the next frontier where a wider range of mental health problems might be effectively managed, though not necessarily using a psychiatric framework better suited to specialist care.

Many of the advances over the past thirty years have occurred in parallel with similar changes in other developed countries. But New Zealand's approach to mental health has been unique in at least two respects. First it has been significantly influenced by Māori perspectives and models of health. In contrast to the western tradition that mind and body behave as separate domains, Māori have long since adopted an integrated model within which mind, body, spirit, and family are seen as parts of a connected whole. This perspective has found its way into mental health services, health education, counselling, and health promotion.

Second, the Mental Health Foundation has been able to advocate for mental health from an independent platform based on the values, aspirations and experiences common to New Zealanders. This community-driven approach has been well served by Foundation Trustees and staff from all walks of life and their collective wisdom has generated a groundswell of enthusiasm for higher standards of mental health reflected not only in quality mental health services but also in a level of public awareness that good mental health is a precursor for healthy homes, safe communities, and a vibrant nation.

The Mental Health Foundation of New Zealand's sustained commitment to mental health deserves the highest acclaim. The Foundation has performed a major service to the nation during a period of widespread lifestyle changes, reformed health services, and the acceptance of diverse family norms. As a touchstone and a voice of hope, it has been able to promote mental health for all New Zealanders and at the same time to advocate for those whose lives have been challenged by mental disorders. Thirty years of selfless dedication are worthy of celebration and constitute ample justification for the Foundation's story to be told.

Professor Mason Durie
Deputy Vice-Chancellor (Māori)
Massey University

Introduction

It is now thirty years since the Mental Health Foundation was established, benefiting from the extraordinary generosity of New Zealanders who donated to the 1977 Telethon. It is therefore timely to publish this book charting the course the Foundation has taken and celebrating its work and achievements.

As will become clear in the pages that follow, the Foundation has changed enormously over the past thirty years, in response to both internal and external influences. Among other factors, there have been changes in the wider health sector and the way the organisation is funded. From being a grant-giving body following the 1977 Telethon, the Foundation itself has needed to secure funding, take on contracts and adopt new fundraising approaches to continue its work.

The past thirty years have seen greater awareness of mental health and its significance, including a growing understanding within the wider population of Māori concepts of health. Public attitudes have changed, and while stigma and discrimination remain significant barriers for people with experience of mental illness, antidiscrimination messages have gained real traction. Mental health promotion has come to the fore and is a central component of the Foundation's work, alongside its role as an advocate and catalyst for change.

There have even been significant changes in technology. Looking back through our archive, handwritten documents have been replaced by typewritten pages copied by Gestetner duplicator, which have in turn been replaced by computer generated documents. We are now firmly in the internet age, and the way we work reflects this.

This book outlines the issues and challenges that have come and gone throughout the Foundation's history. However, people also feature strongly. The path the Foundation has taken has been determined by its circumstances and context as well as those who have led and contributed to its work, including Board members, Chief Executives and staff.

The Foundation has achieved a great deal over the past thirty years and everyone who has contributed to its work can feel proud. We recognise that while much has changed and improved in the area of mental health, there is still much to be done and many opportunities and challenges lie ahead.

Judi Clements
Chief Executive
Mental Health Foundation
of New Zealand

Materoa Mar
Chair of the Board
Mental Health Foundation
of New Zealand

Historical Context

The 1970s were a time of change in New Zealand — political and environmental activism was emerging, repressive social mores were pushed aside and the term mental health entered the kiwi vocabulary.

During the 1970's, the social policies of Labour were swallowed up by Robert Muldoon's economic policies. Norman Kirk, the Labour Prime Minister, died suddenly in 1974 and was replaced by Bill Rowling. The following year, Muldoon, the National Party leader, won the elections and an era of controversial political and economic measures was ushered in.

New Zealand was not immune to international events. The economy suffered the aftermath of the 1973 energy crisis and subsequent 'oil shocks', which led to the ill-conceived but memorable introduction of carless days in 1979. New Zealand also lost its biggest export market with Britain's entry to the European Economic Community in 1973. New Zealand was no longer Britain's 'butter and lamb basket', and subsidies for the rural sector were introduced. By the late 1970s the wake of the oil shocks saw large numbers of New Zealanders unemployed, high inflation and pressure for Government spending on key areas of social support such as health, education and social security.

New Zealand was also raising its profile internationally and our identity was changing in relation to the rest of the world. In 1973, New Zealand sent two frigates into the test zone of Mururoa atoll in a symbolic act of protest against French nuclear weapon testing in the Pacific, and the same year a South African rugby tour to New Zealand was cancelled. Christchurch hosted the 10th Commonwealth Games and enchanted the watching world — they became known as 'The Friendly Games'. Security was high following the massacre of Israeli athletes at the 1972 Munich Olympics.

During the 1970's Treaty activism and the land rights movement grew, starting with the formation of Ngā Tamatoa in 1970, and gathering strength. In 1975, Dame Whina Cooper led the hikoi that set off from the Far North and ended in Wellington. The slogan "Not one more acre of Māori land" was carried on banners, and shouted from megaphones. Waitangi day and the Treaty grounds became the focus of growing Māori protest.

New Zealanders became more concerned about protecting and saving the environment. The 'Save Manapouri' campaign demonstrated the success mobilising public opinion could have in opposing a development scheme, and in opposing the logging of native forests. Confrontations in Whirinaki and Pureora forests culminated in Stephen King (the barefoot activist), and other protesters hoisting themselves into tree tops to stop logging. Protests

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Sources: Te Ara — the Encyclopedia of New Zealand, at the Ministry for Culture and Heritage / Te Manatū Taonga, www.teara.govt.nz; Wikipedia — the free encyclopedia; www.wikipedia.org; New Zealand History online — Nga korero alpurangi o Aotearoa, Ministry for Culture and Heritage / Te Manatū Taonga, www.nzhistory.net.nz; Statistics New Zealand — Tatauranga Aotearoa, www.stats.govt.nz; all accessed August 2008.

successfully stopped the milling of these forests, which were subsequently protected for future generations.

The feminist movement emerged. The first national Women's Liberation Conference was held in Wellington, *Broadsheet* appeared, the first women's studies were established at Waikato and Victoria University, and New Zealand women were increasingly having home births.

New Zealanders were becoming increasingly urbanised and educated and were challenging the status quo. The population finally reached 3 million — between the 1971 and 1976 census, the population increased from 2.9 million to 3.1 million. And while the population increased, marriages and birth rates decreased. Culturally, New Zealand was changing — the number of Pacific people was increasing, with a high influx in the early 1970's, followed by the infamous 'dawn raids' in the mid to late 1970's.

New Zealanders were laughing at Fred Dagg, and the political satire of Tom Scott, watching *Close to Home* and *Country Calendar* on (the by then colour) TV, and *Sleeping Dogs* was at the movies. They were listening to Split Enz and Space Waltz, and singing along with Blerta's *Dance all around the World*, and the Commonwealth Games anthem, *Join Together*. Witi Ihimaera's *Tangi* and *Whānau* were being read, and bell bottoms and afros were the latest fashion statement.

It was in this context that the Mental Health Foundation of New Zealand was established.

Navy crews race battleships down Queen Street on 24 June 1977 to raise money for Telethon. (Image courtesy of APN / New Zealand Herald Archives.)

Part One

Laying the Foundations

Thirty years can seem the longest or the briefest of times. For the Mental Health Foundation of New Zealand, it marks the time from when the organisation was first established, through its various stages of evolution and growth, until its present day position as New Zealand's best known national mental health promotion, information and advocacy non-government organisation.

Thirty years ago the mental health landscape in New Zealand was quite different from today. Although there were individuals and groups working in the area, there was no national body equivalent to the Foundation, focused on promoting positive mental health, advocating on issues to do with mental health care, and providing mental health information and resources.

Social attitudes were also very different. While those involved in mental health could assert that, at any given time, one person in four required care for mental stress or illness, beyond the field there was considerable silence around the issue. Mental health and illness were not, in general, openly spoken of, debated or explored, and people who experienced mental illness were usually treated in institutional settings, with considerable stigma associated with the experience.

Within this context, the individuals who came together to form the Mental Health Foundation had an interest not only in mental health and wellbeing, but in promoting change. They had a vision that the role mental health, or the lack of it, played in all of our lives should be acknowledged and that, once out in the open, individuals, organisations and communities could together work for change and make a real difference.

First breaths

In its first incarnation, the Mental Health Foundation was known as the New Zealand Trust for the Foundations of Mental Health.

The Trust was established in 1974 by a group of like-minded people largely brought together by Helen Brew, a committed lobbyist who believed that the origins of mental health or ill health lay in the perinatal period — the time immediately around birth and the first few weeks of a child's life. Her belief in the need for more loving and enlightened parenting had already led her to establish the Wellington Parents Centre.

Joining Helen as Trustees were Kenneth Adam (professor of psychological medicine, from Christchurch), Harold Evans (stipendiary magistrate, from Christchurch), Alice Fieldhouse (former instructor in nursing education, from Wellington), Mervyn Hancock (family counsellor, from Palmerston North), Basil James (professor of psychological medicine, from Dunedin), Walter Whittlestone (scientist, from Hamilton) and Dorothea Wraith (psychiatrist, from Wellington).

The group was united initially by their shared belief in the importance of favourable early developmental experiences in laying the foundations for mental health, and a desire to contribute positively to this. Registered on 19 August 1974 as the New Zealand Trust for the Foundations of Mental Health, the Trust's name reflected its initial focus (see Appendix One).

At first the Board met rather infrequently. High on the agenda was the issue of how to raise funds for the Trust's activities. Also topical was the need to broaden the Trust's focus to incorporate wider aspects of mental health (including mental ill health), since positive foundations and mental ill health were seen to be two ends of the same spectrum.

The Board also recruited new members in an effort to widen its influence and geographical representation, and in 1975, the original Trustees were joined by Mason Durie (psychiatrist, from Palmerston North) and David Shand (senior lecturer in government finance, from Wellington), and in 1976 by Fraser McDonald (medical superintendent, from Auckland) and Victor McGeorge (medical practitioner, from Auckland).

Increasingly, discussions turned to how to launch a national appeal. It was envisaged that such an appeal would be the best way to publicly launch the Trust and establish a secure financial base for it. The Board began to entertain hopes that the 1977 Telethon might provide just the opportunity that was needed, and in December 1976 negotiations began with organisers from South Pacific Television (TV2) with this goal in mind.

Members of the South Pacific Television Telethon Committee, including Dr Ruth Black, were invited to attend a Board meeting to discuss the possibility. The meeting proved fruitful in more ways than one, as Ruth, an Auckland-based general practitioner, subsequently joined the Board. A strategic link was thus created between the Trust and the station, sowing the seed of mental health as a credible cause for Telethon.

Birth of a Foundation

Discussions between the Trust and South Pacific Television included the changes that would need to occur if the Trust was to be a recipient of Telethon funds.

Firstly, the Trust's aims and objectives needed to be redrafted to reflect a broader range of activities that represented the wider mental health field and encompassed all ages. Also, they needed to focus on mental health services and service users.

Secondly, if the Trust was going to receive potentially large sums of money from the appeal, it needed to ensure that the funds would be dealt with responsibly. To do this, it needed a larger Board of Trustees, including some Board members with proven business experience.

Thirdly, the Trust's name — the New Zealand Trust for the Foundations of Mental Health — was felt to be no longer appropriate for a body whose concern would now be with mental health in general. Something more apt was required.

After much concern and debate the Board agreed on 26 May 1977 that changes to its aims and objectives should be made and a new name, the Mental Health Foundation of New Zealand, adopted. Having come together around a shared vision that focused on early-life experiences, this was not an easy decision for members to make, but in the circumstances was a necessary one.

On 2 June 1977, the renamed Trust was duly incorporated, complete with the capacity for a new enlarged Board (which its constitution specified should have between 20 and 35 members) with freshly redrafted aims and objectives.

If the Telethon was to be a success, the importance of having a suitably impressive Board was of the utmost importance and "prominent public figures and leaders from various sectors of the community, [including] the country's four academic heads of psychiatry"[1] were approached and subsequently joined.

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[1] *Written memoir of Max Abbott, provided for the purpose of this history, 2001.*

Early Board members

Fluid at first, in the run up to the Telethon the Board of the Mental Health Foundation included some eminent New Zealanders -

Sir Guy Powles, Patron (Wellington)
Prof Basil James, Chair (Dunedin)
Prof Kenneth Adam (Christchurch)
Dr Ruth Black (Auckland)
Mrs Helen Brew (Wellington)
Mrs Ros Cropper (Auckland)
Mr Ken Daniels (Christchurch)
Dr Mason Durie (Palmerston North)
Mr Harold Evans (Christchurch)
Mrs Alice Fieldhouse (Wellington)
Lady Vaughan Fletcher (Auckland)
Mr Mervyn Hancock (Hamilton)
Rev Ken Irwin (Dunedin)
Mr Ian Lichtenstein (Auckland)
Mrs Ruth Manchester (Wellington)
Dr Fraser McDonald (Auckland)
Dr Geraldine McDonald (Wellington)
Dr Victor McGeorge (Auckland)
Prof D W McKerracher (Dunedin)
Mr Graeme Reid (Auckland)
Assoc Prof Roy Muir (Dunedin)
Prof John Roberts (Wellington)
Mr Harold Sadgrove (Auckland)
Sir Reginald Smythe (Auckland)
Prof John Werry (Auckland)
Dr Walter Whittlestone (Hamilton)
Mrs L H Williams (Havelock North)
Mr W (Bill) Wilson (Auckland)
Dr Dorothea Wraith (Wellington)
Mr Austin Young (Christchurch)

Professor Basil James, Chair of the Mental Health Foundation Board 1976 — 1980. (From the Mental Health Foundation archive.)

Chairperson Professor Basil James recalled the strategic forethought and planning that went into the composition of the initial Board[2]:

> *It is difficult to appreciate now how very difficult it was to sell mental health in those days … we wanted to include people whose interests in mental health were not just psychiatry … [and] who saw other ways for improving mental health. We had to make sure that the Board had people who were clearly seen to be sensible and solid citizens, as psychiatry was treated with grave suspicion.*

People who dealt with or were part of the early Board have spoken not only of its energy and enthusiasm, but also of its diversity of opinion. Board members were all passionate about mental health, and "most of them [had] deeply held convictions about what to do about it."[3] At meetings strong opinions were often aired, but there was also a prevailing atmosphere of goodwill, humour and fun.

Inaugural Foundation employee, Cherry Raymond, recalls the Board's nature[4]:

> *They were all very lively, friendly with many different points of view, which they freely expressed … the whole Board was very creative. We had taken great care to get Board members [who] had different interests, different backgrounds, different skills, from different parts of the country.*

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[2] Written memoir of Basil James, provided for the purpose of this history, 2002.
[3] Written memoir of Geraldine McDonald, provided for the purpose of this history, 2002.
[4] Interview with Cherry Raymond, undated.

Although thirty years ago mental health strategies and activities were conceptualised and talked about in different ways from today, for the Foundation mental health promotion was always high on the agenda. Collectively, the new Board was concerned that, “there was an overemphasis on the treatment of mental illness by mainstream services and wanted the new organisation to redress the balance by focusing on mental health promotion and prevention through involving the whole community as well as health and related professions.”[5]

The Foundation’s official aims and objectives, adopted as part of its new 1977 constitution, included an overarching aim[6]:

> *To promote by all practicable expedient and lawful means the mental health and wellbeing of the inhabitants of New Zealand of whatever race, age, sex, class or occupation; and to further, by preventive as well as by remedial means, all measures designed or likely to prevent or reduce the incidence of mental ill health among them …*

Under this, sat other more specific aims and objectives, including:

- Facilitating enquiry and research into mental health and ill health.
- Encouraging and facilitating the efforts of other organisations and individuals involved in mental health promotion.
- Helping the study and spread of information and knowledge about the importance of healthy family life for mental health.
- Publishing information about and stimulating professional and public interest and education in mental health issues.
- Enabling professional development and training for mental health practitioners.
- Collaborating with other organisations in the field.
- Setting up lectures and demonstrations for professionals and the general public.
- Providing monetary assistance such as grants and scholarships.
- Doing anything else that seemed “desirable or expedient” to further the mental health cause.

In Board correspondence it was explained that[7]:

> *The Trust has now become the Mental Health Foundation of New Zealand, a name which more properly indicates the scope of the Foundation’s interests and concerns, and proposed activities. Aims and objects can perhaps best be summed up briefly by the first two listed in the constitution:*

1. *To promote … the mental health and well being of the inhabitants of New Zealand, of whatever race, age, sex, class or occupation.*

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[5] *M. Abbott, “Doors close: new doors open”,* Mental Health News, *Winter 1991, (Mental Health Foundation: Auckland), p.3.*
[6] *Mental Health Foundation, Constitution and Rules of the Mental Health Foundation of New Zealand, 20 June 1977.*
[7] *Sir Guy Powles and Prof Basil James, letter to Board members of the Mental Health Foundation of New Zealand, 24 January 1977.*

2. *To further, especially in the area of primary prevention, all measures designed or likely to prevent or reduce the incidence of mental ill health in the community.*

Funds will be utilised in three broad areas — education, prevention and research:

- *Education not only of mental health workers here, who may be helped to gain education and experience overseas, but of the general public, through programmes and campaigns designed to help people come to terms with the facts about mental disturbances.*
- *Prevention through education, as above, and community health programmes.*
- *Research into treatment methods of course, but also into causes and effects.*

The aims and objects defined in 1977 remain the basis for the Foundation's current Trust Deed (see Appendix Two).

Telethon — the build up

In January 1977, the Foundation received the much-hoped-for letter from South Pacific Television, confirming that the Telethon Committee had unanimously decided the 1977 Telethon should be in aid of the Mental Health Foundation of New Zealand. The Telethon was to be held in six months time on 25 and 26 June 1977.

The Board swung into action. Not only did it still, at this stage, have to get the details of its new constitution and incorporation in place, it had a huge amount of preparatory work to do if it was to generate the enthusiasm and support needed to make the Telethon a success.

A crucial first step was to hire staff. All of the Board members were volunteers, with careers of their own to pursue in various parts of the country, but the sheer volume of preparation for Telethon meant dedicated hands were required. Most urgent were felt to be an Organiser and Secretary, and a public relations person (a role eventually contracted to John Evans who, through his work on this and subsequent Telethons, became known as "a specialist in public-awareness campaigns that culminated in public appeals").[8]

The former position required someone who was used to speaking with professional people, understood doctors, was involved in broadcasting and had media experience[9]. Ruth Black felt she knew the perfect candidate — broadcaster, journalist and high-profile media personality, Cherry Raymond. Cherry was invited to attend a Trust Board meeting in January 1977 and, following interviews, was appointed as Telethon Organiser and Secretary. The Foundation had its first employee.

Cherry was tasked with essentially everything that needed to be done to get ready for Telethon, a job that in retrospect she conceded was very difficult with all kinds of stresses

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[8] *W. Roger, "Charity begins in Parnell",* Star Weekender, *8 September 1979, p.5.*
[9] *Interview with Cherry Raymond, undated.*

and strains, but that at the time was energising, hard work and fun[10]. She was helped by her husband Jack Metcalf, who had recently retired from a career in broadcasting and gave his time as a volunteer.

Board subcommittees were also required to handle the many different tasks that would arise, both before and after the Telethon. Since the Telethon funds would come from the general community, the Board was determined that that's where they should return — directed into the areas where they were most needed. It was decided that after the event there would be a public call for funding applications, with the allocations decided by the Foundation's Board, taking advice from its Allocations Advisory Committee. Other subcommittees included the Executive Committee, the Finance Committee, and the Management Committee

Creating a face

One of the more urgent tasks in the lead up to the Telethon was to create a logo to promote the new Foundation — something people could visualise when thinking about the issues Telethon raised and deciding whether to donate.

The design needed to reflect the Foundation's concern with mental wellbeing from infancy to maturity. It needed also to suggest inclusiveness. Eventually a striking logo was fixed upon of four heads within a head. For the Telethon, it was to appear alongside the slogan, "How much can

Promotional poster for Telethon 1977 featuring the Mental Health Foundation logo. (From the Mental Health Foundation archive.)

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[10] *Ibid.*

you take — before you give?" which as well as being an allusion to Telethon's fundraising purpose, referred to the "psychological and emotional stress which is responsible for most mental health disorder"[11].

Soon the Mental Health Foundation "heads" were appearing on brochures, posters, bumper stickers and T-shirts. The new Foundation had a new face to accompany the many messages that it was now ready to start sending out into the community.

Letting the people know

Immediately following the Telethon announcement by South Pacific Television in January 1977, the media filled with information about the Foundation and its plans. Attention-grabbing articles declared that mental health projects unique to New Zealand, and on a scale seldom attempted elsewhere in the world, were to be funded from the Telethon's proceeds, while headlines in February (following a Foundation press conference) declared that the nation was to become a "social laboratory" for a vast mental health project[12], with a new blueprint or conception for mental health in New Zealand being laid[13].

The Evening Post ran an article highlighting what, at the time, was the Foundation's innovative approach and its ambitious vision for the future of mental health in New Zealand[14]:

> *The Mental Health Foundation of New Zealand, which will benefit from the 1977 Telethon … today outlined a blueprint for future care of mental health at an Auckland press conference. Dr Fraser McDonald, Chairman of the Management Committee, said the Foundation's aims of promoting mental health through a community-based programme of prevention represented a dramatic switch of emphasis in psychiatry … the Foundation has drawn up what it believes could become the blueprint for mental health care. It will now actively encourage a series of on-going, in-depth pilot projects which … could include infant and child care education, management of families, crisis intervention, social drinking advice for teenagers, stress reduction in factories, submissions to town planners, the prevention of senility and pilot programmes in education …*
>
> *Dr McDonald said the need pointed to a body independent of government funds and willing to initiate projects which could well transform the whole face of the caring services in the New Zealand community.*

The Foundation took advantage of the surge in interest to launch a major public awareness campaign. Vast numbers of information packages, about mental health in general, and the Foundation and its aims, were prepared and sent out to the media and community organisations.

In addition to rallying support for Telethon, the campaign aimed to make mental health the subject on everyone's lips

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[11] *"How much can you take?"*, Nelson Mail, *2 April 1977.*
[12] *"Nation to become 'social laboratory' for vast mental health project"*, Evening Post, *25 February 1977.*
[13] *"Blueprint for mental health in New Zealand"*, Marlborough Express, *25 February 1977; "New conception for mental health"*, Christchurch Star, *25 February 1977; "Helping mental health"*, Auckland Star, *25 February 1977, p.3.*
[14] *"Nation to become 'social laboratory' for vast mental health project"*, Evening Post, *25 February 1977.*

— part of what people talked about everyday and no longer a topic to be avoided. A huge amount of interest and debate resulted, with recurrent themes of how prevalent mental ill health was and how everyday its causes, yet despite this, how few people were being effectively diagnosed and treated.

Picking up on the topic, newspaper headlines warned that mental health problems were New Zealand's "public health enemy number one", with nobody safe from the emotional ills that were "menacing" national health.[15]

Other articles[16] noted that one New Zealander in ten would require inpatient psychiatric care for mental illness during their lifetime, while at any given time, one in four would be experiencing sufficient psychological stress or illness from tension to require immediate care. They also highlighted that while around half of a family doctor's patients wanted to talk purely about their worries and emotions, only one person in 50 with stress symptoms was actually receiving treatment.

Foundation Patron Sir Guy Powles reinforced these themes, when he spoke at a meeting in March 1977 to launch Wellington's involvement in the Telethon appeal[17].

> *For the last year for which we have figures, 1975, more than 5000 people were admitted for the first time to a psychiatric facility. In that year over one-third of these people was under the age of 25, and 360 were under 15.*
>
> *These figures gave just the tip of the iceberg, because they did not take into account the people who were seen in outpatient facilities, who saw their own doctors, and who suffered in silence.*

At the same time, the Foundation was reiterating its message about the need for community-based prevention programmes to improve New Zealanders' mental health. Board member Dr Fraser McDonald wrote in a nursing publication:[18]

> *We have all been obsessed with the treatment of psychiatric illness in our community and because there are no clear guidelines as to how we should move in the fields of prevention, we have kept our noses buried in the sand virtuously feeling that we were doing a good job by treating the psychiatrically ill.*
>
> *Now, however, financial stringencies have forced us to face up to the fact that on any of the indicators it is obvious that we are never going to have enough psychiatric resources, financial or human, to cope with the present load of psychiatric stress and psychiatric illness and so like it or not, we must do something about it …*

Māori mental health also received media interest as a result of the Telethon. In the *Auckland Star* Mason Durie, a Foundation Board member and Director of Adult Services

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[15] *"NZ's public health enemy No.1"*, Waikato Times, *18 March 1977; "Public health enemy number one"*, Otago Daily Times, *18 March 1977; "Emotional ills menace to national health"*, Westport News, *21 March 1977; "Nobody safe from the scourge of public health enemy No.1"*, Gisborne Herald, *19 March 1977.*

[16] *"Psychiatric stress needs prevention"*, Challenge, *5 March 1977; "One person in four needs psychiatric care"*, Central Hawkes Bay Press, *4 March 1977; "Launching projects to ensure survival"*, Taranaki Herald, *25 February 1977.*

[17] *"Ombudsman sees 'mentally sick' society in NZ"*, Evening Post, *3 February 1977.*

[18] *"The Mental Health Foundation"*, The New Zealand Nursing Journal, *May 1977, p.4.*

at Palmerston North Hospital's Manawaroa Centre for Psychological Medicine, discussed the link between poor Māori mental health and the "slow breakdown of the marae community concept" due to urban drift. He noted that "Over the past 12 years the admission rate for Māori to mental hospitals has increased by 46% and per-capita admissions are much higher than for non-Māori."[19]

Other areas to come under the spotlight included stress, its causes and how the Foundation hoped to help people deal with it,[20] the mental health of children and improving public understanding of specific mental health issues[21].

Then, in April 1977 the Mental Health Foundation took its first steps into active mental health promotion with the nationwide publication of its guide *Steps Towards Mental Health.* With tips including, "do not bottle it — blow it" (talk over your worries with someone you trust), "break the monster down" (break down an overwhelming load into small easily managed tasks), "take a break — distance yourself" (escaping from and not getting too bound up with problems), "shun the superman syndrome" (not expecting perfection or too much from yourself), and "live, laugh, love and enjoy life" (enjoy the simple everyday things in your world), the guide provided "simple guidelines for good mental health" that people could consult to avoid getting "sucked into the swirl of 20th-century stress and strain" and prevent "pressure build up".[22]

In the meantime, efforts to rally support for the pending Telethon and the Mental Health Foundation's cause continued. Media releases were drafted, articles written and guidelines developed to help local groups coordinate their Telethon activities. Letters were sent overseas urging key mental health professionals and celebrities to attend, and a huge amount of lobbying, networking, promoting and planning continued in an atmosphere of energy and excitement right up until the event.

Telethon — the day

After months of build up, on 25 June at 8:30pm, Telethon 1977 in support of the Mental Health Foundation of New Zealand began.

Not even in their most optimistic dreams did anyone at the Foundation or South Pacific Television foresee what the public response would be. The time was right and the need was there and the whole country, it seemed, supported the cause, joined in and gave generously. Twenty-four hours of fun, celebration, pledges, pleas and hectic activity, saw the event close with a massive $2,005,750 on the total board, far more than anyone involved had hoped for.

Auckland Town Hall was the network originating centre for the televised broadcast, with Peter Sinclair and Philip Sherry fronting the panel and Oscar-winning American

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[19] *"Māori's mental ills increase"*, Auckland Star, *17 March 1977, p.18.*
[20] *"Taking the stress"*, Listener, *14 May 1977, p.10; "Prevention is the key"*, Wairarapa Times Age, *27 April 1977.*
[21] *K. Zelas, "Understanding more about mental health"*, Christchurch Star, *21 June 1977; "Family distress often ignored"*, Christchurch Star, *23 June 1977.*
[22] *Steps Towards Mental Health, 1977, (Mental Health Foundation of New Zealand: Auckland).*

Actor Cliff Robertson (who had been involved with Telethons in the United States and was the honorary Chairman of the American Mental Health Association) as the keynote personality. Behind the scenes, Kevan Moore was Controller of Programmes, Ray Columbus the Talent Coordinator and John Carlaw the Telethon Producer. Tom Parkinson controlled nationwide output and masterminded activities at the town hall, while Don Hutchings was overall organiser, and South Pacific Television Director General Allan Martin oversaw the whole affair.

Activity was just as hectic elsewhere around the country: Robin Stewart and Tom Bradley led the fray in Hamilton, while all the other main centres ran their own 24-hour programmes, feeding into the televised network production.

It was both a nationwide and distinctly local event, with cities, towns and communities congregating around their local coordinating centres. Reports told of up to 6,000 people involved at an organisational level. A cast of 1,000 performed around the country, while 1,500 people worked behind the scenes at the Auckland Town Hall alone. High-profile stars and panellists — including Daphne Payne (soprano), Diana Coupland *(Bless this House)*, Barry Foster *(Van Der Valk)*, Polly James *(Liver Birds)*, Norman Bowler *(Softly, Softly)*, Gabrielle Drake *(The Brothers)*, Robin Stewart *(Bless This House, Opportunity Knocks)*, and Michael McGifford (tenor) — appeared alongside local celebrities and groups who got on stage and "happily threw inhibitions to the wind to take part in the many 'thons' spawned by Telethon"[23].

Four Aucklanders reversed 432 miles around Pukekohe race track then backed to the Auckland Town Hall to hand over the $2,600 they had raised; Max Cryer gave his local rendition of Noel Coward's classic *Let's Fall in Love*, and Bryan Allpress sang *Danny Boy* in the winter dawn; 280 boys from Mangere Scout District declared Mangere an independent state, complete with border check-points and sold over 7,000 passports to motorists who wanted to enter; Logan Park High School staged a 24-hour starve-a-thon; Fred Dagg (John Clarke) and his gum-booted troupe began the festivities on the Saturday night; while the Hues Corporation, the Hamilton County Bluegrass Band, Onehunga's champion brass band and Soul Factor played; the Tai Kuan Do martial arts team fought, as did Punch and Judy; the Yandall Sisters sang; and Ilona Rodgers, Ray Wolfe, Marcus Craig, John Hawkesby, Andy Shaw, Myra de Groot, Kevin Black, Mark Bennett, Chick Littlewood, Alma Woods, Merv Smith, Craig Little, Val Lamond, Julian Lee, Ian Mune, Marcia Hines and David Halls took their turn on the panels.

But it was the people who donated who really made the difference, with family groups giving "more generously" than at previous Telethons, "pushing the average donation from $10—$20 to $50 and sometimes $100"[24]. The money arrived by all means. An authentic stage coach complete

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[23] *South Pacific Television Telethon poster, 1977.*
[24] *"Smash-hit after awful gaffe"*, Auckland Star, *27 June 1977, p.7.*

with "attendant cavalry brigade suddenly appeared in Queen St", delighting the crowd as it delivered donations to the Town Hall and "two monster Kenworth trucks really gave the children something to talk about"[25].

Foundation staff and Board members also played their part, contributing behind the scenes or providing a human face for the appeal throughout. Board member Fraser McDonald summed up everyone's feelings when the final total was announced: "'WOW … Wow,' he gasped as his eyes danced over the total board that said that more than $2 million had been pledged. 'I am up in the ceiling. It's something I dreamed about 20 years ago, but to realise that dream …'"[26].

The New Zealand Herald report the following day captured the tension and excitement as the event drew to a close.[27]

> *It was like Christmas and New Year all over again at the Auckland Town Hall last night. As the magic hour of 8.30 pm approached, the hall, crammed with Telethon organisers, helpers, celebrities and just plain fans, began to buzz with suspense.*
>
> *The official-total panel on the wall stayed stubbornly stuck on $1.9 million, but there was a whisper of $2 million in the air. And, just when it seemed that the minutes would run out before the money poured in, the sirens sounded, the trumpets blared and Telethon '77 had raised $2 million.*
>
> *That was at 8.29 pm, and as the half-hour struck, all hell broke loose.*
>
> *People who had been clapping and dancing for 24 hours jumped in the air, exhausted telephonists leaped for joy, women cried and veteran Telethon organiser Don Hutchings had a tear in his eye … it slowly began to sink in around the hall that New Zealand's three million people had raised $2 million — $2,005,750 to be exact.*
>
> *An overcome Hutchings could only smile and hug his work mates after the event. His tribute to the Telethon workers probably summed up the feeling of everybody present: 'I work with the most professional, skilled, beautiful people in a wonderful country.' …*
>
> *Other thoughts from Telethon celebrities, workers and officials were —*
>
> *Professor Basil James, Chairman of the Mental Health Foundation: This appeal marks the beginning of a new consciousness about mental health. Even now people are much more comfortable with the subject … Mental health is an acceptable matter of fact. That last year's total had been passed confirmed the feeling that we are touching on something very fundamental to New Zealand and New Zealanders," he said …*
>
> *American actor Cliff Robertson said: 'I never really believed in my heart that 3 million people could raise $2 million on such an individual basis. It was a beautiful*

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[25] *"New Zealand responds to Telethon magic with huge $2m"*, New Zealand Herald, *27 June 1977.*
[26] *F. Anderson, "It was the people's baby"*, Auckland Star, *27 June 1977, p.7.*
[27] *"New Zealand responds to Telethon magic with huge $2m"*, New Zealand Herald, *27 June 1977.*

Navy crews race battleships down Queen Street on 24 June 1977 to raise money for Telethon. (Image courtesy of APN / New Zealand Herald Archives.)

Trailer set up by the Devonport Leos Club to collect funds for Telethon. (Image courtesy of APN / New Zealand Herald Archives.)

experience.' Mr Robertson said he had been involved in telethons in the United States that had raised $20 million. 'But they would have to raise $160 million over there to compete with what your people have done here tonight.'

British actor Barry Foster: 'There was such a wonderful feeling of everyone pulling together. There is hope for us yet when people can give that generously.'

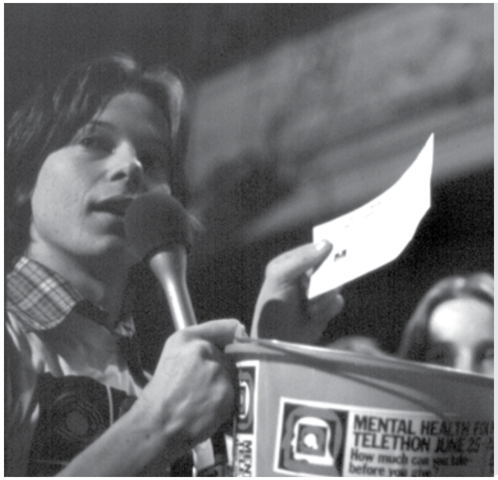
Yet despite the euphoria of the day, and its unforeseen success, for the Foundation the Telethon itself was just a beginning. Even on the night Board members were busy developing strategies for the Foundation's next steps, including solidifying plans to declare 1978 Mental Health Year in New Zealand.

Telethon co-anchor Philip Sherry (right) addresses the audience at the Auckland Town Hall with the support of Chair of the Mental Health Foundation Board Professor Basil James (left) and founding Board member Dr Fraser McDonald (centre). (Image courtesy of TVNZ Archives).

American actor Cliff Robertson, keynote personality at Telethon 1977, who had also been involved in Telethons in the United States and was honorary Chair of the American Mental Health Association. (Image courtesy of APN / New Zealand Herald Archives.)

From left to right: Telethon co-anchor Peter Sinclair with international celebrities Gabrielle Drake, Barry Foster and Cliff Robertson at the Auckland Town Hall. (Image courtesy of TVNZ Archives).

Telethon organiser Don Hutchings (centre back) is applauded by the audience and crew at the Auckland Town Hall. (Image courtesy of TVNZ Archives).



Local television presenter Andy Shaw collects donations from the audience at the Auckland Town Hall. (Image courtesy of TVNZ Archives).

Scenes of celebration at the Auckland Town Hall as the final total flashed for Telethon 1977. (Image courtesy of APN / New Zealand Herald Archives.)

Mental Health Foundation poster thanking New Zealanders for their support in Telethon 1977. (From the Mental Health Foundation archive.)

Telethon — the after-effects

The prospect of receiving the Telethon funds marked a new stage in the fledgling Mental Health Foundation's development. Chairperson Basil James described the huge responsibility that accompanied the funds[28].

> *We were a bit intoxicated for a while but then it was very sobering. To be the custodians of $2 million, which in those days was a huge amount of money (I think it was a world record, given the size of the population), and we had to make good our very general undertakings prior to the Telethon, and to husband this money and spend it responsibly in the directions we had envisaged.*

It was as if the funds made everything the Foundation had been working towards more real and suddenly mechanisms were needed to ensure that the money was allocated fairly and responsibly.

As a start, more hands would be required on the organisational front. The roles created pre-Telethon were continued, with Cherry Raymond staying on as the Foundation's public affairs officer and John Evans as public relations advisor. New positions were also created including an office manager (Jack Metcalf), typist and administrator (Helen Maybury; later joined by administrative assistant Merle Cartwright) and grants administrator (Helen Haslam) to help with the mammoth

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[28] *Written memoir of Basil James, provided for the purpose of this history, 2002.*

task of gathering and assessing the applications for a share of the Telethon funds.

Staff worked from the Foundation's new offices in Parnell Road, above the up-market Patrick Steel boutique. Long-standing staff member Marie Hull-Brown recalled that although the new offices were "none-too-smart", comprising a number of cramped unattractive rooms, it was none-the-less an official home for the Foundation, from which "inspirational and great projects were planned, developed and managed"[29].

On 21 September 1977, a cheque for the final Telethon funds was handed to Mental Health Foundation Chairperson Basil James, by the Director General of South Pacific Television Allan Martin at a ceremony at Auckland University Medical School.

The cheque was for $2,005,750, the provisional on-air total pledged on the day, but in the event not only were all the pledges honoured, they were exceeded, with final audited donations totalling $2,038,013. After expenses (such as promotion, publicity, studio rental, accounting and administration costs), the Foundation received a total of $2,012,746, a staggering, exhilarating, and at times daunting, amount.

Mental Health Foundation offices in Parnell, Auckland. (From the Mental Health Foundation archive.)

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[29] *Email from Marie Hull-Brown, provided for the purpose of this history, March 2008.*

NOT NEGOTIABLE

Bank of New Zealand

125-129 QUEEN ST.
AUCKLAND N.Z.

Stamp Duty Paid

21st Sept. 1977

Pay Mental Health Foundation of New Zealand or bearer

the sum of Two Million Five Thousand Seven hundred and fifty dollars $ 2,005.750

TELETHON TRUST ACCOUNT

TRUSTEE TRUSTEE TRUSTEE

Ceremonial cheque for $2,005,750 raised in Telethon 1977, presented to the Chair of the Mental Health Foundation Board, Professor Basil James, by the Director General of South Pacific Television, Allan Martin, on 21 September 1977 at the Auckland University Medical School. (From the Mental Health Foundation archive.)

Mental Health Year 1978

Within months of receiving the Telethon money, the Foundation had organised Mental Health Year 1978, an initiative endorsed by the Government.

Mental Health Year was a strategic move for the Foundation. Propelled into the public limelight by Telethon, the Foundation was keen to maintain its profile and public interest and awareness regarding mental health. The year would also coincide with the first Telethon grant allocations, planned for early 1978, to community groups and mental health services.

Officially launched by the Minister of Health, the Hon Frank Gill, the Foundation promised that the year would include "community projects unique in their concept and scale". With a theme of "understanding is the first step", Mental Health Year's highlights were to include "one of the most ambitious public education and support exercises attempted in the field of mental health"[30] (*Have Crisis — Can Cope*) and a series of theme-based weeks, each dedicated to a different area or issue in mental health.

The aim of the weeks was, once again, to raise public awareness and generate interest and debate, but this time from a more issues-based perspective. Structured around a

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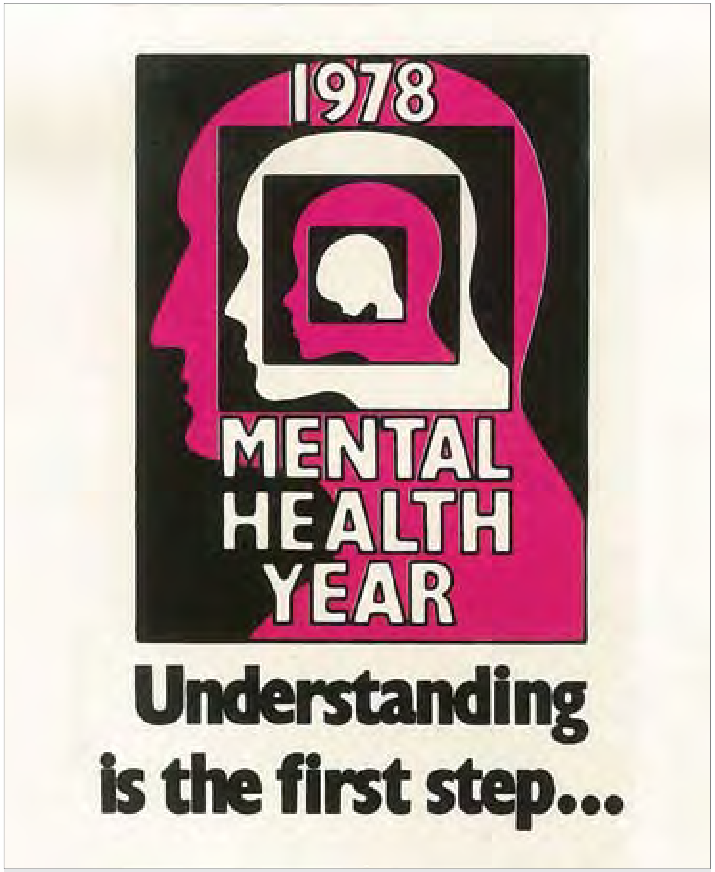
[30] *"Unique projects launch Mental Health Year"*, Gisborne Herald, *23 February 1978.*

series of talks by professionals, delivered to both public and professional audiences, the weeks "focused attention on the emotional and psychological pressures being faced by many 'ordinary' people in society today" and sought to "encourage a growing acceptance of talking openly about mental health matters and to dispel visions of mental health as lunatic asylums and straitjackets"[31].

First up was Children's Week in March, which tackled such issues as child abuse, and how to support and provide for the needs of both the victims and parents pushed beyond the limits of their control by the stresses of daily life. The Foundation brought in Dorothy Ginn, Australian pioneer of 24-hour telephone counselling for parents, to front the week and subsequently gave financial support to Parent Help, a new phone-based counselling service set up in Auckland.

Children's Week was followed by Women's Week in May - June, where Australian sociologist Eva Cox encouraged communities and professionals to consider women's status and mental health needs; Community Contact Week in July, examining isolation of the elderly; Dependency Week in September, encouraging people to curb their excesses and addictions, including food, television, gambling, smoking, alcohol and drugs; and Family Week in November, looking at family and domestic violence.



Promotional sticker for Mental Health Year 1978. (From the Mental Health Foundation archive.)

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[31] *"Mental Health Year 1978"*, Mental Health Foundation: Review '78/ '79, *1979, (Mental Health Foundation of New Zealand: Auckland), p.6.*

For better. Or worse?

NZ Husbands Test

Women's Week-May 28-June 4th

Women's Week-May 28-June 4th

1978 MENTAL HEALTH YEAR

Understanding is the first step...

Promotional material for Women's Week held in May — June of Mental Health Year 1978. (From the Mental Health Foundation archive.)

The latter week was particularly successful, taking on the flavour of a public campaign, as guest speaker Erin Pizzey (involved in establishing women's refuges in the United Kingdom) urged people to examine what was happening in their own and their communities' homes. Following the week, the Foundation committed to supporting "a programme of social action to encourage central Government and local bodies to accept greater responsibility for the safety and welfare of victims of domestic violence and to clarify laws and Government policies which relate to women and children caught in family violence."[32]

Have Crisis — Can Cope

One of the Foundation's major Mental Health Year projects was its *Have Crisis — Can Cope* public education programme. Devised by Foundation Chairperson, Basil James and organised in association with the New Zealand Jaycees (a community service organisation), the project aimed to help people handle the normal crises — such as death, conflict or isolation — they might expect to encounter during their lifetimes. Designed to be accessible to most of the population, the programme "put [mental health] into some kind of language that … the average person could understand. And not only understand but relate to themselves."[33]

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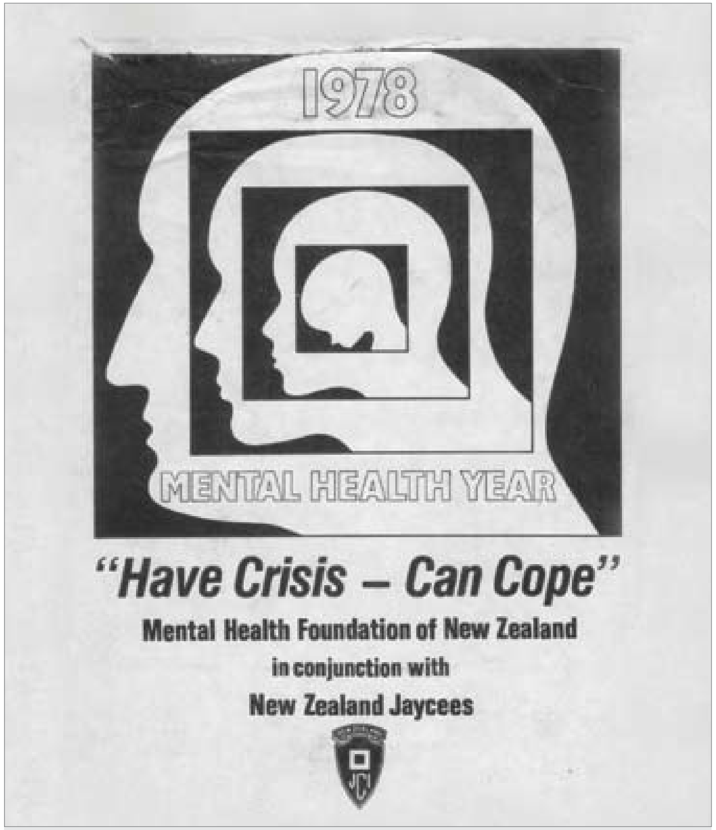
[32] *Ibid.*

[33] *Written memoir of Basil James, provided for the purpose of this history, 2002.*



Promotional material for the Have Crisis — Can Cope programme organised by the Mental Health Foundation in association with the New Zealand Jaycees, held in April — May of Mental Health Year 1978. (From the Mental Health Foundation archive.)

The Foundation provided funding, organised professional services, and developed documentaries and discussion materials, while the Jaycees supplied the community networks and leadership, and large-scale organisational ability crucial to setting up a nationwide network of discussion groups. Combining professional expertise with the resources of a community service organisation to stage a project of this type and scale was, at the time, a novel and creative approach.

Have Crisis — Can Cope got underway on 2 April 1978 with a television documentary about life crises designed to spark viewers' interest in attending a series of six follow-on discussion groups. Held in people's homes around the country, each group was led by a person experienced in human relationships, such as a social worker, psychologist or minister.

The initial documentary was followed by five further documentaries each presenting the "idea of a crisis"[34]. Gaining particular public attention was *On Death and Dying* featuring the work of Dr Elisabeth Kubler-Ross, *Dying for a Fag*, looking at tobacco dependency, and *A Family of Ours*, which considered the inner workings of a family, "their problems, their torments and tensions"[35].

The project proved a success, with some 30,000 people around the country taking part in discussion groups in April and May[36].

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[34] *"Mental health TV and discussion groups"*, CHAFE, *5 April 1978.*
[35] *"The Mitchies bared"*, Star Weekender, *1 April 1978, p.2.*
[36] *"Mental Health Year 1978"*, Mental Health Foundation: Review '78/ '79, *1979, (Mental Health Foundation of New Zealand: Auckland), p.6.*

> *All over New Zealand, groups of up to 10 people met weekly in ordinary homes, to discuss their feelings about death and dying, anxiety and conflict, loneliness, frustration and human relationships.*
>
> *With the aid of specially prepared written material, all provided free by the Foundation, they shared their problems, helped each other and learned ways of coping with the inevitable crises that invade all our lives. The accent was not on 'group therapy' but on showing people how they could handle everyday stresses with more confidence.*

The format of *Have Crisis — Can Cope* was straightforward. Following the prepared materials, the groups discussed a set agenda of topics, and by exploring the issues raised, and sharing information and experiences, prepared themselves for the events, should they occur in future.

- Death and little death: dealt with the theme of loss, including loss of life, youth, and health, and explored the grief process.
- Dependency, good or bad: considered dependency in the broadest sense including dependence on substances, gambling, and work.
- Conflict and anxiety: explored relationship difficulties including within marriages and across generations, conflicts in values, and decision making.
- Isolation: examined loneliness, ageing, illness, depression, living alone, emigration, 'suburban neurosis', institutional and country life.
- Frustration and aggression: considered barriers to meeting one's needs and wishes, and aggression, both destructive and constructive.
- Intimacy: focused on sharing, giving, trust, and love.

An important feature was a detailed survey, from which the Foundation hoped to evaluate how the project had changed people's attitudes to the topics discussed and to social problems and mental health matters in general. In addition, because the programme was seen to be "unique in its concept as an experiment in community life and health education"[37], the Heylen Research Centre was engaged to assess its impact.

The findings were heartening: of the 30,000 people who signed up for the discussion groups, they attended on average 5.3 sessions each, a significant commitment demonstrating that the project had not only captured people's interest, but retained it.

Another attestation to the programme's success was its ongoing value for the community. Several groups were still holding regular meetings 12 months later, while others formed themselves into community mental health committees, addressing what they perceived to be gaps in social services. Professional and community organisations also picked up on the discussion kits, using them for training and as part of counselling services.

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[37] *Ibid.*

From the Foundation's perspective, the programme achieved what it set out to do — engaging communities in prevention-focused debate and activities that could have a positive impact on mental health.

The Telethon allocations

By August 1977, the Foundation was ready to invite applications for grants from Telethon funds, but when it did so it was overwhelmed. More than 200 requests totalling $4 million, twice what Telethon had generated, flooded in.

The Foundation specifically called for applications for "mental health projects dealing particularly with primary prevention, covering education as well as community support and research"[38]. In response, individuals, community groups and centres, well-established organisations and newly minted ones all sought grants for a range of projects and services that were staggering in their diversity. Information for widows and widowers, activities for immigrants, temporary accommodation for people in need, social groups for deprived children, stress management programmes, counselling, community development, drop in centres and libraries were all legitimately applied for under the banner of mental health.

The closing date for the first round of grant applications was 30 September 1977. The difficult task of deciding which applications would be successful, and which, this time, would miss out, then fell to the Foundation.

Newly recruited grants administrator Helen Haslam logged and assessed the stream of applications that flowed into the Foundation's offices, in between times travelling around New Zealand to meet with and learn about the applicants. Her appointment, an example of how the Foundation developed links with communities, was strategically made to "ensure that money gets back to the smaller centres that contributed at Telethon time". Acting "as a go-between for applicants and the Foundation, encouraging smaller communities and new groups to apply for grants and helping them to present their case"[39], she also visited local authorities and government agencies encouraging them to top-up Telethon grants or otherwise get behind particular projects.

Helen reported to the Foundation's Allocations Advisory Committee. Made up of eight Board members, the committee assessed "each application in terms of the Foundation's priorities and the needs in the community from which the application comes", with an emphasis on "prevention more than psychiatric care and on community support and education rather than more research". Preference was given "to new projects that will have a 'ripple' effect throughout communities"[40].

Having considered the applications, the Allocation Advisory Committee in turn advised the Board, and Board member agreement was required before a particular grant could be approved.

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[38] *"First mental health grants",* Otago Daily Times, *9 August 1977.*
[39] *Where Does the Money Go?, undated, (Mental Health Foundation: Auckland).*
[40] *Ibid.*

Running in the background of the individual grant decisions, the Foundation was facing more fundamental issues of its own. Both among Board members and within the general public there were people who felt that the Foundation's sole role should be to allocate the funds to community groups, and that once this was done it should fold — an approach dubbed "spend big finish early"[41].

Others disagreed, believing that the Foundation had an ongoing role in mental health promotion, and that some of the funds could be legitimately used for this purpose. This meant only some of the funds would be allocated immediately, with the balance to be invested so that the Foundation could continue its work in perpetuity.

Debate and disagreement was fierce and at times "quite a lot of antagonism" was directed towards the Foundation as people "questioned why we should have this huge sum of money from the Telethon to set up an organisation."[42] Professor Andrew Hornblow, who subsequently became Chairperson in 1981, recalls how he stepped into the midst of the debate at his first Mental Health Foundation Board meeting in 1979[43]:

> *I found myself part of a group from wide-ranging professional, business, and community backgrounds, several of them eminent New Zealanders, debating how best to use the 1977 Telethon $2 million to advance mental health. [A theme] from that meeting [was] "the desirability or otherwise of 'self-destruction' of the*

Professor Andrew Hornblow, Chair of the Mental Health Foundation Board 1981 — 1986. (From the Mental Health Foundation archive.)

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[41] *Written memoir of Basil James, provided for the purpose of this history, 2002.*
[42] *Interview with Cherry Raymond, undated.*
[43] *Written memoir of Andrew Hornblow, provided for the purpose of this history, 2002.*

> *Foundation" once the proceeds of the Telethon were spent, a proposal which, as the minutes record, 'aroused lively discussion' …*

Ultimately it was the proponents of the view that the Mental Health Foundation should continue whose opinion prevailed, with funds in the nature of a special grant allocated so that the Foundation could be "set up and be ongoing"[44].

Board member Lady Vaughan Fletcher provided much needed financial services on an unpaid voluntary basis, and used her extensive knowledge and personal experience to ensure that the "very best investments" were negotiated for the Foundation's funds[45]. Thanks to her astute advice, the Foundation's Telethon costs had already been recouped by the end of 1977, from interest earned on the invested capital[46].

Agreement was also reached regarding the initial grant applications to be funded, and (other than a few small emergency grants made at the end of 1977) the majority of the first grants, which amounted to a total of $145,000, were approved by the Board in February 1978. From this, around $120,000 went to community service projects, with the remainder going to education and research.

The announcements were made and money distributed in March of that year. Grant recipients were required to provide guarantees to ensure that the money was accurately accounted for and to agree to subsequent evaluations of their projects.

The largest grants from the initial round illustrate the variety of applications that the Foundation received and considered. The largest single grant of $15,000 was offered to Commitment, a Hamilton and Auckland-based counselling service for children. The money was to be used for counsellors' salaries. A grant of up to $12,000 was made to the Auckland branch of the New Zealand Society for the Intellectually Handicapped to help fund support services for families with intellectually handicapped children. Stepping Stones, a Wellington-based volunteer group, received $10,000 to help meet the social and rehabilitation needs of psychiatric patients. The Salvation Army, National Marriage Guidance Council, Federation of New Zealand Parent Centres and the Presbyterian Social Services Association were all among the many larger well-known organisations to benefit, alongside a host of smaller and local groups. In total, 55 grants were made for specific projects and services.

Following the initial allocation, the Foundation decided to call for further applications twice a year, with the second and third allocations announced in August 1978 and February 1979, and totalling $150,146 and $115,781 respectively.

An overall budget of $300,000 was set for 1979 when, in recognition that it was Year of the Child, and in a return to its founding roots, the Foundation chose early parent-child relationships as a priority, paying particular attention to projects that fell within this remit and directing the "major part" of its "efforts and resources"[47] towards them.

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[44] *Interview with Cherry Raymond, undated.*

[45] *Written memoir of Geraldine McDonald, provided for the purpose of this history, 2002.*

[46] *"The recipients",* Star Weekender, *8 September 1979, p.5.*

[47] *"Foundation adopts new policy",* Daily Telegraph (Napier), *20 February 1979.*

Five years after Telethon, the Foundation reported that it had spent over $1.5 million of the funds on mental health activities, with $1,041,138 being allocated in grants and the balance going towards the Foundation's own activities. In total, 405 community grants had been made amounting to $841,191, and 25 research grants totalling $199,947. Around 60 per cent of the grants went towards primary prevention projects and services (aimed at preventing occurrence of mental illness), a quarter towards secondary prevention (preventing mental illness from becoming worse), and the balance of around 16 per cent towards tertiary prevention (preventing reoccurrence), reflecting the Foundation's objectives.

Allocations continued until 1986, when the Foundation decided that it no longer held enough money to keep giving grants. By this time over $2.6 million had been distributed, drawn from the initial bank of Telethon proceeds, which over time had been augmented by interest and other funds accrued.

Creating the shift for mental health

One of the most important and enduring effects of the Telethon did not come from a particular grant or the work it would enable. Rather, it came from the shift in social attitudes that the Telethon helped bring about.

Basil James wrote[48]:

> *One thing that the Telethon did, I believe, more than anything else, was to de-stigmatise issues of mental health ... People became aware that it was not an issue of shame, ... it was an issue of very widespread disability but also an issue of hope – and that there were things that could be done, both to prevent and enhance, and to treat mental illness appropriately.*

Telethon started the de-stigmatisation process, and Mental Health Year, *Have Crisis — Can Cope*, the work of other organisations and individuals who had received grants, and the Foundation's ongoing work (now made possible because of Telethon) helped to reinforce it. While stigma and discrimination continue to be significant issues for people with experience of mental illness, and areas of activity for the Foundation, the Telethon was an important first step — a launching point for the work that was to come.

The Love and Marriage Survival Test

The early 1980s saw the Foundation involved in another innovative and high-profile television-based project — the *Love and Marriage Survival Test.* Designed to "encourage television viewers to consider and discuss their values and attitudes toward marriage, sex, communication and family relationships"[49], the test was jointly funded by the Mental Health Foundation and Television New Zealand.

Screened in late-summer 1981, the programme was a participatory one. Studio audiences in Auckland and

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[48] *Written memoir of Basil James, provided for the purpose of this history, 2002.*

[49] *A.R. Hornblow, M.W. Abbott and J. Isherwood-Hicks, "Community education and television: 'The Love and Marriage Survival Test'", NZ Journal of Adult Learning, Vol. 17, No.1, May 1985.*

A special case for women

One of the more enduring projects to benefit from a grant was the national women's refuge collective.

Following the visit of Erin Pizzey as part of Mental Health Year in 1978, the Foundation organised the first national meeting in Wellington of representatives from local refuges and lobbied the Minister of Social Welfare to provide funding for a collective.

The idea of women needing protection from their own families was a contentious one at the time. However, the Foundation worked closely with women throughout the country to publicise the plight of women and children living in violent situations and the need to provide them with sanctuary and a chance to rebuild their lives. Government funding was eventually forthcoming and the national women's refuge collective was born.

The Foundation administered the fund on behalf of the refuges until the collective was in a position to set up its own national office. It also continued to provide an establishment grant for each new refuge until Telethon money started to run out in the mid-1980s.

Christchurch responded to wide-ranging questions on the nature and duration of the marriage contract, roles, responsibilities, satisfactions, frustrations and pressures, with items rated on a scale from 0 to 100: 0 representing strong disagreement, 50 a neutral view, and 100 strong agreement. The questionnaire was also pre-published for viewers, who at set points in the programme were invited to complete particular sections of it.

A subsequent survey by the New Zealand Broadcasting Corporation showed that the *Love and Marriage Survival Test* had been watched by nearly one third of the country's adult population at the time — 657,000 viewers. It was more popular than any other programme shown that month, other than some editions of the news, with viewers describing it as entertaining, informative, and at times unsettling.

From the Foundation's point of view, the programme achieved its objectives, stimulating a significant proportion of the population to consider the impact that their personal relationships and family life had on wellbeing, and keeping mental health as a topic firmly to the fore.

Delegates at the Mental Health Foundation national conference, 1987. (From the Mental Health Foundation archive.)

Part Two
A Decade of Development

By the start of the 1980s, following its Telethon success, the Mental Health Foundation had embarked on a rigorous programme of strategic growth and funding allocations. It was a time of evolution, consolidation and growth, as its spheres of interest and influence continued to expand. And more changes were afoot.

The decade began with a round of important governance and management changes. In 1980, Dr Fraser McDonald temporarily replaced Basil James as Chairperson. A Board member since 1976, Fraser had been a psychiatric hospital medical superintendent, heavily involved in initiating psychiatric hospital reforms and in "pioneering work in Auckland with community mental health centres and other forms of community-based care for people with serious mental disorders".[1]

After a year in office, Fraser was succeeded in 1981 by Andrew Hornblow. Andrew had been a Board member since 1980 and, at the time of his appointment, was a Professor and Acting Head of the Department of Preventive and Community Medicine at the Christchurch Clinical School, Otago University, and President of the New Zealand Psychological Society.

Shortly after Andrew's succession, the Foundation appointed its first Director, Dr Max Abbott. In a way Max's appointment was another outcome of the Telethon, as although the organisation had already evolved to the point where it needed a full-time Director, until the Telethon it had not been able to afford one. Management

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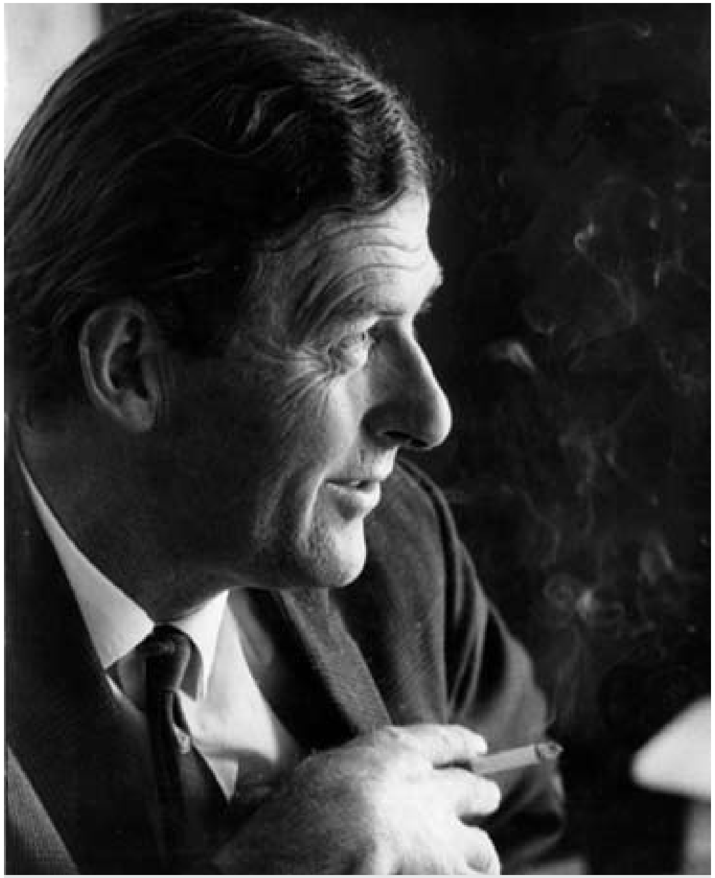
[1] *M. Abbott, "Obituary: Dr Fraser McDonald OBE",* Mental Health News, *Winter 1994, (Mental Health Foundation of New Zealand: Auckland), p.6.*



Dr Fraser McDonald, Chair of the Mental Health Foundation Board 1980 – 1981. (Pictured in the Weekly News, 23 March 1970.) (Image courtesy of APN / New Zealand Herald Archives.)

to date had been largely handled by the chairpeople of the Foundation's various subcommittees, with the back up of the handful of administrative staff.

Further governance change followed in 1982, when Foundation Patron Sir Guy Powles stepped down and was replaced by Dr John Robson who continued in the position until 1987.

A new role of Director

Appointing its inaugural Director was a significant milestone for the Mental Health Foundation, the first step upon a road that would eventually transform it from a charitable trust with a smattering of employees, to a large organisation operating nationwide.

Dr Max Abbott had a background in community mental health and psychology. He had recently finished his PhD and through his research had developed a "resolve to see mental health go 'upstream' to focus more on early intervention, prevention and health promotion". His experience in "working with the media, developing and disseminating information…, running workshops, identifying at-risk groups and implementing preventive interventions, and providing professional consultation to the voluntary sector"[2], all stood him in good stead for his subsequent role at the Mental Health Foundation.

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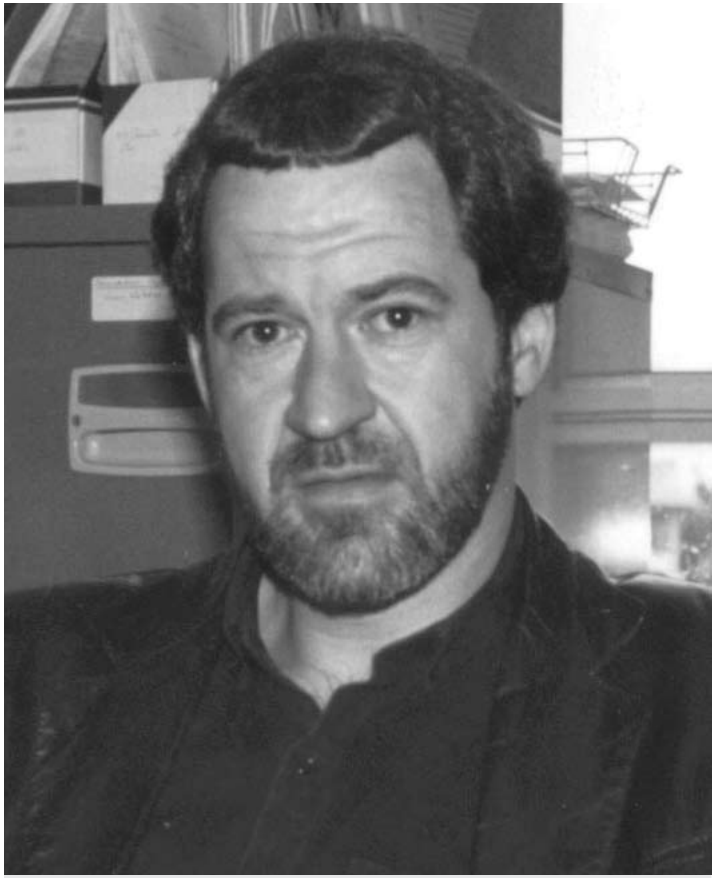
[2] *Written memoir of Max Abbott, provided for the purpose of this history, 2001.*



Dr Max Abbott, Director of the Mental Health Foundation 1981 — 1991. (From the Mental Health Foundation archive.)

One of the early challenges was to clarify what the new role would involve and how it would fit with the Foundation's existing governance structures. Even within the Board that had appointed him "members had diverse notions of what the Director's role should be"[3], and there was nothing in the nature of a strategic or operational plan driving the Foundation's work.

Restructuring followed.[4]

> *Some committees were disestablished and new priorities and a strategic plan were adopted ... Over time the constitution was changed to reduce the size of the Board and remove the ex officio status of academic heads of psychiatry. A further change ensured significant Māori representation and Pasifika presence. Governance and management lines became clearer, yet remained a point of tension, for the most part constructively so.*

Having found a way through these governance-management teething issues, the Foundation went forward, ready to immerse itself in its work.

Setting the strategic agenda

In the early years of the 1980s, much of the Foundation's energy and focus were directed towards the Telethon grants, and the projects, people and organisations associated with them. Relationships were being built,

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[3-4] *Ibid.*

networks woven and the Foundation's place in New Zealand's mental health landscape was being mapped out and reinforced.

Early on the Foundation adopted an approach that would become a preferred method of working. It would identify a gap in services or knowledge for a particular issue, get involved in raising awareness and facilitating development of appropriate responses (through services, projects or other means), and then step back to let more specialised, issue-focused organisations and community groups with the necessary expertise carry on.

This strategic approach of "engagement and gradual withdrawal" was not only "consistent with the Foundation's philosophy of community development and empowerment", it was also an organisational necessity "imposed by limited staff and financial resources"[5]. It is also an approach — as advocate, catalyst and facilitator — that the Foundation has retained and favours to this day.

Yet alongside this issue- and project-specific work, there was also a need to take a longer term view. What would happen when the Telethon funds ran out? What would the Foundation do then and how would its activities be funded? A more strategic, sustainable path than had previously been possible was needed as the Foundation turned its thoughts to the future.

After some debate, the Board agreed that the Foundation had a long-term role and extensive forward planning exercises were entered into. Potential future directions were analysed and discussed, and suggestions mooted for how progress towards strategic goals and milestones should be monitored[6]. A review of the main mental health issues faced by New Zealand communities produced a useful list of priority areas for activities to focus on.

Chairperson at the time, Andrew Hornblow recalls how[7]:

> *Over this period policy formulation, strategic developments, and change management processes were required to move the Foundation from a dominant focus on allocation of Telethon funds to a targeted, sometimes controversial, and leading national role in mental health promotion and advocacy on mental health issues.*

The result was "an ambitious work programme for the Foundation, which put mental health issues on the social agenda for New Zealanders as never before, and in a way that kept faith with and indeed extended the vision of the 1977 Telethon."[8]

> *Support and involvement of regional groups, strategic links with government departments and other organisations, research and evaluation, media management, and the educational role of the Foundation's resource centre, all became part of a mosaic of mental health promotion activities. The [Foundation]*

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[5] *M. Abbott, "The Mental Health Foundation: Past, present and future",* New Zealand Health Review, *Autumn 1985, Vol. 5, No. 2, (College of Community Medicine, New Zealand Institute of Health Administrators, and New Zealand Nurses Association: Wellington), p.8.*

[6] *Written memoir of Andrew Hornblow, provided for the purpose of this history, 2002.*

[7-8] *Ibid.*

Some of the early Mental Health Foundation staff members featured in a Foundation brochure (undated). (From the Mental Health Foundation archive.)

> *maintained momentum across diverse project areas – unemployment, TV violence, post-natal depression, residential care for disturbed adolescents, mental health and the elderly, psychiatric patients' rights, mental health legislation, the health syllabus in schools, Māori mental health, substance abuse in young people, sexual abuse and domestic violence.*

Child abuse, occupational mental health, engendering positive coping skills, a conference on the future of mental health services, and a raft of special projects, including visits from eminent academics, practitioners and politicians involved in the mental health field joined the list — the Foundation had its work cut out, and staff and Board members took on the challenge.

From allocations to activity

From the outset, the Foundation's approach was both proactive and reactive: reactive, in that it involved identifying and responding to "significant demographic, social and economic factors" that negatively affected mental health; and proactive, in that it involved "increasing resilience at individual and community levels to buffer or offset the negative impacts of these factors"[9]. Both approaches involved raising awareness of previously hidden or unacknowledged issues. They also encompassed new issues as they emerged, such as the impacts of AIDS

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[9] *Written memoir of Max Abbott, provided for the purpose of this history, 2001.*

on individuals and communities, and the increase of Alzheimer's disease in New Zealand's ageing population.

The Foundation did not, in general, provide services itself, but instead sought an umbrella role, capable of taking in, and responding to, the full scope of mental health issues and agendas.

Helping others to address areas of identified need was a crucial part of this role, and at first this was achieved through providing grants for specific projects or services. When the bulk of the Telethon funds had been allocated in 1986, however, the Foundation needed to find new ways to support and work with community mental health groups and organisations.

One of the main ways this happened was through developing the Foundation's function as a knowledge conduit. Enabling individuals and groups to access the information, expertise and networks they needed, became a fundamental part of what the Foundation did, while providing a national resource centre and associated video and tape library, publishing reports, books and conference proceedings, hosting national seminars and conferences, and bringing in overseas experts to tour and share their knowledge were just some of the ways it was achieved.

All this activity required staff and, from shortly after Max Abbott's appointment, the Foundation started building a professional team to develop and deliver its services.

Some of the early positions included those of Research Officer, (Hilary Haines, later Lapsely) in 1981, Community Education Officer (Dell Braun, later Coyte) in 1982, Field Officer (Jorj Roberts) in 1982, and Legal Officer (John Dawson) in 1983. All found a place for themselves in the Foundation's Parnell offices, where the largest room had been fitted out with filing cabinets and a couple of desks and chairs and designated as the resource centre, and set about establishing the services that the Foundation was soon to become known for.

Experts and guests

For Mental Health Year in 1978, the Foundation had brought to New Zealand several high-profile guests, including women's refuge campaigner Erin Pizzey. Erin visited again at the Foundation's behest in 1983, as the first of what, over the following years, proved to be a steady stream of visiting experts, academics and activists, coming to share their knowledge and experiences in the mental health field.

Erin was followed in 1983 by Marj Park and John Edwards from the United States. Known as the Elmira Mental Health Players, their work involved using role play to help develop community understanding of mental health problems. The pair toured for five weeks training health and welfare professionals and the public in the use of psychodrama in mental health.

In 1984, the Foundation was able to arrange a civic reception for Rosalynn Carter and her husband, former United States President Jimmy Carter during their visit to the country. Internationally renowned for her work in mental health, Rosalynn Carter was particularly active in the United States where she was a driving force behind a President's Commission reviewing the nation's mental health needs, and an advocate for deinstitutionalisation and establishing community mental health centres.

1984 also saw visits by Professor Herbert Pardes (formerly of the United States National Institute of Mental Health) and Nancy Wexler (a psychologist and Huntington disease researcher), who consulted and held seminars in the main centres; Gerontologist Mary Opal Wolanin and Associate Professor Lois Prosser, who conducted workshops and seminars on confusion and dementia in the elderly with a focus on Alzheimer's disease; and Judi Chamberlin who was internationally prominent in the psychiatric patients rights movement.

Guest visits continued throughout the 1980s, many in conjunction with the conferences the Foundation began to host. Specialists in torture, trauma and refugee issues, prevention of mental illness, and problem gambling, among other areas of expertise, came to share their knowledge and learn from others in their field.

Conferences and seminars

From the beginning, convening conferences and national seminars was an activity that the Foundation used to good effect. Major events that brought together the diverse people and organisations involved in mental health could serve many purposes. Public and political awareness were raised and important issues brought into the limelight and discussed, knowledge was shared and debated, best practice compared and tested, research stimulated, and relationships and networks forged. Overseas experts could be brought in to lend weight to the Foundation's causes, while local experts and services were given the opportunity to raise their national profile.

From 1981, the Foundation regularly hosted major conferences, seminars and symposiums on diverse issues ranging from unemployment, child abuse, rape, television and entertainment violence, to the state and future of mental health services in New Zealand, preventing violence and addressing the needs of victims of violent crime, refugee mental health and wellbeing, and community housing.

Sometimes the Foundation organised events itself and sometimes it partnered with others, but always there was a huge amount of work involved. Getting events up and running, ensuring things proceeded smoothly, and liaising with the media took up substantial amounts of time.

Foundation Director at the time, Max Abbott, recalled the "enormous amount of planning and sheer hard work on the part of staff and others in bringing them to fruition"[10]. After the event there was always a host of recommendations and action points to pursue, especially as it became standard practice for the Foundation to edit and publish any proceedings and papers, making them available through its resource centre.

1981 Unemployment Symposium

When the Mental Health Foundation and the New Zealand Psychological Society convened their 1981 symposium on unemployment, the common reaction was "what has mental health got to do with employment and unemployment?"[11]

But the Foundation was not willing to limit its work to predetermined mental health silos. Unemployment could create obvious personal and social ill effects — depression, dispossession and disempowerment, entrenched inequality and inequity — and the Foundation's involvement in this area was the "most telling illustration of the Foundation's broad-brush approach and the work it has set out to do to build bridges of understanding between the community, the 'experts' and the politicians"[12].

The Foundation's view was that involuntary unemployment was "a major and growing mental health hazard", and that there was a "need for unemployed people to come together, support one another, and push for a wider understanding of their problems and for changes which will improve their situation"[13].

The multi-disciplinary symposium began this process, looking at the economic, social, psychological and physical causes of unemployment, and ways to combat both unemployment and its harmful effects. Increasing public awareness and building networks were also aims.

Following the symposium, the Foundation remained involved in the national debate and dialogue about unemployment, increasing consciousness of the mental health issues unemployment raises and the particular stresses and challenges that the unemployed face.

1982 Rape Symposium

A September 1982 symposium on rape was co-sponsored by the Mental Health Foundation, the Advisory Committee on Women's Affairs, the Institute of Criminology at Victoria University and the Justice Department.

Bringing together lawyers, judges, the police, representatives from the Department of Justice, Rape Crisis workers, counsellors, academics, politicians and others working in the field, the symposium focused on legal issues and police procedures, with an eye to possible law reform, although "the wider social context of rape and issues of victim care were not neglected."[14]

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[10] *Written memoir of Max Abbott, provided for the purpose of this history, 2001.*
[11] *Written notes by Wensley Willcox, provided for the purpose of this history, 2003.*
[12] *Ibid.*
[13] *M. Abbott,* Community Commission on Youth Unemployment Commissioner's Report, *1983.*
[14] *H. Haines, "Rape symposium",* Newsletter: Mental Health Foundation Regional Groups, *November 1982, (Mental Health Foundation of New Zealand: Auckland), p.28.*

Although much was achieved at the symposium, it also highlighted the disparate approaches of agencies involved and how much remained to be done. Foundation Research Officer at the time Dr Hilary Haines reported:

> *The attitudes of those who deal with the crime of rape seem to have liberalized in recent years, but there are still vast differences between liberal and feminist attitudes, and this became clear very early on at the symposium. Rape crisis workers insisted that discussions on the finer points of law, trial procedure, etc, should not obscure the fact that women who laid a rape complaint were likely to be treated as on trial themselves; and Māori and Pacific Island activists reminded those at the symposium of the linkages between rape and racism …*

The Foundation's particular concern was with "the deleterious psychological after-effects of rape"[15] and after the symposium it provided establishment grants to Rape Crisis centres and Māori groups active in this area. It also funded a national meeting out of which a national collective of Rape Crisis groups was formed.

1982 Child Abuse Prevention Symposium

Child abuse — its prevention and consequences — was a concern of the Mental Health Foundation from the outset, in line with the organisation's early focus on the importance of positive early childhood experiences in ensuring good mental health.

In November 1982, the Foundation organised the first national symposium on child abuse prevention at Palmerston North. Attended by professionals, volunteers and agencies working in the field, and people who had themselves been victims of child abuse, the symposium was timely. Several voluntary organisations dealing with child abuse had recently been established, and legal issues surrounding abuse were receiving attention from legislators and the courts. Socially, it was becoming more acceptable to talk about child abuse, although the Foundation's view at the time was that the dialogue was still not open enough, with a tendency to skirt the edges when direct discussion was called for[16].

> *There are still gaps in our understanding and in approaches to dealing with this social problem. We hear much rhetoric regarding 'fences at the top of the cliff being better than ambulances at the bottom' and 'prevention is better than cure'. In practice, however, very few resources are deployed to identify and implement effective prevention strategies.*

Nineteen remits were passed at the symposium on funding, education, professional training, care, crisis facilities, legislation and reporting, among other issues. For the following two years, the Foundation busily advocated for action on the remits, and during those years things began to improve. Radio and television removed child abuse from their lists of taboo subjects, and current affairs

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[15] *Ibid.*

[16] *"National symposium on child abuse prevention"*, Newsletter: Mental Health Foundation Regional Groups, *September 1982, (Mental Health Foundation of New Zealand: Auckland), p.6.*

programmes and documentaries began to tackle the topic. The Department of Education produced resources for teachers and counsellors and, working with the police, developed a comprehensive programme for primary schools called *Keeping Ourselves Safe With Other People*. In some parts of the country, interagency groups worked together to improve the detection of child abuse cases and how they were dealt with, and moves were afoot to make reporting of suspected cases mandatory for teachers and health professionals.

In the Foundation's view though, these steps, although positive, were not enough. Reporting and prosecution levels remained low and repeat offending high. The case for prevention remained strong.

A follow-up conference organised by the New Zealand Child Abuse Prevention Society took place in 1986, with the Foundation involved and publishing the proceedings. Then, in 1987, the Foundation organised a further seminar — Child Abuse Prevention in New Zealand Revisited — as part of its second biennial conference. Participants reported on progress since 1982, yet despite the many positive developments and signs, the general feeling remained that there was still an enormous amount to be done. The Foundation's ongoing interest led, some years later, to its involvement in the 1994 Promoting Healthy Children and Young People conference, which looked once again at what was happening nationwide to protect children from abuse[17].

1985 National Conference

1985 saw the Foundation hosting its first major national conference, on the ambitious theme of "The Future of Mental Health Services in New Zealand". Targeted at "voluntary and professional mental health workers; administrators and those who deal with mental health problems face to face; as well as researchers, policy-makers and representatives of those on the receiving end of mental health services"[18], the conference was held in Wellington from 5 to 8 June. Central themes explored included "deinstitutionalisation (the trend to community rather than hospital care); prevention and mental health promotion; Māori perspectives on mental health issues; legal and consumer perspectives including the Mental Health Act [1969, then under review]; organisation and planning of services"[19].

Once again, the conference was timely, with New Zealand "at a crossroads" in terms of the direction its mental health services were taking, as treatment and support shifted from large psychiatric hospitals to community settings[20]. Several Foundation Board members and staff presented papers, alongside experts from Australia and the United States. Over 80 papers, presentations and workshops were delivered in all, to around 250 participants.

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[17] *"Media release: National Conference on Promoting Healthy Children and Young People, Ellerslie Function Centre, August 1—2, 1994", 26 July 1994, (Mental Health Foundation of New Zealand: Auckland).*

[18] *"The Future of Mental Health Services pre-conference questionnaire",* Newsletter: Mental Health Foundation Regional Groups, *May 1984, (Mental Health Foundation of New Zealand: Auckland), p.33.*

[19] *"Media release: Major mental health conference", 24 May 1985, (Mental Health Foundation of New Zealand: Auckland).*

[20] *Ibid.*

Delegates at the inaugural Mental Health Foundation national conference, 1985. (From the Mental Health Foundation archive.)

John Dawson, Mental Health Foundation legal officer; and Warwick Brunton, Chief Executive of the Bureau of Public Health and Environmental Protection at the Department of Health and member of the Department's Mental Health Act Review Working Party; at the legal issues stream of the Mental Health Foundation national conference, 1985. (From the Mental Health Foundation archive.)

With such a big programme, it was not surprising when the Foundation's post-conference evaluation found that perhaps too much had been attempted. Yet despite this, participants rated the conference highly, with the general feeling being that the conference had provided a valuable "interdisciplinary forum" and "the fact that there was a gathering of mental health workers at all was a triumph"[21]. A second conference followed two years later in 1987 providing another valued opportunity for those involved in the mental health field to take stock.

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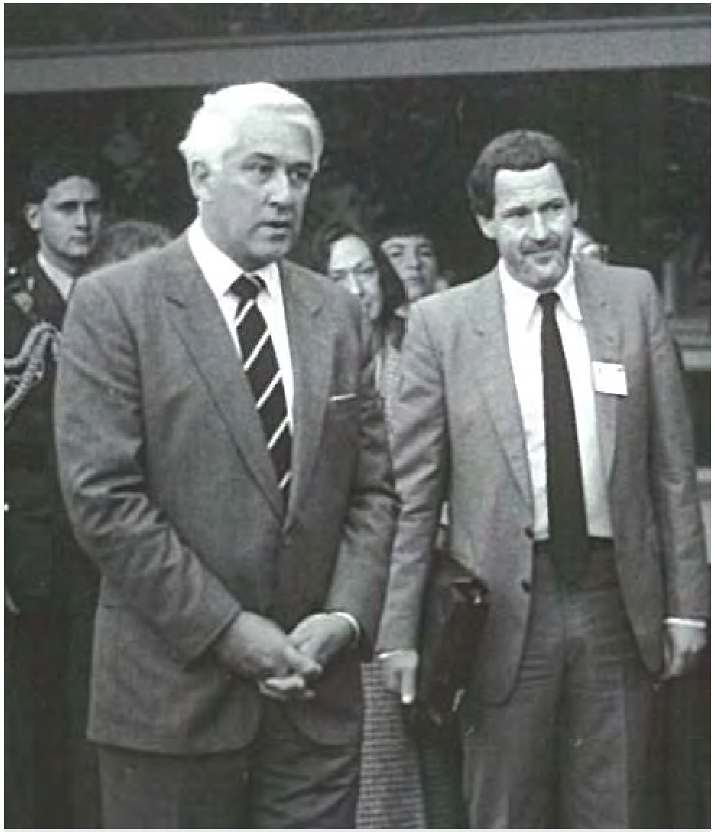
[21] *"Conference: Post-conference evaluation 1985"*, Mental Health News, *September 1985, (Mental Health Foundation of New Zealand: Auckland), p.12.*



His Excellency Sir Paul Reeves, Governor General and Patron of the Mental Health Foundation, and Dr Max Abbott, Foundation Director, at the opening ceremony of the Mental Health Foundation national conference, 1987. (From the Mental Health Foundation archive.)

World Congress for Mental Health

In scale, the 1989 World Congress for Mental Health, organised by the Mental Health Foundation on behalf of the World Federation for Mental Health, was the most significant of the early conferences, attracting around 1,100 people from 45 countries.

Set up in 1948, the World Federation for Mental Health is an international non-governmental membership organisation, aiming to advance the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health. At the time of the 1989 congress, the Federation had over 100 constituent members (such as the Mental Health Foundation) in 39 countries, plus 110 other affiliated groups such as university departments, psychiatric hospitals and special interest groups.

Held at the University of Auckland from 22 to 25 August 1989, the overall theme of "Mental Health — Everyone's Concern" reflected the congress's international nature and the topics it was to explore. Organised into eight theme-based streams, for any given time slot in the week participants had the choice of attending around 10 paper sessions and a similar number of workshops; a huge number of options that, for some participants, made it difficult to choose.

The Hon Helen Clark, Minister of Health (right), meets key delegates at the World Congress for Mental Health, 1989. (From the Mental Health Foundation archive.)

Dame Catherine Tizard, Mayor of Auckland (and later Patron of the Mental Health Foundation) addresses the World Congress for Mental Health, 1989. (From the Mental Health Foundation archive.)

Mental Health Foundation staff members running a bookstall at the World Congress for Mental Health, 1989. (From the Mental Health Foundation archive.)

Mary O'Hagan, coordinator of Psychiatric Survivors (established while Mary was based at the Mental Health Foundation offices) and member of the World Congress for Mental Health planning team. (From the Mental Health Foundation archive.)

The themes were:

- Global issues: exploring the effects of global instability on mental health.
- New public health: focusing on preventing mental ill health.
- Mental health services and alternatives: an overview of mental health services worldwide.
- Drug dependence and disorders of impulse control.
- Cross-cultural issues: addressing mental health in relation to people from different cultural backgrounds, including a particular focus on biculturalism and mental health service provision.
- Traumatic stress studies and victimology, including refugee concerns.
- Legal and consumer issues.
- Research.

Through the congress, the Foundation and practitioners throughout New Zealand had opportunities to build valuable networks, explore fields of practice and tap into the experience of mental health colleagues worldwide. Overall, the impressions of the congress by staff and participants were of how enjoyable the event had been. The Foundation had not only pulled the congress off, it had done so well, placing itself squarely as a player on the international mental health stage.

The congress was also influential in ways not directly affecting the Foundation. Its structure and themes influenced subsequent congresses in Mexico, Japan, Ireland, Finland, Chile and Canada. In addition, two movements — the international user and survivor movement, and the women's network — gained significant impetus from the congress and developed in reach and scope.

Mary O'Hagan, the coordinator of Psychiatric Survivors (a consumer advocacy and self-help organisation which she set up while based at the Mental Health Foundation offices) was a member of the congress planning team, and used the congress to germinate the idea of a new international user and survivor organisation.

With consumer representatives at the congress from Australia, the United States, Britain and New Zealand, it was too good an opportunity to let pass. Mary recalled[22]:

> *We were provided with a room where we shared ideas and experiences with our peers from other countries, especially the United States and Australia. As far as I know, this was the first occasion on which an international collection of service users did any serious talking about establishing a worldwide service user network. We didn't get very far on this occasion but our discussions sowed the seed for future activity.*

Sylvia Bell, Mental Health Foundation legal officer; Dr Barbara Disley, Deputy Director (and later Director); and Board Member Mrs Reo (Bubbles) Munro, at the Women's Networking Meeting, World Congress for Mental Health, 1989.

The emerging user and survivor network was intended to sit parallel to the World Federation for Mental Health, and after two years of information sharing and networking, Mary was asked to facilitate further meetings at the next world congress in Mexico in 1991. The World Federation

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[22] *Written memoir of Mary O'Hagan, provided for the purpose of this history, 2001.*

Dell Braun (later Coyte), long-term Mental Health Foundation staff member. (From the Mental Health Foundation archive.)

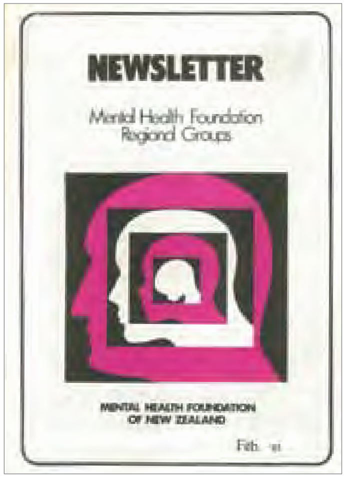
of Psychiatric Users (subsequently renamed the World Network of Users and Survivors of Psychiatry) was launched at that congress with Mary elected as its first Chairperson.

The second movement, the women's network, had been initiated at the earlier 1987 world congress. The 1989 congress meeting was attended by 70 women from 15 countries, including a large New Zealand contingent, with the need for women's only programmes and the right of women to have access to women counsellors and advocates within institutions among the many topics discussed. Recommendations from the network forwarded to the World Federation dealt with issues such as enabling women to move into positions of power in the mental health field, providing services that were appropriate for women, assisting women from the third world, and the under-representation of women of colour in all aspects of the congress and Federation.

Resources and publications

The Foundation's appointment of a Community Education Officer (Dell Braun) in 1982 marked the beginning of what was to become one of its most enduring and fastest growing services — the national information service and resource centre.

Dell's role involved establishing and running "a resource



Selected covers of Mental Health Foundation newsletters including: Newsletter: Mental Health Foundation Regional Groups (published 1982 — 1984); Mental Health News (1984 — 1996); Mental Health Quarterly (1996 — 1998); News & Views: Newsletter of the Mental Health Foundation (1998 — 2000), and Mindful: The newsletter of the Mental Health Foundation (2001 — 2003); and a cover of the journal Community Mental Healjth in New Zealand, published by the Mental Health Foundation 1984 —1996. (Images from the Mental Health Foundation archive.)

centre and consultancy service for community groups, regional associations affiliated with the Foundation, and professionals working in the community mental health field. It would contain material pertaining to all areas of mental health and a filing retrieval system allowing for resources on a certain topic to be easily collated"[23].

Initially, kit sets of resource materials (brochures, fact sheets, videos, cassettes, research papers and articles) were put together to support the Foundation's key work areas. Kit sets compiled in 1982 covered ageing, postnatal depression and unemployment, and new brochures were developed about depression, marriage break-up, unemployment and the Foundation's role.

A broader range of materials was also amassed, including articles, research papers, journals, books, videos and audio cassettes on subjects such as anorexia nervosa, agoraphobia, alcohol abuse, menopause, child abuse, drug abuse, unemployment, depression and postnatal depression. Requests for information started coming in as soon as the centre opened its doors. In 1983, the centre was already handling 150 requests a month, and by 1994 this had risen to 1,100.

In addition to making other authors' publications available, the Foundation quickly turned to producing its own. Reports, books and conference proceedings were published, and in 1984 the Foundation's bi-monthly newsletter Mental Health News (replacing the earlier *Newsletter: Mental Health Foundation Regional Groups*) was founded, with its journal *Community Mental Health in New Zealand* following shortly after.

Mental Health News soon proved to be an important tool for the Foundation, used to disseminate information about mental health matters nationwide and promote its activities. Articles on diverse mental health-related matters were sourced from staff, Board members and outside contributors, and circulation soon exceeded 3,000 copies, with stories picked up by mainstream journalists providing a further means of promotion.

Mental Health News was replaced in 1996 by *Mental Health Quarterly* which was itself replaced by *News & Views: Newsletter of the Mental Health Foundation* in 1998, followed by *Mindful: The newsletter of the Mental Health Foundation* in 2001. *Mindful* was the last of the Foundation's printed newsletters, ceasing circulation in 1993. Shortly afterwards the Foundation began producing *MindNet*, an online newsletter about mental health promotion.

The journal *Community Mental Health in New Zealand,* which continued until 1996, was more academic in tone. Produced by the Foundation twice a year it aimed to "stimulate research and discussion on community mental health issues, especially in the area of prevention, mental health promotion and education, community services,

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[23] *Written memoir of Dell Coyte, provided for the purpose of this history, 2003.*

political and legal issues relating to mental health, the epidemiology of mental ill-health, issues surrounding deinstitutionalisation, and multicultural issues in mental health"[24]. Although more in depth and scholarly than *Mental Health News*, the journal was widely read not only by academics but by other people in the mental health sector, and was intentionally written with a minimum of jargon to facilitate communication.

Superhealth Basic — community health promotion

The resource centre not only held and responded to requests for resources it also actively promoted those it considered particularly valuable. Superhealth Basic was a prime example of this approach.

Developed by Associate Professor John Raeburn and long-time collaborator Joan Atkinson, the Superhealth Basic programme aimed to bring health promotion to the community. John had received one of the first Telethon grants for research into a community approach to the primary prevention of mental ill health. Over a period of 12 years a suite of Superhealth community programmes were developed, including Superhealth Unstress and Superhealth Basic.

The Foundation's role in Superhealth Basic was to promote and disseminate the programme, which consisted of a six-session course covering the most up-to-date approaches to health promotion. It followed a small group format, with participants setting up to three personal lifestyle goals they would like to achieve, and attending sessions on healthy eating, exercise, relaxation and stress management. A resource kit distributed to groups included audio tapes, an instruction manual, handouts, diaries, relaxation tapes and evaluation forms.

Superhealth's popularity was far greater than anticipated with the resource centre distributing hundreds of resource kits nationwide before the programme ended in 1995. The relaxation tape (later converted to CD) remained a much requested item.

Working with schools

Given its emphasis on promoting mental wellness, health education and promotion in schools was a natural area of involvement for the Foundation. Early work included working closely with the Department of Education's curriculum development section to revise the health syllabus, helping the department develop a stress management unit for students, working as part of the

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[24] *Ibid.*

National Youth Council to produce a suicide prevention booklet and a kit-set for secondary schools, and publishing resources produced by teachers, counsellors and others working in the education field.

One of the Foundation's initial school resources, developed in 1983, was a lesson programme for secondary schools on changing attitudes towards people experiencing mental illness. Over the years, the programme was redeveloped to reflect emerging knowledge and research, and was eventually incorporated into the *Mental Health Matters* teaching resource when this was developed in 1994.

Other teaching resources included a unit for primary schools on television violence; a kit-set on ageing, designed originally for senior citizen groups but adapted for use in secondary schools; and lessons for primary and intermediate schools based on the *Have Crisis — Can Cope* campaign materials.

In 1985, the Foundation also oversaw the development of a major school resource on peace education, with input from Tony Atkinson from International Physicians for the Prevention of Nuclear War. Designed to be part of the social studies syllabus, the materials included units on communication skills and non-violent conflict resolution.

Mixing with the media

Throughout the 1980s a huge amount of Foundation work and energy went into developing its relationship with the media.

The Foundation was, in many ways, a product of the media, having received a dramatic boost through the Telethon. It was dependent on media coverage to raise and maintain its own profile and that of the projects it was involved in, and actively courted the media through press releases, media kits and invitations to key events. The Foundation wanted community exposure and debate, and as a result consistently made itself available to comment on mental health-related matters.

But there was risk involved in this media exposure, in that the potential for distortion or misinterpretation could impact negatively on the Foundation's public profile and its ability to fundraise. Max Abbott wrote[25]:

> *The Foundation has had to work closely with the print and broadcast media. Our tight financial situation precluded the use of public relations campaigns, paid advertisements or sponsorships … This meant that we had to make use of opportunities provided by news and current affairs …*
>
> *The Foundation has a high media profile relative to its size [which] has had both benefits and costs …*

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[25] *M. Abbott, "Editorial: Doors close, new doors open"*, Mental Health News, *Winter 1991, (Mental Health Foundation of New Zealand: Auckland), p.3.*

> *Close involvement with the media, although essential to our effectiveness in some areas, has its downside. It gives the impression that the organisation is larger and better off financially than is in fact the case … This probably inhibits our ability to raise funds, and it also gives a distorted image of the work of the organisation.*

In his opinion, the news media had "trouble with shades of grey", and tended to focus on the more sensational aspects of the Foundation's work, rather than addressing the complex issues and events that are the norm in the mental health field. Much of the Foundation's work — generating and providing information, and working quietly alongside the community to promote mental health — never got reported[26].

Overall however, the Foundation's relationship with the media was a positive one, with Foundation staff working alongside local and national media to "bring once hidden problems out of the national closet and into the open where they can be discussed and dealt with[27]".

On leaving the Foundation in 1988, Deputy Director Dr Hilary Haines reflected on the importance that working with the media had among the Foundation's achievements[28].

> *What really stands out is that we pushed mental health issues into the media all the time. We built up a reputation for being able to provide informed comment when asked and when necessary put the media in touch with other commentators. The treatment of mental health issues in the papers has greatly increased; we now receive calls daily from the media. I feel this area has been our biggest achievement in terms of impact.*

Television violence

Not surprisingly, one area where there tended to be tensions with the media was with respect to the Foundation's campaign to reduce the levels of violence screened on television. Here, instead of working with the media, the Foundation took on the role of watchdog.

Television violence had been identified as a priority for the Foundation when it reviewed its activities in 1981. Its concern stemmed from surveys about the amount of time children spent watching television and the amount of violence they were exposed to as a result. Of particular concern was what the research was saying about the link between televised violence and "real life aggression"[29].

The Foundation became involved in the debate after comments by the Director-General of the Broadcasting Corporation of New Zealand were reported, suggesting that "television violence is harmless and perhaps even beneficial"[30]. The Foundation issued press releases and supporting information presenting the opposite view — that television violence was associated with real-life violence

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[26-27] *Ibid.*

[28] *D. Braun "Interview with Hilary Haines",* Mental Health News, *March 1989, (Mental Health Foundation: Auckland), p.10.*

[29] *M. Abbott, "Television violence: A proactive prevention campaign", in* Improving Children's Lives: Global Perspectives on Prevention, *G.W. Albee, L.A. Bond, & T.V. Cook Monsey (eds), 1992, (Sage Publications Ltd: London).*

[30] *"'Harmless' TV violence claim rejected",* New Zealand Herald, *4 October 1982.*

— and a "sharp" exchange followed through the media and private correspondence between the Foundation, the Broadcasting Corporation and Television New Zealand.

The Foundation decided that instead of relying on international research to make its case, it needed to collect local data of its own, and from this the first Media Watch survey was born. In November 1982, trained volunteers collected data about the levels of violence being screened on New Zealand's two television channels, and the findings were published in the 1983 report *Violence on Television.*

The Foundation had anticipated that the report would be the starting point for further discussions with the Broadcasting Corporation, but instead the reaction to it played out in the media. Director Max Abbott recalled:[31]

> *The Corporation [claimed that the Foundation's] concern was directly primarily towards such beloved Muppet characters as Miss Piggy and Kermit … The national morning radio news began: 'The TV Muppets have been labelled 'violent' by the Mental Health Foundation. Now Kermit, Fozzie, Miss Piggy and the gang, with some other television cartoons like the Pink Panther, are among the programmes to be reviewed by the Broadcasting Corporation for their scenes of violence. The Mental Health Foundation report claims that they contain high levels of violence likely to cause violence in society.' …*
>
> *[In fact] the Foundation made it clear in the report that its major concern was with more realistic portrayals of violence by heroes in police, crime and action-adventure.*

The Foundation managed to receive subsequent media coverage "that presented the material in a more accurate and balanced way", but later chose to pursue a new strategy, shifting its focus to "politicians, professional and community organisations and members of the general public"[32] who could in turn lobby on the issue. It launched a concerted campaign of public information and education, advocacy and lobbying, and in 1986 jointly hosted a national conference on entertainment violence with the New Zealand Foundation for Peace Studies. The Media Watch survey became a regular fixture, repeated periodically until 1995.

In 1995, "as a response to ongoing public concerns about violence on television, the Government introduced a Broadcasting Amendment Bill, which sought to strengthen the standards regime to make it more user-friendly and responsible to the public"[33]. The bill became law in 1996.

Reductions in violence were observed during the 10-years that the Media Watch survey ran, and Foundation staff felt the surveys contributed toward this[34]. Research Director Geoff Bridgman attributed the reduction observed in the last survey to "the weight of evidence against television violence, public pressure for less violence on television, and more respect for the evidence from people within television."[35]

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[31] *M. Abbott, "Television violence: A proactive prevention campaign",* in Improving Children's Lives: Global Perspectives on Prevention, *G.W. Albee, L.A. Bond, & T.V. Cook Monsey (eds), 1992, (Sage Publications Ltd: London)*

[32] *Ibid.*

[33] *B. King, G. Bridgman, P. Smith, A. Bell, A. King, S. Harvey, C. Crothers & I. Hassall,* Television Violence in New Zealand: A study of programming and policy in international context, *2003, (Auckland University of Technology, Centre for Communication Research: Auckland).*

[34] *Interviews with Max Abbott and Geoff Bridgman, for the purpose of this history, 2008.*

[35] *G. Bridgman,* Turning Away From Television Violence: The 1995 media watch survey, *1995, (Mental Health Foundation of New Zealand: Auckland).*

Dell Braun (later Coyte) at the Entertainment Violence in a Peaceful World conference, jointly hosted by the Mental Health Foundation and the New Zealand Foundation for Peace Studies in 1986. (From the Mental Health Foundation archive.)

Writing in 2004 the Television Violence Project Working Group noted that “periods when reductions were recorded were preceded by public and political concern about TV violence and various forms of engagement between major stakeholder groups”[36]. The shift in public attitudes occurred alongside official calls for levels to be reduced, in particular by the Royal Commission on Broadcasting in 1986 and the Roper report on the Ministerial Committee of Inquiry into Violence in 1987.

Sticker produced by the Mental Health Foundation urging New Zealanders to reject television violence (undated). (From the Mental Health Foundation archive.)

Making not watching

At times the Foundation put aside its role as television watchdog and crossed instead to the realm of producer when it partnered with the television industry to make documentaries on mental health themes.

As with many of the Foundation’s activities these documentaries had the dual function of raising public awareness on mental health issues and supporting an environment of promotion through prevention. During the early 1980s documentaries were broadcast on unemployment (*The Right To Be Idle:* 1981), depression in older people (*A Good Age:* 1982), postnatal depression (*When the Bough Breaks:* 1982), stress management (a series of five 20-minute programmes that included relaxation exercises: 1983) and Alzheimer’s disease (*The Silent Epidemic:* 1984).

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[36] *Television Violence Project Working Group,* Towards Precautionary Risk Management of TV Violence in New Zealand: The report to the Minister of Broadcasting of the Working Group for TV Violence Project, *April 2004, (Working Group for TV Violence Project: Wellington).*

Although the Foundation continued to contribute to television programmes after the mid-1980s, its active role in production was over. By then, the Foundation had a sufficiently high public profile that it was able to make itself effectively heard through the media in other ways.

All of the Foundation's programmes attracted good audiences and, as had been intended, generated debate. Most were accompanied by education campaigns, and the resource centre was kept busy producing and providing materials for service providers, community groups and individuals seeking more information. In the case of the documentary on unemployment, the Foundation also staged a national seminar for politicians, government officials, employers, unions and unemployment rights groups, to discuss the issues raised.

Postnatal depression

One of the Foundation's documentaries — *When the Bough Breaks* — focused on postnatal depression. At the time, postnatal depression was a relatively common, but typically undiagnosed and hence untreated, form of depression. A co-production between the Mental Health Foundation and Limelight Productions, *When the Bough Breaks* was a dramatised documentary following the experience of a young mother who developed postnatal depression. Screened in October 1982, the drama explored many of the common issues and effects surrounding postnatal depression — unrealistic expectations of and lack of support for motherhood, social isolation, lack of attachment, distress and despair — and sought to fill the information vacuum that surrounded it so that communities and service providers could respond more effectively.

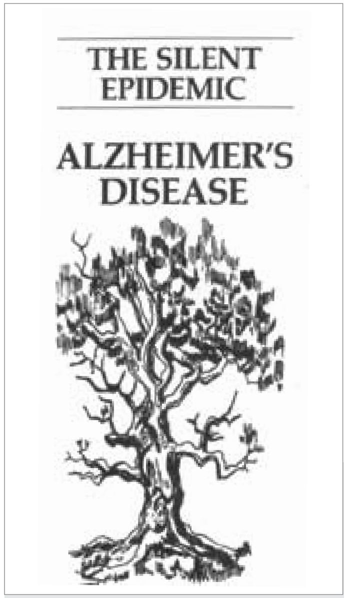
The documentary was just the start of the Foundation's work on postnatal depression. Having raised public awareness, the Foundation came to be seen as something of a representative about it and, in addition to providing standard support materials, staff ran workshops and presented papers at national and international seminars and conferences.

The Foundation continued working in this way for several years until specialised support groups and organisations were established and services improved. Beyond this it continued to produce resources on the subject, with its leaflet on postnatal depression becoming one of its most sought-after publications.

Making older people a priority

Although the mental health of older people had been a Foundation priority since 1981, in 1983 it was decided more needed to be done.

In 1982, the World Health Organisation had focused on the



Cover of an Alzheimer's disease pamphlet produced by the Mental Health Foundation. (From the Mental Health Foundation archive.)

health needs of older people and the Foundation had helped to set up the 60s-Up Movement, a national body to identify and advocate for the health and related needs of older people. By the end of the year, 60s-Up had over 500 members, a five-fold increase from its first meeting in May. The Foundation had also provided research and funding for a documentary, *A Good Age Special — Depression*, which followed the progress of two older people diagnosed with depression.

Yet despite these developments the Foundation remained concerned at the way older people were being treated, or neglected, in New Zealand. Many older people were living in isolation, experiencing loneliness, boredom, and rejection. Depression in older people was common but largely untreated as many practitioners and communities saw it as an inevitable part of ageing.

The Foundation disagreed[37]:

> *These mental health problems are not a result of ageing, they are a consequence of attitudes about ageing and the position of elderly people in our society ... A large number of old[er] people suffer because of the way our society regards and treats them. While many are involved in their communities and lead a life that is meaningful and satisfying, others feel the weight of cruel stereotypes, loneliness and enforced retirement. Most of these people are not suffering from mental illness but their quality of life is diminished — they are living below their full mental health potential.*

In the Foundation's view, older people's mental health required the immediate attention of policy makers, health professionals, and the public. To get the ball rolling, it decided to make the mental health of older people its top priority for 1984, with a particular emphasis on Alzheimer's disease and related disorders.

The Silent Epidemic, a television documentary produced in association with Northern Television was screened in July. Highlighting the need for more comprehensive medical and social services for Alzheimer's patients, and the importance of support for families and caregivers, the programme stimulated a great deal of interest. Anticipating this, the Foundation had prepared extensive support materials and was kept busy fielding requests from the public, professionals and the media.

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[37] *"Elderly top priority in '84"*, Otago Daily Times, *14 October 1983, p.16.*

Marie Hull-Brown, long-standing Mental Health Foundation staff member. (From the Mental Health Foundation archive.)

Subsequently, staff became involved in setting up a caregivers' support group and national Alzheimer's Disease and Associated Disorders Communication Network, initially in Auckland, then around the country as interest spread.

Positive Ageing

The best age
is the age you are

Setting goals and
making action plans

PLANNING

Health

Cover of Positive Ageing pamphlet produced by the Mental Health Foundation. (From the Mental Health Foundation archive.)

Other activities included publishing a needs assessment and survey of psycho-geriatric and social services in Auckland, and a nationwide tour by American authorities on Alzheimer's disease with attendant workshops, meetings and press conferences in nine major centres.

Later in the decade, a new concern emerged in the form of elder abuse and neglect. Once again the Foundation pushed the issue into the spotlight, and a staff member joined

Auckland's Elder Abuse and Neglect Resource Team, one of five pilot services funded by Lottery Aged Grants in 1992.

In subsequent years the mental health of older people continued to be an area of active involvement for the Foundation, in particular through the work of Project Manager for Older People, Marie Hull-Brown. It remained represented on the now well-established Resource Team, and helped to organise and run regular workshops, conferences and education programmes on issues affecting older people's mental health and wellbeing.

Legal process, rights and law reform

As an advocate, critic and watchdog, the Mental Health Foundation's attention was always tuned into the legislation and legal processes underpinning New Zealand's mental health system.

Submissions to central Government and commissions of inquiry, media releases, research, articles, books, conference streams, advocacy and lobbying all came within the Foundation's law reform remit, and over the years, legislation concerning accident compensation, the health commissioner, broadcasting, liquor licensing, children and young persons, gambling, health and disabilities, funding for mental health services and public health, victims rights, unemployment, and violence were all subject to the Foundation's scrutiny and comment.

In 1982, the Foundation and the Legal Information Service jointly established the Task Force on Revision of Mental Health Legislation. In addition to Max Abbott and Hilary Haines from the Foundation, original task force members included Tim McBride from the University of Auckland Law School, Eve Hessey from Auckland Teachers College, and Justice Department psychiatrist Rachel Maule. There were also several consultant members, including the Foundation's recent ex-Patron Sir Guy Powles.

The taskforce's two major tasks were "making submissions to government departments with regard to the review of mental health legislation; and producing a report on N.Z. mental health law and legal reforms in other countries and their possible bearing on the local situation."[38]

With respect to its first task, the status and credibility of the task force's members meant that it quickly came to be viewed as the "strongest advocacy group in the country" with regard to mental health law[39].

In discharge of the second task, the task force commissioned John Dawson to produce a report on mental health law reform, and in February 1984, the Foundation published the 488 page result, *Towards Mental Health Law Reform*[40]:

> *The Report considers the current legal position of informal, committed and special patients and patients detained for treatment for alcoholism or drug addiction in New*

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[38] *M. Abbott, J. Dawson, H. Haines, E. Hessey, T. Mc Bride & R. Maule,* Towards Mental Health Law Reform: Report of the Legal Information Service / Mental Health Foundation task force on the revision of mental health legislation, *1983 (Mental Health Foundation of New Zealand: Auckland).*

[39] *Interview with John Dawson, for the purpose of this history, 2008.*

[40] *"Revision of mental health legislation",* Newsletter: Mental Health Foundation Regional Groups, *February/March 1984, (Mental Health Foundation of New Zealand: Auckland), p.8.*

> *Zealand. Recent changes in the law in other countries are considered, particularly in Australia, Canada, the UK and the US. Each section of the report concludes with recommendations for reform of the law. The task force concludes that the present laws are beyond amendment and should be replaced.*

At the time the report was ground-breaking. While its content was not "highly original" in that it largely "synthesised other people's material" its approach of "bringing to bear on the New Zealand situation the academic writing of North America and elsewhere"[41] was novel and timely. Much was already being done overseas, but in New Zealand reform was overdue, with very little having been written about it.

Towards Mental Health Law Reform provided a solid base for the Mental Health Foundation's future work in mental health law reform. After the report, the Foundation also appointed John Dawson as its first Legal Officer and he started work on another issue — the committal process.

The committal process, as it operated in the early 1980s was of major concern to the Foundation and other task force members. Hearings were felt to be inadequate, rubber-stamp affairs, where the views of psychiatrists were endorsed without challenge and patients were given negligible chance to be heard. Only a fraction of patients had legal representation at hearings. Committal was indefinite, with no end date fixed at the hearing and no right of automatic review.

The committal process, as it was applied in the upper North Island, was to be the focus of the study. John Dawson recalled[42]:

> *This was a large and intensive study of the civil committal process at Carrington, Kingseat, Oakley and Tokanui hospitals … [The work also involved a tour with Judge Dan Finnigan] of the country's mental health facilities, inquiring into how committal proceedings were conducted in other parts of the country.*
>
> *I'd often get calls to go to Kingseat at about one hour's notice where some unfortunate person would be committed at a hearing lasting about a minute, before Justices of the Peace who were so frightened of the patients that they weren't prepared to be in the same room alone with them without nurses being present.*
>
> *The publication from this study exposed the very inadequate committal processes followed at that time, and the very poor quality of the hearings … The inadequacies of the committal process were so manifest at that time that it was sufficient to describe what was occurring and the attitudes of the participants to it, and let the data speak for itself.*

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[41] *Written memoir of John Dawson, provided for the purpose of this history, 2002.*
[42] *Ibid.*

Dr Ruth Black, founding Mental Health Foundation Board member; Sir Guy Powles, inaugural Foundation Patron; Dr Geraldine McDonald, founding Board member (and later Chair of the Board); and Mrs Reo (Bubbles) Munro, Board member; at the launch of the report Towards Mental Health Law Reform *in February 1984. (From the Mental Health Foundation archive.)*

The study's report *The Process of Committal* was published in 1987. By that time the Foundation was taking an active interest in the revision of the Mental Health Act 1969, work that would continue into the next decade. The report's findings gave the Foundation the data and leverage it needed to insist that "more rigorous procedural fairness" around committal should be part of the revised Act. The task force (and Foundation's) stance was that "no person should be admitted to a treatment facility unless it is the least restrictive treatment setting for that person"[43].

In 1987, Sylvia Bell succeeded John Dawson as the Foundation's Legal Officer and representative on the task force. *In Mental Health News* in 1988 she described the context in which reform was being pushed for[44]:

> *The legislation itself cannot be viewed in isolation. It must be placed in its proper social and legal context, including the history of neglect and inadequate funding of psychiatric services, recent revelations of abuses of patients' rights, the high incidence of Māori people among committed patients, and the absence of effective legal and lay advocacy services available to psychiatric patients among others.*

The Mental Health Act 1969 had been officially under review since 1983 when the Department of Health (where former Foundation Chair Basil James was now the Director of Mental Health) called for submissions. There was a lot of concern in the field about the archaic nature of the Act, and one of the major recommendations of the 1982 Oakley Committee of Inquiry into the death of a patient had been that the Act should be reformed. Yet the changes required were complex and progress slow.

When the new bill was released for scrutiny in late 1987 it contained several elements that the Foundation supported[45]:

> *Provisions in the new Bill that the Foundation endorses involve the greater emphasis on patients' rights, including*

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[43] *Written notes of Wensley Willcox, provided for the purpose of this history, 2003.*

[44] *S. Bell, "Significance of the Mental Health Bill",* Mental Health News, *February / March 1988, (Mental Health Foundation of New Zealand: Auckland), p.9.*

[45] *"Media release: New Mental Health Act", 10 December 1987, (Mental Health Foundation of New Zealand: Auckland).*

> *greater access to legal representation, notification of patients' rights, ready access to judicial scrutiny, and review by specially established Tribunals which will not be dominated by the medical profession.*

The Foundation made a submission on the draft bill, later presenting it at a social services select committee hearing in 1989. Max Abbott recalled how in its submission the Foundation "took a fairly strong patient rights perspective"[46], as well as a broader view, looking to remove excess medical dominance and introduce a more multidisciplinary perspective, and pushing for more emphasis on community services, which linked with its advocacy for deinstitutionalisation. The Foundation also had input into the new legislation through its joint task force membership.

Despite further delays, most of the changes the Foundation and task force sought were included in the new Act when it was passed in 1992. Some concerns remained, however, around issues such as community treatment orders (as it was felt there were inadequate services to support them) and patient advocacy services (which got caught up in other legislation and hence were delayed).

Alongside its work on the Mental Health Act 1969, the Foundation maintained its scrutiny of other legislation impacting on the mental health field.

In 1987, Sylvia Bell presented a lengthy submission on behalf of the task force to the Committee of Inquiry into Psychiatric Procedures. The committee was looking at the procedures used in certain psychiatric hospitals for people admitted and detained under sections of the Mental Health Act 1969 and the Criminal Justice Act 1985. Matters raised included concern at the number of times the latter Act had already been amended, the need for a patients' advocacy service to be established, issues of "treatability" for people transferred to psychiatric hospitals from prisons and the need for multidisciplinary review panels to look at these cases, concern around the concept of "dangerousness" and how it would be predicted, and the monocultural nature of existing laws[47].

All in all the 1980s was a definitive period for law reform. As former Legal Officer John Dawson recalled[48]:

> *We felt at the time that this was a formative period for mental health reform in New Zealand, particularly for law reform and for the integration of consumer perspectives into mental health service provision. And I think this has turned out to be so: that this was indeed a crucible; and it is a cause of great satisfaction that the Mental Health Act 1992 was eventually passed very much in the terms we had advocated …*

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[46] *Interview with Max Abbott, for the purpose of this history, 2008.*
[47] *Written notes of Wensley Willcox, provided for the purpose of this history, 2003.*
[48] *Written memoir of John Dawson, provided for the purpose of this history, 2002.*

Making the case for patients

At times, the Foundation's law reform activities led to more hands-on involvement. Ensuring that patients had legal representation at committal hearings, and the need for independent patient advocates, were two such examples.

Research for the Foundation's 1987 book, *The Process of Committal*, had found that people had no right to automatic legal representation at committal hearings. Exact figures were uncertain, but few patients managed to secure representation: accessing legal aid was a barrier, as was a shortage of suitably experienced lawyers.

In response, the Foundation worked with the Auckland Law Society to set up training and a roster for lawyers who were "able and willing to act in committal hearings and review proceedings"[49]. Funded mainly by civil legal aid, the system worked well, leading to "increasing acceptance within the medical and legal profession of the right of patients to be represented at all legal hearings which affect them"[50], and continued until it was incorporated as a provision in the new Mental Health (Compulsory Assessment and Treatment) Act 1992.

Similarly, through its research into mental health law reform and the committal process the Foundation formed a clear opinion on the need for a truly independent advocacy service for psychiatric patients. Although Area Health Boards could provide district inspectors and official visitors to deal with patients' complaints and inquiries, "a picture was emerging that these people were unable to function effectively as patient advocates due to the part-time nature of the work and case overload"[51].

The Foundation took up the cause. Advocacy services in Canada and Australia were scrutinised for a workable model, and several sessions at the Foundation's 1987 biennial conference were devoted to aspects of a potential service. The largest mental health conference held in New Zealand to date, it featured a strong contingent of consumer representatives, enabling much headway to be made.

With the reform of the Mental Health Act 1969 still ongoing, the Foundation pushed for it to include better provision for independent advocacy (beyond the extended role of district inspectors and official visitors being proposed). However, when the bill appeared in late 1987, little provision had been made.

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[49] *B. Disley & J. Abernethy,* Setting up an Advocacy Programme: A policy and procedures manual, *1990, (Mental Health Foundation of New Zealand: Auckland).*
[50] *Ibid.*
[51] *Written notes of Wensley Willcox, provided for the purpose of this history, 2003.*

Then, in late 1988, Auckland Area Health Board funded the Foundation to set up a pilot independent patient advocacy service at Kingseat Hospital. The pilot was the first paid professional advocacy service in New Zealand and Janine Abernethy and Isaac Samuels were appointed as the first advocates, working independently of both the health board and the officers appointed under the Mental Health Act 1969.

Foundation Legal Officer, Sylvia Bell, oversaw the project and explained how[52]:

> *The advocates will aim to assist patients to speak out about their rights and needs. But their duties will in fact extend beyond this. They will also investigate inquiries and complaints of individual patients and their families, and refer patients to appropriate services. Another function will be to ensure that they are available to patients, not only on a daily basis but also at weekly ward meetings, actively promoting information and advertising the advocacy service. Any violation of patients' rights will be reported to the appropriate authorities*

The Kingseat service was well received and in 1990 the Foundation published a "how to" manual for setting up advocacy programmes based on what had been learned. The service continued, eventually moving out from beneath the Foundation's umbrella in 1991 to become, over time, the Health Advocates Trust.

Fundraising

Underlying all of the Foundation's mental health focused activities was a lower profile, but equally important, strand of work — fundraising. From when the strategic decision was made post-Telethon that the Mental Health Foundation of New Zealand was here to stay, the question became how to make it sustainable.

Some Telethon money had been invested to provide ongoing operational funding, but as the Foundation grew other sources of income were required. Fundraising became increasingly necessary both to meet the costs of special projects and to cover day-to-day operations. At times the going was tough, with the Foundation's profile as a grant-giving body making it difficult for people to understand how it could require funds of its own. Limited tax breaks for donations and less of a philanthropy tradition than was

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[52] *S. Bell, "Guest editorial: Advocacy — a step forward",* Mental Health News, *March 1989, (Mental Health Foundation of New Zealand: Auckland), p.3.*

found in other countries also made raising funds hard.

By the end of 1985, the Foundation was warning that its activities would have to be curtailed unless more funds could be raised. Although more than $40,000 had been raised that year from donations, bequests, publications and other fundraising activities, this was barely a sixth of the Foundation's operating expenditure for the period[53].

> *Although the Foundation has expanded its range of activities in recent years and has a high media profile, in real (inflation adjusted) terms its expenditure on mental health activities has declined considerably and will continue to decline unless it can generate more income. The Foundation's main source of income continues to come from interest on money initially raised by the 1977 Telethon … With the exception of one year (1983), expenditure has exceeded income with the difference being withdrawn from capital. Inflation combined with erosion of capital has meant that additional sources of income must be found if the Foundation is to carry through its 1986-1990 programme.*

A fundraising task force was set up, and a substantial and increasing amount of Board and staff time began to be dedicated to devising and bringing to fruition ways to raise money. A direct mail appeal went out; information about fundraising was routinely included in *Mental Health News;* more funds were raised through the resource centre (some resources were provided free of charge with requests for donations while others were charged for); a list of donors was built up and material sent to lawyers and undertakers regarding wills and bequests; and numerous funding bodies were approached for grants whenever the opportunity arose. So much work was involved that in 1988 the Foundation employed a staff member (Sharlene Wong) specifically to take care of fundraising matters.

Some approaches were more successful than others, but often (as it had been with the 1977 Telethon) the Foundation was amazed and touched by people's generosity. An example was when, in 1990, the Governor General His Excellency Sir Paul Reeves (who had become the Foundation's Patron in October 1988) arranged for the Foundation to receive donations from the first open day of his official residence. Guests included past and present Board members, Foundation supporters, and business and corporate executives. The day was "highly successful as a fundraiser."[54]

The end of the grants

Alongside fundraising, another shift driven by the Foundation's need to live within its means, was the Board's decision in March 1986 that it would no longer make grants to other organisations. The Foundation had allocated over $2.6 million to date from the capital and interest from the original Telethon funds, and applications for small grants

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[53] *"MHF directions",* Mental Health News, *December 1985, (Mental Health Foundation of New Zealand: Auckland), p.8.*
[54] *Written memoir of Max Abbott, provided for the purpose of this history, 2001.*

would continue to be accepted up until October 1986, but after that the remaining invested funds would be used solely to fund the Foundation's own operations.

By October, the Foundation was estimating that $100,000 a year would need to be raised from the public alone, if its activities were to continue without curtailment. In contrast to its early years, the Foundation would now have to put extra effort into sourcing grants from the Government and other grant-giving bodies: "The Foundation is having to draw on its past experience as a funding body to develop grant applications to ensure its own viability. The helpers now need help."[55]

This was not as simple as it seemed. While in recent years the Government had introduced several new sources of funding for the type of community mental health initiatives that the Foundation had given grants to in the past, in an ironic twist, these schemes did not "extend to the Foundation's own work in the areas of prevention, public education, coordination, providing information, resource materials and research back-up for self help and voluntary groups, and advocacy for mental health issues at the national level"[56].

Taking a new tack

In 1985, the Foundation's Board repeated its strategic planning exercise of four years earlier, re-examining the current issues in mental health and using these to decide what its key activities should be for the next five years.

Once again the list was extensive, reflecting the diverse areas where it was felt the Foundation's input was needed. Some areas, such as television violence and psychiatric patients' rights, were already established work streams carried over from previous years, while others, such as neighbourhood support schemes and Pacific peoples' mental health, were new, reflecting changes in society and evolving national awareness. Some areas that had previously been considered priorities, such as postnatal depression, no longer featured, again largely in response to changing community needs and the advent of specialised services that in the interim had stepped in to fill the gap.

Top priority was given to community education and de-stigmatising mental illness. "Ignorance and prejudice" it was felt "still abound", while stigma was holding people back from seeking help and was "one of the barriers to the allocation of needed resources to mental health services"[57]. Affording them priority would involve "intensified efforts with the media, schools and community groups"[58], including further developing the Foundation's resource

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[55] *"M.H.F. funding: Foundation funding winds down"*, Mental Health News, *May 1986, (Mental Health Foundation of New Zealand: Auckland), p.15.*
[56] *Ibid.*
[57] *M. Abbott, "MHF directions: Mental Health Foundation: New directions and challenges"*, Mental Health News, *December 1985, (Mental Health Foundation of New Zealand: Auckland), p.8.*
[58] *Ibid.*

Mental Health Foundation priorities 1986 to 1990

- Community education on mental health matters.
- Breaking down the stigma of mental illness.
- Mental health of the elderly.
- Māori and Pacific peoples' mental health.
- Encouragement and support for local mental health associations.
- Mental health needs of people caring for dependent adults.
- Health education in schools.
- Positive coping skills projects.
- Violence in society.
- Domestic violence.
- Needs of discharged psychiatric patients.
- Child abuse (physical, sexual, emotional).
- Self-advocacy for psychiatric patients and ex-patients.
- Television violence.
- Unemployment.
- Rape and sexual abuse.
- Psychiatric patient's rights.
- Neighbourhood support schemes.

centre, publications, videos and other educational materials.

At this time there were also changes in personnel and, shortly after the new priorities had been set, Andrew Hornblow's term as Chairperson came to an end. He was replaced by Dr Geraldine McDonald, an internationally acclaimed educationalist who had been a Board member since 1979 and Deputy Chairperson since 1984.

The two years of Geraldine's term were a time of rapid expansion for the Foundation, to the extent that in 1986 a Deputy Director was required. Dr Hilary Haines, who had joined the Foundation in 1981 as Research Officer, was appointed to the position. A rash of appointments in 1987 and 1988 saw staff numbers almost double, although most of the new positions were part-time. Research Officer, Self-help Clearinghouse Coordinator and Fundraising Officer were a few of the new positions created. Lady Vaughan Fletcher continued as honorary accountant, volunteering two and sometimes up to four days of her time every week to keep the Foundation's finances in order.

Dr Geraldine McDonald, Chair of the Mental Health Foundation Board 1986 — 1988, with Dr Max Abbott, Foundation Director 1981 — 1991. (From the Mental Health Foundation archive.)

Bruce Hosking replaced Geraldine as Chairperson in 1988 having joined the Board in 1984 on the "tail-end of the distribution of the Telethon money as a member of the Allocations Advisory Committee"[59]. With a background in accountancy and four degrees to his name, when he became Chairperson he was a Continuing Education Officer at the University of Waikato, and was actively involved in several voluntary organisations in mental health and other fields. Serving as Foundation Chairperson until 1992,

Dr Hilary Haines, Mental Health Foundation Deputy Director 1986 — 1988 (and previously Research Officer). (From the Mental Health Foundation archive.)

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[59] *Written memoir of Bruce Hosking, provided for the purpose of this history, 2002.*

Mr Bruce Hosking, Chair of the Mental Health Foundation Board 1988 — 1992. (From the Mental Health Foundation archive.)

Bruce found that among the many satisfactions of the role one of the greatest was "working with the Board itself to assist it to become bicultural – with the beginnings, then strengthening of the Māori Caucus – and then become multicultural"[60].

Another governance change in the late 1980s was Board restructuring. By now, most of the Telethon money (which had required a large Board to safeguard it) had been distributed and the organisation's annual income was much reduced. A smaller Board was considered to be more efficient and effective, and in 1989 the Board's size was almost halved to not more than 18 and not less than 12 members. The requirement for the Board to include four ex-officio members (traditionally the academic heads of department of psychology or psychiatry from Otago, Christchurch, Wellington and Auckland) was also removed, and the Foundation's objects redrafted into a more modern style.

Violence and victims

The Foundation had the opportunity to launch straight into its newly adopted priority area of societal violence when the Minister of Justice the Hon Geoffrey Palmer announced in April 1986 that there was to be a Ministerial Committee of Inquiry into Violence. Chaired by Sir Clinton Roper, the inquiry's subsequent report came to be known as the Roper Report.

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[60] *Ibid.*

Violence in itself was not a new area for the Foundation; rather, it was the idea that New Zealand society was growing increasingly violent, within the context of an increasingly violent world, which the Foundation believed warranted renewed attention. Its submission to the committee of inquiry focused on the impact of violence on victims[61].

> *The basis of the Mental Health Foundation's interest in the prevention of violence is a concern for the victim. Victimisation by violence, whether it be sexual violence, violence in the family or violence from a stranger, can have long term negative consequences for mental as well as physical health.*

Topics raised by the Foundation were broad, reflecting the scope of its involvement and concern. Sexual violence, child abuse, domestic violence, violence against the elderly and in institutions, prevention, rehabilitation, victims and cultural issues were all put forward as areas warranting investigation.

The report when it was released found that "violence and violent crime are significant social problems" in New Zealand, and made "well over 100 specific recommendations in a wide range of areas" towards resolving the problem and creating a "more gentle society"[62]. While supporting the report's findings, the Foundation was of the view that the plethora of recommendations would mean that politically high-profile law and order measures would be pushed ahead at the expense of "the great bulk of the social measures where real effects can be anticipated"[63].

A positive development was the passage of the Victims of Offences Act in 1987. A Victims Task Force was set up in the same year to implement the Act, with Foundation Director Max Abbott as one of its members. The task force, among other things, provided funding for coordinators to enable victim support groups to be set up.

Then, in 1989, the Mental Health Foundation, in association with the task force, New Zealand Police and Department of Justice, held a seminar on community approaches to crime prevention and victim support. This was followed in 1992 by a national seminar on the prevention of violence and victims of violent crime, this time co-hosted by the Mental Health Foundation and the Auckland Institute of Technology. In an attempt to maintain accountability for the official response to the Roper Report, the seminar developed a stock take on which of the report's recommendations had (or hadn't) been achieved.

The outcome was disheartening with participants expressing "concern that the recommendations of the Roper Report had not been adequately implemented by statutory and other agencies. A call was made for the reconvening of the Roper Committee or similar time-limited body to evaluate the report's implementation and highlight areas

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[61] *"The prevention of violence: Submission to the Ministerial Committee of Inquiry into Violence from the Mental Health Foundation of New Zealand", 1986, (Mental Health Foundation of New Zealand: Auckland).*
[62] *M. Abbott, "Peace at home — the Roper Report",* Peacelink, *June 1987, p.12.*
[63] *Ibid.*

where special efforts are required”[64].

While in some areas of interest to the Foundation (such as sexual and child abuse, and victims rights) it was felt that some headway had been made since the report, in other significant areas, such as media violence, unemployment and violent offending, it was felt, it had not[65].

Refugees

Another of the Foundation’s new priority areas to receive immediate attention was refugee mental health. In 1986, the Foundation, along with the Interchurch Commission on Immigration and Refugee Resettlement, convened a seminar in Wellington on the welfare of refugees living in New Zealand. At the seminar, concerns were expressed about services and support available to refugees, and a recommendation made for a national conference.

Preparations took two years, but in May 1988, the Foundation, the Interchurch Commission and the Department of Health held the first national conference on refugee resettlement and wellbeing.

The conference provided a much needed forum for refugees and people working with them to openly express and discuss their concerns. Guidelines and recommendations were developed for government and other agencies to improve the situation of refugees living in New Zealand, including the urgent need for a clinic to treat trauma and torture victims.

The Foundation also organised for two of the conference’s key note speakers, Dr Richard Mollica and Mr James Lavelle (both from the Indo-Chinese Psychiatry Clinic at St Elizabeth’s Hospital, Massachusetts in the United States) to conduct a week-long tour of centres with large refugee communities. Both speakers were international authorities

Dr Richard Mollica and Mr James Lavelle, Clinical Director and Programme Director, respectively, of the Indochinese Psychiatry Clinic, St Elizabeth’s Hospital, Massachusetts, and holders of academic positions; keynote speakers at the 1988 refugee mental health conference. (From the Mental Health Foundation archive.)

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[64] *“Press release: Violence reduction framework released”, 4 March 1993, (Mental Health Foundation of New Zealand and Auckland Institute of Technology: Auckland)*

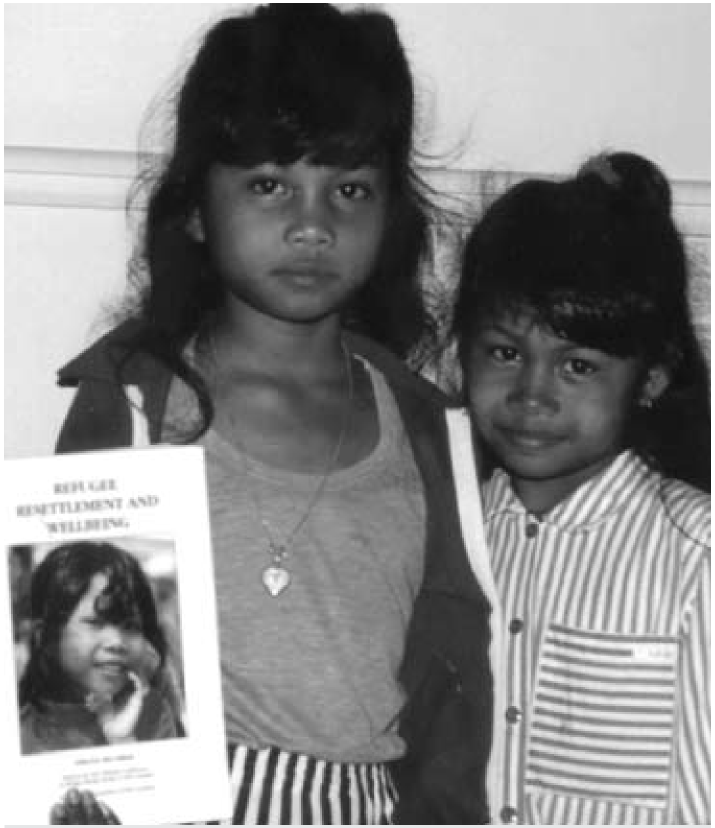
[65] *P. McGeorge, “Towards a gentler society: Reflections on the Roper report 1986”, in* The Prevention of Violence and Victims of Violent Crime: Volume II: The unedited papers of the national seminar hosted by the Mental Health Foundation of New Zealand and the Auckland Institute of Technology, Monday 30 November — Wednesday 2 December 1992, *1992, (Mental Health Foundation of New Zealand: Auckland).*

on refugee mental health and experts in diagnosing and treating mental health disorders associated with torture and other forms of severe trauma.

Within two months of the conference, a national action group was formed. Made up initially of members from the conference planning committee, including Foundation Director Max Abbott, the idea was that eventually these members would be replaced entirely by representatives from New Zealand's refugee community.

The action group's purpose was three-fold: to set up a national body to promote the welfare of refugees living in New Zealand; to follow up, in particular with government departments and ministers, on the many recommendations made at the conference; and to provide a national networking role for emerging regional refugee committees in Dunedin, Christchurch, Wellington, Hamilton and Auckland.

In fulfilment of its purpose, the national group disbanded after a few years, with its functions eventually largely replaced by the Refugee Council of New Zealand and the Refugees as Survivors centres in Auckland and Wellington.



Children at the launch of the Mental Health Foundation publication Refugee Resettlement and Wellbeing; *an event hosted by Deputy Prime Minister the Rt Hon Helen Clark, on 20 March 1990. (From the Mental Health Foundation archive.)*

Helping out self-help

Throughout the 1980s the Foundation saw its role as a catalyst for change, not as an on-the-ground service provider. Awareness raising, education, facilitation, advocacy, seeding grants and other set-up assistance all fell within its remit.

This approach was consolidated in 1987 when the Foundation set up its national Self-help Clearinghouse. Targeted at self-help initiatives and groups around the country, the Clearinghouse would not only provide information and referrals for existing groups, it would promote the concept and development of new self-help groups. Celine Kearney was appointed as its first coordinator.

The Clearinghouse proved very popular, working organically with the Foundation's other work areas to spread information and foster groups. With the growth of the internet, it was eventually absorbed into the Foundation's resource and information service, with information permanently available on the Foundation's website and a weekly bulletin to subscribers about new information, resources and forthcoming events.

Aims of the national Self-help Clearinghouse

- To collect and disseminate information about individual self-help groups.
- To collect and share information about ways groups can tackle problems.
- To hold information about alternative health resources.
- To provide some direct practical resources, such as printing facilities, meeting rooms and starter grants.
- To create networks and coalitions between groups and facilitate the entry of new groups to networks.
- To foster skills of individual group members and create ways of sharing these with other groups.
- To link groups to professionals and enable them to contribute to professional education.
- To offer support to groups as they begin, when they are undergoing change and, for groups that come to a natural end, when they close.
- To work with individual professionals, enabling them to work constructively with groups.
- To advise on self-monitoring and evaluation for groups.

Consumer movement

In 1986, moves to set up a consumer movement in New Zealand (which would give psychiatric service users a voice regarding their mental health needs and care), were described as “embryonic”[66].

At the time, stereotypes about people with mental illness remained strong and people who had, or currently used, psychiatric services faced significant limitations in terms of their social interactions, employment and economic prospects, and quality of life. The considerable stigma around mental illness made it difficult for consumers to move on. There were also more immediate implications of entering the mental health system. As Mary O’Hagan, founder of consumer advocacy organisation Psychiatric Survivors, summed up the situation[67]:

> *In many countries mental health service users are deprived of our right to humane treatment for our distress. In every country we can be deprived of our right to refuse treatment. We are prescribed treatments, often without information about their damaging effects. Generally, service users have little or no power to determine our own lives or the services we use. Many are condemned to the intolerable multiple stresses of poverty, inactivity, low self-esteem, inadequate housing, isolation and exploitation.*

Not surprisingly, mental ill health and psychiatric distress were often kept secret by the people experiencing them and their families, depriving people of the support and services they might need.

In 1984, the Mental Health Foundation had sponsored Judi Chamberlin, a psychiatric survivor and international advocate for user and survivor rights to tour and speak in New Zealand. During her visit, Judi spoke on national radio about the “mental patients liberation movement”, as she called it. One of her listeners was Mary O’Hagan. Mary had herself experienced psychiatric distress and hospitalisation as a young woman, and on the road to recovery had set out on what became a lifelong journey to “understand and improve the circumstances of people diagnosed with mental illness”[68].

Mary had a natural ally in the Mental Health Foundation. She was a committee member on one of the Foundation’s earliest affiliated regional mental health associations, the Otago Mental Health Association, and in this capacity attended the 1985 Foundation conference in Wellington. Although she found the conference alienating, due to marked absence of a consumer “voice”, it was to be a seminal experience[69].

> *At the final plenary I got up and spoke. I told the conference how invisible and silenced I felt. I asked them why there were so few service users there. I made a plea*

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[66] *M. Abbott, “Consumer developments in New Zealand”,* Community Mental Health in New Zealand, *Vol. 3, No. 1, November 1986, (Mental Health Foundation of New Zealand: Auckland), p.19.*

[67] *Written memoir of Mary O’Hagan, provided for the purpose of this history, 2001.*

[68-69] *Ibid.*

> *for them to take our views seriously and include us in their discussions. And I made a pledge to myself to create an advocacy organisation run by service users. At that time there were no national advocacy groups run by and for people who use mental health services; the conference had shown me that a great gap needed to be filled.*

A couple of months later, Mary met with Max Abbott and Hilary Haines to ask for support for the initiative. They agreed to provide space in the Foundation's Parnell offices for her to set up and run her fledgling advocacy organisation. Mary recalls that they also "gave me something that was just as important … credibility and access to useful contacts at a time when a lot of people doubted the ability of service users to run independent initiatives"[70].

Mary worked from the Foundation's office from 1985 to 1988, in 1987 launching Psychiatric Survivors, New Zealand's first advocacy and self-help group by and for consumers. The organisation grew and late in 1988 shifted its base to Carrington Hospital, after the hospital's superintendent Dr Peter McGeorge agreed to make space in its social work department, so that an on-site advocacy and support service could be offered to the residents there. Other survivor groups sprang up around the country in Dunedin, Wellington, Palmerston North and Hamilton.

The Foundation also made sure that Mary's experience at its 1985 conference was not repeated by sponsoring service users to attend its own and World Federation conferences. At the 1987 Foundation conference, service users launched the National Psychiatric Users Network, which although it never got off the ground, was a precursor to setting up the Aotearoa Network of Psychiatric Survivors in 1989.

Towards a bicultural approach to mental health

The Foundation's lifetime has coincided with a period in which Māori concepts of health (including mental health) have become more widely recognised and understood in mainstream health circles. The Foundation's knowledge and practice has evolved alongside this process, but it has always placed great importance on its relationship with Māori and recognition of the Treaty of Waitangi.

The Foundation has been fortunate in this respect that eminent psychiatrist Mason Durie was a founding Board member. The working relationship that Mason formed in the 1980s with the Foundation ensured that it became an advocate for biculturalism, working hard to understand, practise and promote it, both within the organisation and in its work.

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[70] *Ibid.*

Professor Mason Durie, psychiatrist and founding member of the Mental Health Foundation Board. (From the Mental Health Foundation archive.)

Mental Health Foundation Community Education Assistant Wensley Willcox recalled the journey from an organisational point of view[71]:

> *[The Foundation followed its own advice ensuring that the Board included a] Kaumātua and a Māori Caucus … as well as providing training. The first hui for Board and staff was held on the Hoani Waititi Marae in 1986 …*
>
> *Treaty workshops have continued throughout the Foundation's history … The Foundation has always been an advocate for the importance of the Treaty of Waitangi and of accepting the unique place of Māori in Aotearoa / New Zealand … The booklet* Why the Treaty of Waitangi is Important *was one attempt to educate both the Foundation's own staff as well as its customers …*
>
> *Successive Executive Directors, Managers of the Resource Centre and the Health Promotion Unit, a key Research Director and others have held firmly to a bicultural vision. They have continued to publicise and articulate respect for uniquely Māori points of view and to advocate for Māori self-determination with regard to mental health issues.*

Many external organisations and individuals were slow to accept the need for alternative definitions and approaches, with proposals for new ways of doing things treated as challenges rather than opportunities for improvement[72]. As academic Jane Kelsey described the situation in 1988 with

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[71] *Written notes of Wensley Willcox, provided for the purpose of this history, 2003.*
[72] *Ibid.*

Mental Health Foundation Board and staff members at the first Foundation hui, held at Hoani Waititi Marae, 1986. (From the Mental Health Foundation archive.)

respect to the reform of the Mental Health Act 1969[73]:

> *In the current processes of law reform there is simply no room for questioning how Pākehā medical and legal concepts and practices of mental health and illness relate to those of Māori, and what more appropriate approaches may resolve such problems in a Māori way. Prevailing Pākehā concepts of health and law are unproblematically treated as universal . . .*
>
> *No attempts are made to involve a Māori perspective and assessment by tohunga [priest / expert] or to recognise mate Māori [Māori illness] in the committal and review processes, where the lawyers, judges, psychiatrists and doctors involved are almost always Pākehā.*

Yet within this national context the Foundation remained clear that it was essential for Māori "to define concepts of mental health and mental illness for Māori"[74].

At its 1985 national conference on the future of mental health services in New Zealand, speakers explored Māori perspectives of mental health. Participants asked the Foundation to look into the extent to which various health disciplines were reviewing their training to provide a bicultural perspective.

The outcome was a study by Max Abbott and Mason Durie of tertiary-level professional courses in health and health-related disciplines, which once published sparked comprehensive debate about the need to include taha Māori (the Maori dimension)[75] in health training. The study identified low levels of curriculum content and even lower levels of Māori student recruitment, retention and graduation, and highlighted the need for input from and liaison with Māori institutions. It also reconfirmed the need for a bicultural as opposed to multicultural approach, with biculturalism viewed as a prerequisite to the formation of a multicultural society.

On the heels of the study, the Foundation sponsored a national hui on Māori mental health in 1987, followed by a string of advocacy projects, and collaborative research, publications and conferences, all aimed at raising awareness of Māori mental health issues and addressing what was considered to be the paucity of written material on mental health issues from a Māori point of view.

Spreading the net — regional partners

Another way in which the Foundation sought to ensure it was representative of diverse perspectives was through its regional partnerships. Although essentially a national organisation with a nationwide brief, the Foundation had always considered regional input important to ensure that the voices and needs of New Zealand's different communities were properly understood and heard.

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[73] *J. Kelsey, "Biculturalism, access to justice and the Mental Health Act",* Community Mental Health in New Zealand, *Vol. 4, No. 1, 1988, (Mental Health Foundation of New Zealand: Auckland), p.28.*

[74] *Written notes of Wensley Willcox, provided for the purpose of this memoir, 2003.*

[75] *M.W. Abbott and M.H. Durie. "A whiter shade of pale: taha Maori and professional psychology training"* New Zealand Journal of Psychology, *1987, Vol 16, p.58-71.*

Regional and local mental health associations existed before the Foundation was set up and, once the Foundation had become established in its national role, several of them became affiliated with it. Although essentially independent organisations which existed to survey and bring about mental health goals specific to their communities, affiliation meant that the associations' work fed into that of the Foundation and was not lost at a national level.

Initially most of the associations were voluntary organisations, although some employed part-time coordinators and other staff. Membership drew from both health professionals and lay people, and the Foundation offered support in the form of liaison, access to educational materials and resources, a newsletter, and networking opportunities with other regional groups, national mental health organisations and the World Federation. Financial assistance for operational and travel costs was also provided.

Activities varied, although all of the associations shared the common feature of having goals and objectives consistent with those of the Foundation. Community liaison, advocacy and watchdog activities, support services, events, information services, and representation on health boards and other forums all formed part of the associations' work load, and ensuring sufficient funding for activities presented ongoing issues for all of them.

In 1986 there were eight regional associations, over time growing to 14. The relationship was always tenuous and when funding from the Foundation was unavailable, local groups struggled. Regular national meetings of regional representatives were held to discuss and coordinate activities, although attempts in the early 1990s to draw up an affiliation charter never reached fruition. Regional associations became less active throughout the 1990s as, for funding reasons they transformed into non-government organisation networks, and as alternative mechanisms for coordinating and communicating about developments in mental health sprang up. The last national meeting of regional representatives was held in Auckland in October 1997.

Moving on

The decade ticked over and in 1991, another changing of the Foundation's guard heralded the start of a new era for the organisation.

Director Max Abbott resigned, going on to become Dean of the Faculty of Health Studies at Auckland Institute of Technology (now Auckland University of Technology). He had decided that the time had come for him to pursue new challenges, and believed that "if the Foundation was going to survive long-term a different type of leader and manager was required"[76]. Although significant financial support

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[76] *Written memoir of Max Abbott, provided for the purpose of this history, 2001.*

and some degree of stability had been achieved for the organisation "it was evident that future financial viability would probably require the Foundation to further develop as a service provider with funds coming increasingly from service users and Government"[77] due largely to a changing social and political climate.

By 1991, the Foundation had a defined place in mental health and was here to stay. Its activities were in keeping with the vision of its original founders — that the Foundation would become "the hub of and catalyst for the emerging community mental health movement"[78]. The priority work areas identified by the Board in the early 1980s had continued to set the agenda for where the Foundation concentrated its energies, with a second strand of activity developing from mid-decade, as the Foundation increasingly focused on "mainstream psychiatric and mental health services and issues"[79]. Patients' rights and mental health law, patient advocacy, support for psychiatric consumer groups, and research into and quality assurance measures for psychiatric services all crept up the list. And alongside this, the Foundation continued to seek to identify "significant unmet or previously unrecognised mental health needs and place them on the social agenda so they receive attention from the wider community statutory agencies and Government"[80].

Contracts had recently been signed with the Department of Health that would provide 15 per cent of the Foundation's income for the year – "a breakthrough after many years attempting to secure Government funding"[81]. Other fundraising and investments had been established and a new constitution and policy framework for the coming three years had just been put in place.

After applications were invited, Dr Barbara Disley, who had been Deputy Director of the Foundation since 1989, took over the management reins as Director. Bruce Hosking had been Chairperson since taking over from Geraldine McDonald in 1988 and was to continue in position for a further year.

The Mental Health Foundation of New Zealand was all set to take on another decade, a decade that as it transpired was as full of change and fresh directions as the last.

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[77] *Ibid.*

[78] *M. Abbott, "Editorial: Doors close, new doors open"*, Mental Health News, *Winter 1991, (Mental Health Foundation of New Zealand: Auckland), p.3.*

[79-81] *Ibid.*

Mental Health Foundation offices in Securities House, Christchurch. (Courtesy of Ciarán Fox, Mental Health Foundation.)

Part Three

Evolve, Consolidate, Grow

As the Mental Health Foundation moved into the 1990s with new Director Barbara Disley at the helm, things had begun to shift at a national level — a shift that would eventually see a complete transformation in health service funding. At the beginning of the decade, however, these changes were still in their infancy, enabling the Foundation, at least initially, to continue the programme of work it had set for itself in previous years.

Barbara Disley came to the Foundation in 1989 with a background and PhD in special education. Joining as Deputy Director, she became Director in 1991 and remained in the role until 1996, when she left to become the first Chairperson of the Mental Health Commission[1]. In announcing her appointment as Director, Chair of the Board Bruce Hosking noted that Barbara brought to the position, "her unique background and experience in the field of education, several years experience with the Foundation and the right combination of advocacy and management skills"[2].

As Deputy Director, Barbara had already been influential in setting the Foundation's direction and focus, and the organisation had an existing work schedule mapped out that would require her ongoing guidance. Unemployment, gambling, depression and Māori mental health were all to re-arise as prominent issues in the early 1990s.

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[1] *Established in response to the recommendations of the 1996 Mason Inquiry into Mental Health Services, the Mental Health Commission was initially a ministerial committee with the role of reviewing and reporting on service provision in New Zealand, and providing leadership and direction through the Minister in respect of mental health issues.*

[2] *"New director appointed",* Mental Health News, *Autumn 1992, (Mental Health Foundation of New Zealand: Auckland), p.5.*

Dr Barbara Disley, Director of the Mental Health Foundation 1991 — 1996. (From the Mental Health Foundation archive.)

However, the Foundation was in a very different position than it previously had been. Although there was still capital from the Telethon, the investment did not return sufficient interest to continue the Foundation's work. Funding was tighter and there was a growing need to secure Government contracts, although even this was often insufficient to enable the Foundation to carry out the work it planned. (One of the most obvious symptoms of leaner times was that no new Deputy Director was appointed when Barbara became Director, with the position to "remain unfilled until it is established that the Foundation has the resources to operate within existing budget"[3].)

With a particular interest in organisational issues and mental health promotion projects[4], Barbara influenced not only the way the Foundation operated, but also the realms it operated in. Clear examples were the areas of youth mental health and suicide prevention, both of which grew as core areas for the Foundation under her direction.

Barbara later wrote[5]:

> *I look back on my time at the Foundation positively. I came into the organisation when we were hosting the 1989 World Congress on Mental Health, and left at a time when the Foundation was heavily involved in the development of educational resources for young people, and also looking to create more positive opportunities within schools for mental health issues to be recognised.*

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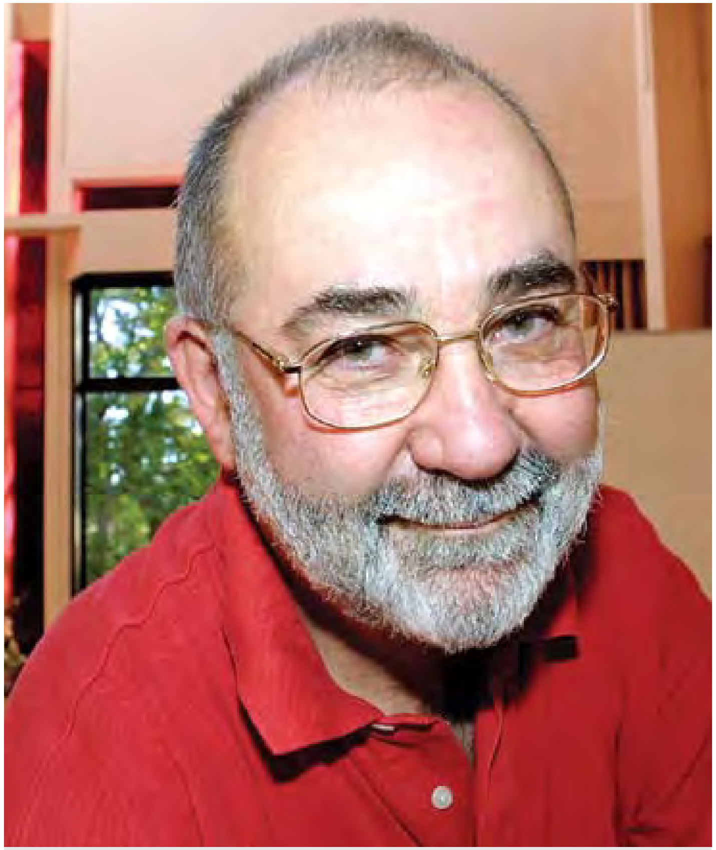
[3] *B. Disley, "Organisational development of the Foundation", 1992, unpublished paper.*
[4] *Interview with Geoff Bridgman, for the purpose of this history, 2008.*
[5] *Written memoir of Barbara Disley, provided for the purpose of this history, 2003.*



Kim Workman, Chair of the Mental Health Foundation Board 1992 — 1994. (Pictured in the Bay of Plenty Times, 2 June 2001; Image courtesy of APN / New Zealand Herald Archives; Photographer: Ross Brown.)

Mental Health Foundation Kaumātua John Turei (Foundation Kaumātua 1989 — 1995) at the World Congress for Mental Health, 1989. (From the Mental Health Foundation archive.)

Logo adopted by the Mental Health Foundation in June 1993. (From the Mental Health Foundation archive.)

> *Over those years, the Foundation was one of the few organisations that spoke out on behalf of its service users, and was an advocate and commentator about the quality and lack of mental health services. We raised awareness of some of the wider mental health related issues such as violence, the plight of refugees, the mental health concerns around gambling, and also the issue of depression and our society's unwillingness to acknowledge its extent.*
>
> *I today remain amazed at the amount that was achieved by the Foundation, which was at that stage a relatively small organisation with a small core of people who were dedicated to making a difference to the mental health of all New Zealanders.*

In 1992, Kim Workman became the Foundation's new Chairperson when Bruce Hosking resigned. A member of the Foundation Board since 1989, Kim was the Head of the New Zealand Prison Service, and had enjoyed a distinguished public service career spanning the police, ombudsman's office, State Services Commission and Department of Māori Affairs.

Also in 1992, the Foundation began developing its new logo, its first change in look since the original logo had been chosen in the run up to Telethon. The original logo had reflected the Foundation's concern with mental wellbeing from infancy to maturity. The new logo was to represent the Foundation's evolved focus, including its holistic health promotion and wellbeing philosophies, and the Māori and Pacific influences within the Board and in the work the organisation was involved with.

Developed under Kaumātua John Turei's guidance, the new red and yellow logo was adopted in June 1993. Barbara Disley introduced it in Mental Health News[6]:

> *The adoption of a new logo by the Mental Health Foundation is very significant for those of us associated with this organisation and for mental health services generally … Our new logo encompasses the cultural diversity of New Zealand / Aotearoa, acknowledging the importance of culture to mental health. The stylised hands symbolise for us the caring and nurturing that is so necessary for positive mental health … the stylised*

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[6] *B. Disley, "Editorial",* Mental Health News, *Spring 1993, (Mental Health Foundation of New Zealand: Auckland), p.3.*

> *flower represents peace and tranquillity … Overall, the new logo focuses our attention more broadly on health promotion and illness prevention; on people and communities. This is not new. The Foundation's mission since its inception has been the promotion of mental health and wellbeing of all New Zealanders …*

Keeping an eye on the law

In November 1992, the long-awaited Mental Health (Compulsory Assessment and Treatment) Act 1992 passed into law, replacing the Mental Health Act 1969 and heralding a new era for mental health law in New Zealand. Many of the provisions in the Act were as the Foundation had sought.

The new Act "substantially revise[d] the 'civil' side of mental health law, particularly the procedures followed and the review options available, during compulsory psychiatric admission and assessment"[7]. It emphasised treatment rather than detention, highlighted patients rights and cultural concerns, provided for review tribunals to be established and introduced a new definition of mental disorder, "which preclude[d] certain groups who would have fallen within the parameters of the 1969 Act"[8].

Yet despite the new Act being undoubtedly "less draconian"[9] than its predecessor, and despite at the time being essentially supportive of its provisions, for the Foundation some issues remained unresolved. One example was community treatment orders. While the Foundation had supported them, because they removed the need for individuals to be "incarcerated in institutions in order to be treated", it was nonetheless concerned that inadequate rehabilitative and support services were in place to enable them to be effective[10].

> *While the Foundation supports the concept of treatment within the community, it is essential that adequate funding be made available to ensure that the comprehensive needs of people with a mental illness are met … People must also be able to access emergency support services and 24 hours crisis care. They will need to have good housing and meaningful activities to occupy their day. Adequate provision of these services is just as important in gaining wellness as the provision of medication …*

With the Act's introduction, the Task Force on the Revision of Mental Health Legislation, was disbanded. This did not mean the end of the Foundation's law reform work, however. When amendments to the new Act were tabled in 1994, the Foundation had much to say.

The amendment was principally intended to close an unforeseen effect of the new legislation, whereby people with intellectual disabilities were excluded from the definition of mental disorder, and hence committal. Of

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[7] *J. Dawson, J. Anderson, S. McCarthy,* "New Zealand Law Society seminar: The Mental Health (Compulsory Assessment and Treatment) Act 1992", *1993, (New Zealand Law Society: Wellington).*

[8] *S. Bell, "Guest editorial: New mental health regime",* Mental Health News, *Spring 1992, (Mental Health Foundation of New Zealand: Auckland), p.3.*

[9] *"Media release: New mental health bill less draconian", 5 June 1992, (Mental Health Foundation of New Zealand: Auckland).*

[10] *Ibid.*

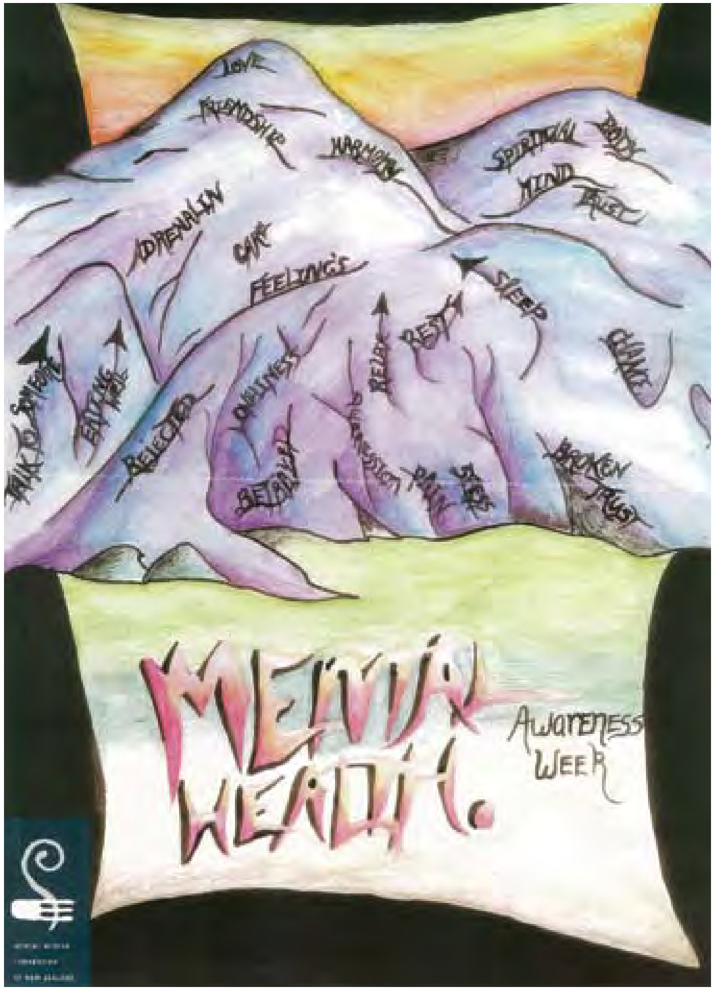
particular concern were the provisions asking psychiatrists to predict people's potential dangerousness or future propensity to offend, and the proposed extension of the definition of mental disorder to include serious intellectual disability and behavioural disorders.

Mental Health Awareness Week

1992 saw the advent of the first Mental Health Awareness Week, timed to coincide with World Mental Health Day (first held in 1991 and falling on 10 October each year). An initiative of the World Federation for Mental Health, the day aims to raise awareness internationally and focuses on a different mental health topic each year. In New Zealand, the Mental Health Foundation leads the week's activities, including providing resource kits on each year's theme and organising activities for World Mental Health Day.

Promotional material for Mental Health Awareness Week produced by the Mental Health Foundation over the years. This page: left, 2002 stickers (drawn by eight-year-old Alex Ventling); right, 2004 sticker. Next page: left, 1994 brochure cover; right, 1998 poster; (From the Mental Health Foundation archive.)


MENTAL ILLNESS AWARENESS WEEK
mental health foundation


LOVE
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BETRAYAL
PAIN
STRESS
BROKEN TRUST
MENTAL HEALTH.
Awareness WEEK

In May 1994, Foundation Director Barbara Disley and Board member Peter McGeorge appeared in front of the select committee reviewing the proposed amendments, to express the Foundation's concerns. They were not alone in their views and the proposed amendment bill was withdrawn, never passing the select committee stage, in the face of overwhelmingly negative submissions. The Criminal Procedure (Mentally Impaired Persons) Act 2003 was eventually enacted in its place to close the gap.

Problem gambling

The Mental Health Foundation had always considered compulsive gambling to fall within its sphere of interest. Although strictly classified as "a disorder of impulse control", compulsive gambling often goes hand in hand with other psychological disorders and its impacts extend far beyond the person involved, typically affecting family and friends and even workmates and acquaintances[11].

As the New Zealand Government moved to free up restrictions on gambling in the late 1980s (through amendments to the Gaming and Lotteries Act 1977 and the new Casino Control Act, which passed into law in 1990) the Foundation called for less haste and more consideration of the potential social implications. Concerned at what overseas research was showing about the correlation between gambling and social and mental health problems, the Foundation set out its position in a 1988 press release[12]:

> *The Foundation is not opposed to gambling per se. Rather, it is opposed to active Government promotion of gambling and an expansion of outlets which will generate mental health and social problems. The Foundation is also outraged that Government has not provided special funding from gambling revenue for the treatment of compulsive gamblers, public education and research.*

In 1991 the Department of Internal Affairs contracted Max Abbott, who worked in collaboration with international expert Dr Rachel Volberg, to conduct the first national study of the prevalence of problem and pathological gambling. The data showed that there were up to 32,000 pathological gamblers in New Zealand,[13] giving weight to the Foundation's concerns. This and other work quickly established the Foundation as an informed commentator on the issue.

The Foundation went on to play a role in establishing the Compulsive Gambling Society of New Zealand. The Society was set up in 1992 by Fraser McDonald and Max Abbott (both by then no longer with the Foundation), together with Ralph Guerdelan (who had been involved in establishing problem gambling support groups). Ralph became the Society's first Chief Executive, and Barbara Disley its first Chairperson.

Initially operating from the Mental Health Foundation's Parnell offices, the Society (with the assistance of a grant

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[11] *M. Abbott, "Address to the Compulsive Gambling Seminar Wellington" in* Seminar Papers from Addressing Compulsive Gambling Seminar 11 September 1992, *1992, (Department of Internal Affairs and Ministry of Health: Wellington).*

[12] *"Media release: Casino controversy", 12 January 1989, (Mental Health Foundation of New Zealand: Auckland).*

[13] *"Gambling in New Zealand",* Mental Health News, *Autumn 1992, (Mental Health Foundation of New Zealand: Auckland), p.26.*

from the NZ Lottery Grants Board) set up a telephone hotline to assist problem gamblers, to which there was an immediate response[14]. This was followed in early 1993 by two outpatient clinics in Auckland, providing face-to-face treatment and counselling. The Society moved out of the Foundation’s offices in 1994 (although the Foundation retained representation on its Board for a time) and later adopted its current name - the Problem Gambling Foundation of New Zealand.

Having fulfilled its catalyst role, in recognising a need and helping to set up an organisation and services to address it, the Foundation stepped away from hands-on involvement in problem gambling, although it continued to recognise its relevance as a risk to wellbeing for individuals, and their whānau / family.

Recurring themes

In 1993, the Foundation decided that there was again a need for practical resources on coping with unemployment, later that year publishing the booklet *What To Do When There Are Not Enough Jobs To Go Around*. The booklet matched key aspects of paid work — such as money, people contact, chances to develop new ideas, skills and interests, and a sense of purpose — with ideas about where to find substitute sources.

This was followed in 1993, by the study *What Have We Been Doing All Day?*, which looked at women’s life and work roles, including paid and unpaid employment. Envisaging a future scenario that would have “a positive influence on the mental health of women”, the study called for substantial changes to “the way we view work and the way in which benefits are accrued for work”[15].

A 1994 submission to the Prime Ministerial Task Force on Employment saw the Foundation advocating on behalf of the not-for-profit sector and jobless people. The submission highlighted that it was inappropriate to equate joblessness with failure to make a contribution to society, and the need to find ways to value and reward socially essential unpaid work.

Later in the decade, the Foundation’s interest in employment became more focused on the challenges and barriers to employment faced by people with experience of mental illness.

Another area to receive the Foundation’s renewed attention in the early 1990s was Māori mental health. Under a 1993 contract from Te Puni Kōkiri (the Ministry of Māori Development), Foundation Research Director Geoff Bridgman reviewed the data on rates of Māori admissions and readmissions to psychiatric facilities. The resulting report, *Ngā Ia O Te Ōranga Hinengaro Māori: Trends in Māori Mental Health*[16], highlighted a failure of treatment

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[14] *S. Sullivan, “Don’t bet on it: The gambling crisis hotline, a strong response for a ‘hidden’ disorder”,* Mental Health News, *Autumn 1993, (Mental Health Foundation of New Zealand: Auckland), p.21.*

[15] *B. Disley & W. Willcox,* What Have We Been Doing All Day?: Women’s work in New Zealand. What does work do for our mental health?: An overview of fact and opinion, *1994, (Mental Health Foundation of New Zealand: Auckland).*

[16] *Te Puni Kōkiri,* Ngā Ia O Te Ōranga Hinengaro Māori: Trends in Māori Mental Health: A discussion document, *1993, (Te Puni Kōkiri: Wellington; Mental Health Foundation of New Zealand: Auckland).*

for Māori. Elevated and escalating readmission rates, increasing first time admissions, and more diagnoses of psychotic illness (in particular of schizophrenia) were all worrying findings.

Inappropriate diagnosis was felt to be a major factor, resulting in unsuitable treatment. The data suggested "differences in the way mental illness was diagnosed and how services were delivered to Māori, Pacific people and Pākehā"[17]. A surprising observation was that Māori admitted to psychiatric hospitals or wards with schizophrenia had much shorter stays than Pākehā, suggesting that in many cases it may not be schizophrenia but something else[18]. Geoff Bridgman wrote:

> *At a recent Māori mental health hui [an expert] spoke of the many instances of mate Māori that he and his staff were observing in Māori with a prior diagnosis of schizophrenia. As these people were being identified by Māori services and being supported by tohunga, the remission of their symptoms was rapid and, in some instances, overnight … [Although] this is not to say that Māori do not get schizophrenia or do not need Western medication to control that illness.*

With the data showing a trend of Māori patients moving in and out of psychiatric hospitals at a high rate, it became clear that there was a need for services that would enable Māori patients to remain in the community[19]. A series of hui, held by the Foundation in conjunction with the Auckland Mental Health Association in 1994, aimed to address some of these issues, by persuading service providers to develop "culturally appropriate strategies in the community for Māori"[20]. Together, the report and the hui were important milestones in the development of independent Māori services.

The Foundation also produced Māori mental health resources. In 1995, a brochure entitled *Whakamōmori* was prepared for the Foundation, addressing postnatal depression for a Māori audience. A spin-off pamphlet on wider Māori concepts of depression was also produced. These were followed by a more comprehensive set of resources in 1998. Collectively titled *Ngā Kete O Te Aro Tangata: Baskets of knowledge to promote Māori wellness,*[21] the seven books were compilations of papers by respected Māori authors, addressing various aspects of Māori mental health from Māori perspectives.

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[17] *G. Bridgman, "Different paradigms, different services",* Mental Health Quarterly, *December 1996, (Mental Health Foundation of New Zealand: Auckland), p.6.*

[18] *Ibid.*

[19] *Interview with Geoff Bridgman, for the purpose of this history, 2008.*

[20] *A. Prichard, "Foundation news: Whaiora hui: Maramatanga (into the light): A hui on depression awareness",* Mental Health News, *Autumn 1994, (Mental Health Foundation of New Zealand: Auckland), p.4.*

[21] *Mental Health Foundation of New Zealand,* Ngā Kete O Te Aro Tangata: Baskets of knowledge to promote Māori wellness, *1998, (Mental Health Foundation of New Zealand: Auckland).*

Whakamōmori

How are you?
Feeling sad, tired, or unloved?

Postnatal Depression has not been a recognised concept in Māori Society. Whakamōmori is described as a deep-seated underlying sadness. More powerful than a (passing) 'feeling', Māori describe it as a process which, if left untreated, will lead to acts of desperation.

For Māori, depression does not necessarily stem from the same causes or exhibit the same features as it does for Pākehā.

Māori may look for different explanations for these feelings, for example:

mākutu
pōrangi
taurekareka

Cover of Whakamōmori, a brochure addressing postnatal depression for a Māori audience, and cover and inside panels of Māori Perspectives on Depression, both produced by the Mental Health Foundation. (From the Mental Health Foundation archive.)

Ngā Kete O Te Aro Tangata: Baskets of knowledge to promote Māori wellness

- Te Ao Pūmau: Standards and foundations of Māori society
- Te Aro Rangahau: Contemporary Māori mental health issues
- Te Aro Whānau: Family a cornerstone of Māori mental wellbeing
- Te Aro Kawa Whakaruruhau: Cultural safety in health
- Te Aro Tieke: Māori consumer and whānau rights for advocacy, health information and culturally appropriate service delivery
- Te Aro Ake: Māori mental health promotion
- Te Aro Takawaenga: guidelines for purchasing, research and policy development

(Booklets produced by the Mental Health Foundation.)

Busy middle years

In 1994, Kim Workman stepped down as Board Chair and was replaced by Associate Professor John Raeburn. John had been a Board member since 1989 and before that was one of the first recipients of a community research grant from Telethon funds for his work on a community approach to prevention of mental illness.

John, who described himself as a natural "doer rather than a Chair"[22], said when he accepted the position that he would "want to push an agenda of mental health promotion" in the Foundation. What he was proposing was a "more generic, community and health promotion approach"[23] than the Foundation had taken to date. He recalled that while the Board accepted his position, developments at a national level and "the wider socio-political environment meant that mental health promotion was not really a priority for the Board as a whole to pursue"[24].

John later wrote[25]:

> *We were in a period of ultra-corporate thinking (this was the era of new right politics at its height), and that sort of philosophy was starting to permeate the way the Board thought about its business. It was indeed the beginning of the era of contracting, and the funder-provider split, and, increasingly for financial survival, the Mental Health*

Associate Professor John Raeburn, Chair of the Mental Health Foundation Board 1994 — 1996. (From the Mental Health Foundation archive.)

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[22] *Written memoir of John Raeburn, provided for the purpose of this history, 2002.*
[23-25] *Ibid.*

> *Foundation had to purse the contracting route, and there was not a lot of mental health promotion among the contracts.*

Over the next few years these national developments would come to have an increasing impact on the Foundation's structure and areas of influence.

Another important change to occur under John's leadership, this time internally driven, was the Board's adoption of the three tikanga model of corporate governance. John, along with other Board members, was a strong supporter of a "more strong cultural emphasis in the Board"[26]. Reflecting broader social moves to make organisations and services more culturally responsive and representative, the model supported three separate caucuses representing Māori, Pacific and tauiwi interests.

In practice the new model meant that one day of the two-day Board meeting took place in the individual caucuses and one on usual Board business. In John's opinion the three tikanga model "did not work well for the Foundation's environment"[27], and it was eventually replaced in the late 1990s. It was an important step, however, towards cultural responsiveness, "and the goodwill we all felt towards making the Mental Health Foundation more bicultural (or tri-cultural) in its outlook was retained"[28].

John's term as Chairperson ended in 1996, when he also stepped down from the Board, although he continued to be involved in the Foundation's work.

New offices

February 1994 saw the second Mental Health Foundation office established, in Christchurch. Initially run as a pilot, with the support of the Canterbury Mental Health Association (whose assistance included unpaid work), the aim was to establish a model for regional delivery of community mental health promotion and education services and to develop projects to meet the needs of local people.

Gail Payne was appointed Regional Coordinator, operating at first from a friend's office. Her initial task was to establish the Foundation's work in the South Island including workshops, information and support, and delivering the Foundation's mental health awareness campaigns for the Canterbury community. She also played a key role in establishing a combined resource centre, later known as the Canterbury Mental Health Education and Resource Centre, comprised of the Foundation and five other organisations involved in community mental health.

In June 1994, the Resource Centre (and the Foundation) secured space in York House. Gail recalled that this was no easy feat, as the Centre "experienced a degree of prejudice from some tenants in inner city buildings in those early

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[26-28] *Ibid.*

Mental Health Foundation offices in Securities House, Christchurch. (Courtesy of Ciarán Fox, Mental Health Foundation.)

days. People were concerned about housing a mental health organisation in their building. It was hard work finding the right space that wanted us."[29]

Along with the six resident organisations, other community groups involved in mental health used the Centre for meetings and seminars. Shared facilities reduced overheads and enabled a wide variety of workshops and resources to be developed and offered. For a number of organisations it was their first office space, "making mental health visible and accessible in the community."[30]

In 1995, the Centre and Foundation moved offices to

mental health news

winter 1995

in this issue

Foundation Moved

to new Premises

Cover and inside page of Mental Health News, *Winter 1995, annoucing that the Mental Health Foundation's Auckland offices had moved from Parnell to Mt Eden. (From the Mental Health Foundation archive.)*

Securities House, where the Foundation continued to manage the Resource Centre until it became an independent charitable trust in 1998. The Foundation later took offices of its own on another floor of the building.

In 1995, the Foundation also shifted its Auckland office for the first time. The Parnell lease had expired, and conditions in the offices had been cramped for some time. The Foundation took larger premises in Valley Road, Mt Eden, where it stayed until 2002, when it once again needed to

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[29] *Email from Gail Payne, for the purpose of this history, 2008.*
[30] *Ibid.*

Mental Health Foundation offices in Eden Terrace, Auckland. (From the Mental Health Foundation archive.)

Mental Health Foundation offices in Education House, Wellington. (Courtesy of Rapai Te Hau, Te Roopu Pookai Taaniwhaniwha, and Jane Norman, Mental Health Foundation) find a larger space that was more accessible for people with impaired mobility, and shifted to its current location in New North Road, Eden Terrace.

Having successfully established a base in Christchurch, the Foundation's Wellington office was opened in 1999. The Foundation had long wanted an office in the capital, close to Government and policy makers and placing it more on the spot to influence mental health policy development.

Mental Health Advocacy Coalition

In November 1994, the Mental Health Advocacy Coalition, chaired by Foundation Director Barbara Disley, held its first meeting in Auckland.

Previously informally known as the National Mental Health Alliance, the Coalition had been several years in the making. The Foundation initiated the process in November 1986 when it convened a meeting of community mental health organisations concerned about the standards of psychiatric services and the needs of discharged patients. The formation of the group strengthened relationships between organisations and allowed the Foundation to canvass the views of the broader mental health sector. It also focused attention on fundamental issues that members agreed upon, such as the need for improvements in mental health services.

Various structures and purposes were mooted until ideas coalesced in 1994 around a proposal to provide united advocacy and combined mental health policy advice to the Ministry of Health. A contract was secured with the Ministry and, following a process to identify potential members who "would have wide credibility within the sector, have a strong consumer focus and who collectively would provide representation from the sectors"[31], representatives from organisations were approached and enlisted. The Aotearoa Network of Psychiatric Survivors, GROW (an organisation coordinating mental health support groups), the New Zealand Branch of the Royal Australian and New Zealand College of Psychiatrists, the National Association of Support and Housing Services for Mental Health (HOMES), the Association of Mental Health Nurses, the Schizophrenia Fellowship and the Mental Health Foundation were the founding members.

Other mental health organisations and service providers sought to join almost immediately, but because of the Coalition's untested nature, a decision was made to keep membership as it was for the first 12 months to "ensure consistency and consolidation within the group"[32].

The initiative proved successful, and the Coalition remained a vigorous contracted provider of sector perspectives and policy advice to the Ministry of Health. Over the years membership changed but continued to include diversely drawn members offering service provider, consumer, family /

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[31] *B. Disley, "Setting up a National Mental Health Advocacy Coalition",* Mental Health News, *Spring 1995, (Mental Health Foundation of New Zealand: Auckland), p.14.*
[32] *Ibid.*

whānau, cultural, psychiatric, general practitioner, mental health nursing, supported employment, and non-government organisation perspectives on mental health and related issues.

Current Foundation Chief Executive, Judi Clements (who also chairs the Coalition) described the Coalition as a "unique body in New Zealand in that it represents a broad range of interests"[33], meaning that it can both advise on, and identify, issues in the mental health sector. The Coalition also provides a much-needed opportunity for members to collaborate over issues and concerns, and through it the Foundation maintains a "continued advocacy role and ongoing contact with representatives of the four New Zealand consumer networks"[34].

Mental Health Matters and Mentally Healthy Schools

1994 saw the Foundation start work on *Mental Health Matters*, a mental health education resource for secondary schools, funded in part by the Ministry of Health.

The impetus for the resource grew out of earlier work by Barbara Disley and Carolyn Coggan on risk-taking behaviour in young people. An advisory group, convened by the Foundation from the health and education sectors, recommended a comprehensive mental health education programme targeting junior secondary school pupils (years 9 and 10). After two years of development and a limited trial run, *Mental Health Matters* was launched and later implemented in hundreds of New Zealand secondary schools.

Mental Health Matters provided students with an opportunity to discuss and become aware of mental health issues. Its particular significance lay in the recognition it gave to the importance of addressing mental health within the school curriculum.

A further resource was later developed for intermediate students, providing a lead-in to the secondary level programme, and the Foundation ran professional development courses for schoolteachers and counsellors on using the resource. When the Foundation later moved away from "programme-based" approaches to mental health promotion, however, its *Mental Health Matters* activities were reduced[35].

Following on from *Mental Health Matters*, was the *Mentally Healthy Schools* initiative. Again initially run by the Foundation as a small pilot, it required schools to not only implement *Mental Health Matters* but also to explore a whole-of-school approach to mental and emotional health. It aimed to have mental health understood as an essential part of wellbeing and to promote a wellness perspective. Students were encouraged to explore, with their peers, their perceptions and understandings of mental health, how their

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[33] *Interview with Judi Clements, for the purpose of this history, 2008.*
[34] *Ibid.*
[35] *Interview with Gail Fotheringham, for the purpose of this history, 2008.*

schools promoted and supported mental health, and what else needed to happen for them to feel emotionally safe at school. Staff discussed the same issues, enabling schools to compare the two perspectives.

Foundation staff member Pauline Dickinson, who was involved in developing and managing the programme, later reported that[36]:

> *Overall, Mentally Healthy Schools initiatives have emphasised the healthy development of young people and how settings and environments can be influenced to be more supportive of their mental health. Enhancing resiliency in schools relies on helping young people to enlarge their repertoire of problem-solving and social skills, which, in turn, will enhance their sense of self-efficacy and self-worth so that they are better equipped to cope with the challenges and stresses that life presents …*

Beginning in 1996, the *Mentally Healthy Schools* pilot lasted five years and covered eight campuses. Towards the end of 2001, the Mental Health Foundation produced its *Guidelines for Mentally Healthy Schools*, the result of nearly seven years' work since the initiative was first conceived in 1994.

Other mental health resources for schools published by the Foundation included *Change, Loss and Grief and Hikoi ki te Hauora – Journey to Wellbeing* (a programme to support young people as they make the transition from primary to secondary school), both of which were developed in response to teachers' requests for material. Later resources included *The Lost Bag and Natural High*, which use creative arts and drama to tackle alcohol and drugs issues for older teenagers, and *Headspin*, a music and arts-based antidiscrimination resource for those who work with young people.

In later years, the Foundation's focus shifted towards supporting education staff, so that they could provide positive role models for students. It also continued to work with other agencies in the education sector to promote whole-of-school approaches to fostering social and emotional wellbeing.

Pacific peoples' mental health

By the mid-1990s the Mental Health Foundation was growing increasingly concerned about Pacific peoples' mental health. Over-representation in psychiatric institutions, disproportion in the types of diagnoses, the young age of Pacific people entering the system and the appropriateness of services were all concerns.

In 1992, the Foundation's constitution had been expanded to include a requirement that its Board should have at least one member who was a Pacific person, and during the mid-1990s at least two members identified themselves in

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[36] *Written memoir of Pauline Dickinson, provided for the purpose of this history, 2001.*

this way. Yet despite this input the Foundation recognised that, as an organisation, it was relatively unfamiliar with Pacific concepts of mental health and decided to form a Pacific Nations Advisory Committee to help delineate its role. The group drew together representatives from the Tongan, Samoan, Niuean and Cook Islands communities, most of whom worked in health or mental health. Its recommendation was that the Foundation should appoint a worker to map awareness of mental health issues in Pacific communities, and find out if providing pamphlets and other materials in the various Pacific languages would be helpful.

In late 1994, Roine Sinia Lealaiauloto was employed as the Foundation's Pacific Community Liaison Officer, a role that was to prove interesting but challenging.

One of the initial hurdles Roine had to overcome was reluctance within Pacific communities to discuss mental health. Early on Roine reported[37]:

> *For many of our communities, issues relating to mental health and mental ill health are not receiving the attention they demand. The word 'mental' is so stigmatised amongst our general Pacific Island community … what needs to take place is a shift into a more positive frame of reference. We need to work in partnership with our communities to come to a culturally acceptable reference to mental health and its related issues.*

Translation was also an issue, due to its capacity to distort information.

For the Foundation it was clear that, with respect to promoting mental health, Pacific communities must map their own experiences and ways forward.

Roine's role was varied and included providing input into Foundation strategy, policy and activities, attending national and regional meetings on the Foundation's behalf to provide a Pacific perspective, building networks with communities, and writing about Pacific peoples' mental health issues and concepts for *Mental Health News.*

As a result of her consultation with Pacific communities, "some very distinct areas of concern, and therefore priority" emerged[38]. A cultural advocacy service for Pacific consumers, assistance for Pacific consumers' families, provision of culturally appropriate residential care, and more accurate statistical and clinical information linked to recording of ethnicity were all on the list. An overriding concern was that "because the real status of Pacific peoples' mental health is unknown, their mental health will continue to be overlooked and any … commitment from the Government in the future will be reactive rather than proactive in nature"[39].

Roine's contract ended in 1997, causing considerable disappointment among some of the communities she had

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[37] *R. Lealaiauloto, "Pacific island news",* Mental Health News, *Autumn 1995, (Mental Health Foundation of New Zealand: Auckland), p.8.*
[38] *R. Lealaiauloto, "Setting the priorities in Pacific islands people's mental health",* Mental Health News, *March 1996, (Mental Health Foundation of New Zealand: Auckland), p.18.*
[39] *Ibid.*

worked with. Opinions were aired that the Foundation had abandoned its commitment to Pacific peoples' mental health[40], although from the Foundation's perspective, the commitment remained.

In common with many other organisations, the Foundation was involved in ongoing learning about how to best meet the needs of diverse communities. Over time, recognition had grown of the challenges that mainstream organisations and their staff faced when working for and on behalf of Pacific and Māori communities. There had also been an increase in resources available for dedicated Pacific and Māori organisations, as funding bodies began to give preference to their services over mainstream ones.

The Foundation continued to be involved in Pacific mental health issues, preferring to work in partnership with Pacific organisations that had the expertise, contacts and depth of understanding needed to be truly effective. The same model was used in relation to Māori mental health.

Refugees as Survivors Centres

In 1995, years of work to set up a refugee mental health service came to fruition with the opening of the Refugees as Survivors Centre in Auckland. An action group chaired first by Max Abbott and later Barbara Disley had been working since 1988 to get the Centre up and running. Extensive consultation about what the Centre could and should provide had been carried out and funding from the Regional Health Authority was eventually forthcoming in late 1994.

The Refugees as Survivors Centre was opened in February 1995 by Her Excellency Dame Catherine Tizard, Governor General of New Zealand and Patron of the Mental Health Foundation. The Foundation was contracted to run it.

Offering "an assessment, counselling, referral and support service to refugees who have experienced torture or trauma", with bilingual support workers employed "so that assessments and ongoing services can be delivered in full consideration of the cultures, beliefs and experiences of those using the services", the Centre was a "small but significant beginning"[41]. It saw its role as providing "a safe and trusting environment for traumatised refugees, which allows each person to develop and grow, restoring meaning and purpose to their life"[42].

The Centre was far from secure, however, with responsibility for refugee issues at a national level remaining problematic and a sense of vulnerability flavouring its early days. As Barbara Disley reported in 1995[43]:

> *Even with the service established, debate around funding for refugee services is not clear. Additional allocations at a national level have not been made to ensure that this vulnerable group has its needs met.*

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[40] *Written notes of Wensley Willcox, provided for the purpose of this history, 2003.*
[41] *B. Disley, "Editorial: Refugees in New Zealand",* Mental Health News, *Autumn 1995, (Mental Health Foundation of New Zealand: Auckland), p.3.*
[42] *Written memoir of Tina Mullard, provided for the purpose of this history, 2001.*
[43] *B. Disley, "Editorial: Refugees in New Zealand",* Mental Health News, *Autumn 1995, (Mental Health Foundation of New Zealand: Auckland), p.3.*

In 1996 extra funding enabled a social worker and another counsellor to be employed, and the Wellington Regional Health Authority also contracted the Foundation to set up a Centre in the capital. By 1997, the Foundation felt that the Centres, thanks to manager Chris Jane's efforts, were sufficiently autonomous to become an independent body, and a charitable trust was set up to manage them.

From the outset, there was significant demand for the Centres' services. The Auckland Centre saw around 150 new clients annually in its early years, growing to 200 annually after a few years. On top of this, around 1,000 clients came to the Centres for follow-up therapy each year, and hundreds of others attend early intervention and body therapy programmes. Increased and more secure funding enabled the Centres to offer a "more culturally appropriate and holistic service" with feedback indicating that at the Centres clients felt that "they are listened to, they gain some skills to cope with their issues and sometimes feel they have been able to unburden themselves of their trauma and start living again"[44].

A new era begins

By 1994, national changes in culture around health provision had taken hold. The corporate model prevailed with a clear division between funder and manager on the one hand, and service provider on the other. The difficulty for the Foundation was that the role it had developed for itself, and the services it provided, did not always sit neatly within a contract-defined pigeonhole. Mental Health Foundation staff member at the time, Wensley Willcox, recalled, "with the demise of the Public Health Commission and the shift of funding decisions from central Government to Regional Health Authorities, policy-makers were not looking for the best available research and informed opinion. What they wanted was local 'solutions' to clearly defined 'problems'"[45].

The Foundation had to adapt, with the effect that, at least in the beginning, there was a shift away from its broad-based approach to mental health issues towards more targeted health promotion activities, a shift driven by the need to secure the equally targeted mental health dollar.

Fresh directions in health promotion

In 1995, North Health (the new Regional Health Authority responsible for purchasing public health services in metropolitan Auckland and Northland) commissioned a review of the effectiveness of mental health promotion, the

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[44] *Written memoir of Tina Mullard, provided for the purpose of this history, 2001.*
[45] *Written notes of Wensley Willcox, provided for the purpose of this history, 2003.*

recommendations from which “inaugurated a new era of relatively well-funded public health interest in the area”[46].

Later in the year, the Foundation secured a major mental health promotion contract for its Auckland and Christchurch offices.

By 1996, the contract had split into different focus areas — mentally healthy schools; youth suicide prevention and mental health promotion; depression awareness; and mental health awareness and mental illness prevention. Each area had its own project manager and staff team.

Over time, and as Government funding continued, the Foundation’s health promotion team rearranged how it delivered its services to reflect people’s life stages. Young people (aged 11 to 24 years) continued to receive much of its attention, through existing programmes such as *Mentally Healthy Schools* and Suicide Prevention Information New Zealand (SPINZ), with new programmes and resources developed as demand arose.

The life-stage arrangement also enabled new areas of activity to emerge for other age groups. An example was the Foundation’s work with older people, led by Marie Hull-Brown, which from 1999 benefited from public health funding. This enabled the Foundation to partner with Auckland Age Concern to provide a renewed range of community development initiatives and provider training.

Other new mental health promotion activities to emerge included various pilot programmes (some of which took hold and continued, others which didn’t), an occasional paper series, an internet database of New Zealand-based mental health promotion research, and research into workplaces and mental health promotion, including case studies in rest homes, hospitals and schools.

Review and re-brand

By the mid 1990s the Mental Health Foundation’s profile and status were well established, providing a solid base from which to continue its evolution. Facing a “vastly changed environment”[47] it once again became necessary for the Foundation to regroup and review its activities.

> *The purchaser / provider split in health was becoming established and the Foundation could not rely, as previously, on government funding or public grants. The Foundation was keen to preserve its hard won reputation for being an independent body capable of commenting on mental health policy and service delivery. However it had to adjust in an environment that was based on competing for contracts with other mental health providers.*

Chief Executive Jane Cherrington’s appointment in 1996 in many ways reflected this new environment. Jane came from the corporate sector with a background in advertising. She joined the Foundation in 1995 in the newly-created position of Manager and in that role “worked with the Director,

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[46] *Written memoir of James Nichol, provided for the purpose of this history, 2003.*
[47] *Written memoir of Peter McGeorge, provided for the purpose of this history, 2002.*

In search of a definition

The new concentration of public funding placed pressure on the Mental Health Foundation to come up with an agreed definition of what was meant by mental health promotion.

In 1995 the Foundation published a policy statement, which drew on an earlier New Zealand definition, as well as the Ottawa Charter and UNESCO definitions of health, to define mental health[48].

> *The Foundation supports the Ottawa Charter and the UNESCO definition of health as full personal development and participation in balanced and independent social, economic and cultural development. Mental health can be described as:*

- *that which nurtures spirituality (taha wairua); family (taha whānau); psychological / mental / emotional wellbeing (taha hinengaro); religion (taha hāhi); physiology (taha tinana); environment (taha tūroa); social responsibility (taha tikanga); old world (te ao tāwhito); new world (te ao pākehātanga); self (taha tangata).*
- *Something which the people in each community must define for themselves …*

Mental health at the personal level refers to the quality of people's psychological, social and behavioural functioning in the world. Mental Health is the ability to feel comfortable about yourself, about other people and about your ability to cope with the demands of life …

With these definitions to hand, the task now was to define mental health promotion, as an activity designed to support positive mental health. A 1996 Toronto conference on mental health promotion had developed a definition of mental health promotion grouped around two basic points:

- *The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health*
- *Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity.*

The Foundation adopted this definition, with the caveat that this was only its current preferred approach and was not to be regarded as prescriptive. The Foundation's belief was, and continued to be, that people and communities need to work through and own their own approaches to mental and emotional wellbeing, including how they define those concepts.

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[48] Mental Health Foundation of New Zealand: Policy statement on mental health passed by the Board of Directors, *24 February 1995, unpublished.*

negotiating and managing contracts, staff and funding in the area of mental health promotion and education"[49]. She went on to be appointed Chief Executive after Director Barbara Disley resigned to take up the position of Chairperson of the Mental Health Commission.

The Board anticipated that Jane's experience in organisational management, marketing and building corporate brands would offer "a useful addition to the Foundation's skill base"[50]. Likewise, Jane saw her role as being to run the "business", and to brand it. She successfully argued that her job title should be Chief Executive as she felt the previous title of Director suggested mental health sector knowledge and a function that she did not have[51].

Around the same time as Jane's appointment Dr Peter McGeorge became Chair of the Board. An adolescent psychiatrist and mental health manager by profession, and previously Director of the Auckland Area Health Board's Mental Health Service, Peter had been a Board member since 1993. (His father Dr Victor McGeorge had been a founding Board member).

Looking to the future the Board and Chief Executive decided that it was important to define what the Foundation's "core business" should now be[52]. With the advent of contracting, tension had arisen between what the Foundation could gain funding for and how it could

Jane Cherrington, Chief Executive of the Mental Health Foundation 1996 — 1998. (From the Mental Health Foundation archive.)

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[49] *"Foundation update"*, Mental Health News, *Spring 1995, p.4.*
[50] *Written memoir of Jane Cherrington, provided for the purpose of this history, 2003.*
[51] *Ibid.*
[52] *Written memoir of Peter McGeorge, provided for the purpose of this history, 2002; Interview with Jane Cherrington, for the purpose of this history, 2008.*

continue to determine its own agenda. It was therefore important to review and clarify what that agenda was. Tension also came from the need for the Foundation to adjust from being what Peter McGeorge described as an "umbrella organisation for [mental health organisations in] the NGO sector", to a more "individualised role"[53], placing it in direct competition for funding with the organisations it had once fostered.

The outcome of the internal review process was a reinforced appreciation within the organisation that the Foundation was a knowledge provider. The Foundation, it was recognised, had an established role as both a primary source of information and as a conduit for developing and distributing information and knowledge. Recognising this unique role in the "industry" validated what the Foundation was already doing in terms of workshops, training, and provision of information, resources and support[54]. There was also recognition of the need to be clear that the Foundation existed to promote mental health, and that this meant mental health in the broadest sense. The findings were recorded in a strategic plan for 1996—2001.

Alongside the strategic review, Chairperson Peter McGeorge instigated a review of the Board's constitution, policies and procedures, and of the accountability and expectations of Board members, in an attempt to "develop the Board's capacity to meet the demands of the ever changing environment"[55]. A new Board policy manual was produced

Dr Peter McGeorge, Chair of the Mental Health Foundation Board 1996 — 2002 and later Foundation Co-Patron. (From the Mental Health Foundation archive.)

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[53] *P. McGeorge, "A path with a heart: Peter McGeorge comments on six years in the chair",* Mindful, *Vol. 2 Iss. 2, August / September 2002, (Mental Health Foundation of New Zealand: Auckland), p.2.*

[54] *Interview with Jane Cherrington, for the purpose of this history, 2008.*

[55] *Written memoir of Peter McGeorge, provided for the purpose of this history, 2002.*

and training held for Board members on this.

In addition to these changes, the Foundation's mission statement was shortened from earlier versions to "To promote mental health". Although a simple message, the new mission statement was the result of a considerable amount of work; work that recognised the huge amount of effort that previous directors, Board members and staff had put into evolving the Foundation's focus[56].

Chief Executive Jane Cherrington also instigated a re-branding process. She felt it was important that the Foundation asserted the strength of its brand, reasoning that in the new environment it was essential to establish the Foundation as a recognised brand, which could survive changes in personnel[57].

Part of the re-branding exercise was the adoption in 1997 of a new logo. Incorporating aspects of the old logo, the new logo, in shades of turquoise and white, was a "new look for the organisation" designed to "lead the Mental Health Foundation into the next century"[58].

> *The new look of the Mental Health Foundation is a statement about the place in our journey which we have now reached … The hand of te papa [Papatūānuku] was brought forward from the Foundation's previous logo … The uncurling fern symbolises growth. Mental health is linked through this to us, to others, to our environments, our culture, our past, our present and our future. We recognise our past as part of our present. We accept the responsibility of knowing our future depends on taking care of the present and nurturing its growth …*

Jane recalled that at the time, the shift to a more 'corporate' approach was very significant for the Foundation and, as with most major change, met with some resistance and debate. There was a careful commitment to maintain the tikanga of the Foundation, however, and if this was 'corporatisation' the outcome was a hybrid corporate that put people and values in the place of profit[59].

Feeling that her job of managing change had been completed and that a different type of Chief Executive was now required, Jane Cherrington stepped down in 1998. (Jane planned to continue her studies and was about to have a baby). Some years later she wrote[60]:

> *In my time in the team at the Mental Health Foundation, my highlights were the people I had the very great privilege of working with — in and outside the Foundation … I stood briefly and fortunately in the company of past, present and future people of extraordinary diversity, talents and commitments. They [came] with many reasons for being, but, I [felt, were] united at some level by concerns for social justice, enabling wellbeing, and facilitating [processes through which] people [could] find their own power to live their*

[56-57] *Ibid.*

[58] Mental Health News, *June 1997, p.3.*

[59] *Interview with Jane Cherrington, for the purpose of this history, 2008.*

[60] *Written memoir of Jane Cherrington, provided for the purpose of this history, 2003.*

Logo adopted by the Mental Health Foundation in 1997. (From the Mental Health Foundation archive.)

> *lives in ways that make sense to them. My time was one of change and upheaval. We grew, we learned, we retained contracts under challenge, we re-branded, reconstructed, published worthwhile texts, instigated amazing projects and worked impossible hours. All gave voluntary hours to other work beyond our own whenever called upon. For all of us it was both terrible and great in its demands. I would do it again.*

During the 1990s, the Foundation gradually became accustomed to, and successful at, competing for funding in the new corporate health arena. It had also begun to place particular emphasis on population health-based mental health promotion.

In its early years, the Foundation had been one of the few organisations advocating for recognition of such diverse issues as gambling, television violence, and child abuse. In doing so it had always adopted a broad health promotion strategy, with activities ranging from promoting services for individuals to nationwide awareness raising and policy initiatives. Over time, though, it shifted away from advocacy on some of these issues (while continuing to recognise them as determinants of health) towards a more population health-based approach.

To a certain extent this was due to other specialist advocacy groups forming and taking up the banner of the specific causes. Other important changes that sent the Foundation down this path were the advent of the Mental Health Commission, which following its establishment in 1996 picked up and led a lot of the advocacy work, and a new interest by the Government in funding population health initiatives.

The Foundation therefore found a new niche for itself in which advocacy was swept up into its broad remit of mental health promotion, prevention of mental illness, and preserving human rights.

Forging forward

Peter McGeorge continued as Board Chairperson throughout this period of change, seeing in the new Chief Executive, Alison Taylor in 1998. Peter recalled that Alison's appointment harnessed the "experience and skills she possessed in public health"[61]. Coming to New Zealand with a background in health promotion services management, and having spent a year in the public health team at North Health (the Regional Health Authority) in Auckland, Alison was already familiar with the Mental Health Foundation through her work on the Like Minds, Like Mine anti-discrimination programme.

She later recalled that[62]:

> *My vision … was to revisit and build on the Foundation's long history of relationships, bringing new connections across the public health spectrum, while maintaining the core mental health sector linkages. This vision included a view to growing the capacity of the organisation, its human resources, income and new strategies to promote mental health and wellbeing. The Foundation already had a history of advocacy, information and resource development, community development, research and media work. I wanted to build the team of staff and with their support grow the extent of our work, through a range of new service developments.*
>
> *Over the next five years (from 1997—2002) we gained*

Alison Taylor, Chief Executive of the Mental Health Foundation 1998 — 2004. (From the Mental Health Foundation archive.)

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[61] Written memoir of Peter McGeorge, provided for the purpose of this history, 2002.
[62] Written memoir of Alison Taylor, provided for the purpose of this history, 2003.

> *several new contracts from the public health purse, focusing our energies on mental health promotion programmes across the country, nationally, regionally and locally. We were lucky in that this coincided with funding plans that supported the growth of NGOs, but we also had to constantly prove our worth and keep the balance of what we want[ed] to achieve against what funders were interested in paying for, whether government or independent grant giving.*

Internal capacity building began with a review of the Foundation's activities in relation to Māori, leading to a Responsiveness Plan for how the Foundation would meet its obligations under the Treaty of Waitangi and ensure it appropriately met Māori health needs.

The Foundation had always had a strong commitment to the Treaty, with the Treaty's status forming an integral part of its Deed of Trust when it came into being in 1977. The Treaty Responsiveness Plan sought to take this commitment further[63].

> *The plan included a reconfirmation of our commitment to the Treaty and goal of "working towards culturally relevant and appropriate service delivery, towards biculturalism with the organisation and towards strong formal partnerships externally with Māori organisations" …*

The project was led by Foundation cultural advisor Rawiri Wharemate, and Kaumātua Takutai Wikiriwhi, and Māori Board members and staff all provided input and support for the final plan. Following its adoption, the Foundation chose not to create specific roles for Māori staff, but instead actively tried to be a suitable and attractive employer. Other steps included developing a set of Treaty competencies for staff to be evaluated against, and cultural supervision and training for staff in te reo Māori, tikanga and Māori mental health models.

A related, ongoing process was making the Foundation's resources available in te reo as well as in Pacific languages. Over time the Foundation produced several information pamphlets in te reo or both te reo and English, and in 2005

Sir Paul Reeves, Patron of the Mental Health Foundation, and Foundation Kaumātua Takutai Wikiriwhi (Foundation Kaumātua since 1995) at the launch of a video and CD by Foundation staff member Johnny Matteson at the Aotea Centre, August 1999. (From the Mental Health Foundation archive.)

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[63] *A. Taylor,* Reflections on an organisational perspective of the Treaty of Waitangi: The Mental Health Foundation: Paper prepared for the Māori Health — Diploma in Public Health course, *April 1999, unpublished.*

Cover of the te reo Māori pamphlet 'Te kori tinana, mehemea he māuiuitanga hinengaro tōu' (Being active when you live with mental illness), and part of the bilingual Māori / English fold-out wallet card on depression produced by the Mental Health Foundation as part of the Out of the Blue depression campaign. (From the Mental Health Foundation archive.)

more than 100,000 of the resources distributed by the Foundation were either in te reo or were bilingual. Efforts were also made to include more te reo on the Foundation's website.

A further development was the establishment by the Foundation of Manawaora o Ngā Taiohi. The programme aimed to provide holistic teachings for the wellbeing of young Māori men and their whānau. The wānanga (learning) took place in traditional environments, and provided an opportunity to develop skills and relationships, and for whānau to be linked with Te Ao Māori (all things Māori). Funding for the programme from the Department of Internal Affairs was secured in 2002 and staff member Te Mairiki Williams was employed to lead the project from the Foundation's southern office.

Suicide prevention

Suicide prevention formed an obvious strand to the Mental Health Foundation's mental health promotion work, with the usual activities of resource and research collation and awareness-raising, augmented in 1986 by a major study examining the circumstances surrounding all New Zealand suicides in a year.

In 1992, the particular problem of youth suicide was highlighted in *Mental Health* News when Director Barbara Disley wrote that the latest international data showed

www.mentalhealth.org.nz

Launched in 1999 by the Minister of Health the Hon Wyatt Creech, the Foundation's website contained an outline of its work, key projects, activities, workshops, organisational history and an online bookstore. The site was immediately popular, and by December 2001 was receiving 100,000 hits a month from 4,000 users, rising to over 200,000 hits per month in 2003. The website was updated in 2004, "to make it more user-friendly for both the public and professionals" and add more "downloadable versions"[64] of the Foundation's resources.

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MENTAL HEALTH
FOUNDATION
OF NEW ZEALAND

Promotional card announcing the launch of the Mental Health Foundation website, March 1999. (From the Mental Health Foundation archive.)

Alison Taylor, Chief Executive of the Mental Health Foundation; Foundation Kaumātua Takutai Wikiriwhi; the Hon Wyatt Creech, Minister of Health; and Dr Peter McGeorge, Chair of the Foundation Board, at the launch of the Mental Health Foundation website, March 1999. (From the Mental Health Foundation archive.)

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[64] *"Media release: Health Minister Annette King launches new website and fresh look for the Mental Health Foundation", 20 October 2004, (Mental Health Foundation of New Zealand: Auckland).*

New Zealand had “the highest youth suicide rate in the developed world”[65], ahead of Australia, Canada and the United States. Over the years that followed, the Foundation advocated for priority and resources to be given to preventive interventions (in particular via the health education syllabus, and community health promotion and education programmes). Taking the initiative it also ran suicide “postvention” workshops (to support families, friends and others affected by suicide) and community workshops (to improve understanding of the role of depression in suicide).

In 1995, Barbara Disley was granted a Churchill Scholarship and took study leave to examine issues around mental health promotion and suicide prevention. Her 1996 report, *Reducing the Risk of Mental Disorder and Suicide: Public health strategies*[66], and subsequent publications raised the Foundation’s profile in the suicide prevention arena, and by 1996 the Northern Region Health Funding Authority was funding the Foundation’s postvention workshops as part of its training calendar.

In 1997, the workshops became more focused on youth suicide prevention. Such was their popularity, that by 1998 eight suicide prevention workshops were offered each year, with as many as eight facilitators and 40 participants coming together to learn what could be done to help build youth, and general, mental health resilience.

SPINZ

Suicide Prevention Information New Zealand

SPINZ is a New Zealand wide information service which aims to assist communities and services to prevent suicide by providing them with high quality information

SPINZ Activities:

Information Collection and Distribution

- Up-to-date library of resources, books and journal articles
- Newsletter
- Responding to specific info requests
- Website

Information Development

- Database of NZ services who undertake suicide prevention work
- Information packs on specialist topics
- Resource development
- Community Information Kit

Community Liaison

- Face to face community liaison and support
- Networking and participation in community hui
- Workshops throughout New Zealand

Auckland

Christchurch

www.spinz.org.nz

Poster detailing SPINZ activities (undated). (From the Mental Health Foundation archive).

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[65] *B. Disley, “New Zealand tops the youth suicide stakes”,* Mental Health News, *Winter 1992, (Mental Health Foundation of New Zealand: Auckland), p.8.*

[66] *B. Disley,* Reducing the Risk of Mental Disorder and Suicide: Public health strategies, *1996, (Winston Churchill Memorial Trust Mental Health Foundation:Board: Wellington).*

The late 1990s saw the Government take action on New Zealand's youth suicide problem. Partly in response to what the Mental Health Foundation and others had been advocating for, and partly as a result of New Zealand's continued high youth suicide rates, the Government decided a national strategy was called for. Two were released in 1998: a general strategy, *In Our Hands*, and a Māori strategy, *Kia Piki te Ora o te Taitamariki*, with the Foundation providing input into both.

Also in 1998, the Ministry of Youth Affairs approached the Foundation to develop a youth suicide prevention resource for young people. Working in partnership with the Centre for Youth Health (part of South Auckland Health, later renamed Counties Manukau District Health Board), and securing the skills of well-known cartoonist Dylan Horrocks, the *SPIN* single-issue comic book was published by the Ministry in late 1998.

Exploring emotional issues for young people and emphasising "the importance of young people in emotional pain seeking the right kind of help"[67], SPIN was a runaway success, with schools soon calling for a teaching resource to build on the ideas it introduced. The Foundation duly produced this, following further Health Funding Authority support, in 2001. Entitled *SPIN — Helping and Help Seeking*, the resource aimed to build young people's resiliency as a protective factor against suicide and foster positive attitudes towards providing and seeking help.

On the back of *SPIN's* success, the Foundation and Centre for Youth Health put forward a joint proposal to the Ministry of Youth Affairs in December 1998 to set up a national youth suicide prevention information service. Awarded the contract, the SPINZ (Suicide Prevention Information New Zealand) service was launched by the Minister of Youth Affairs in June 1999.

SPINZ's first two years were devoted to establishment activity: regional consultation, a website, a prevention service provider database, information collation, a community information kit and a pilot training programme were all achieved. Then, in 2001, following a positive evaluation, a significant increase in the contract's funding was announced, enabling SPINZ to dramatically increase its workshop schedule and community development commitments.

The SPINZ contract later moved to the Ministry of Health and, from 2004, the service broadened to an all-ages brief rather than its initial youth-focused one, in line with the Government's national suicide prevention strategy[68]. A further funding increase in 2005 enabled the service to increase its capacity to reach a broader audience.

A "national information service which aims to assist communities and services to prevent suicide by providing them with high quality information"[69], SPINZ focused on collecting, managing and disseminating information, and on translating high-level research into more easily accessible

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[67] *"Media release: Comic book puts new spin on mental health message", 24 September 1998, (Mental Health Foundation of New Zealand: Auckland).*
[68] *Associate Minister of Health, Into the Future:* The New Zealand Suicide Prevention Strategy 2006—2016, 2006, *(Ministry of Health: Wellington).*
[69] *www.spinz.org.nz, accessed April 2008.*

Russell Tuffery, SPINZ Information Officer; Merryn Statham, Director of SPINZ; and the Hon Jim Anderton, Associate Minister of Health, at the Mental Health Foundation offices in Auckland. (From the Mental Health Foundation archive).

formats. From 2005 its work was guided at a strategic level by a multidisciplinary technical advisory group that included suicide prevention practitioners and researchers.

SPINZ resources of particular note, developed over the years, included fact sheets about suicide in te reo Māori, Samoan, Niuean, Cook Islands and Tongan, and a resource to help young people cope after the death of a loved one from suicide called *After the Suicide of Someone You Know.*

Conferences were another important part of SPINZ's work with an annual symposium held since 2002. In its first two years, the symposium focused on youth suicide research and interventions. Following the move to an all-ages brief, the symposium addressed males and suicide in 2005 and understanding suicidal behaviour in 2006.

Like Minds, Like Mine

Like Minds, Like Mine is a national project, initiated and led by the Ministry of Health, to counter the stigma and discrimination associated with mental illness. The project was triggered by the 1996 Mason Inquiry into mental health services in New Zealand.

The Mason Inquiry's report had identified that "negative public attitudes towards those with experience of mental illness created a barrier to developing good mental health services and to the accessing of those services"[70]. It went on to state that, "We support a public awareness campaign — it is a must. It is fundamentally wrong that a vulnerable group in our society should be continually subjected to the comments and actions of those who possess an outcast mentality"[71].

The Ministry of Health's response in 1997 was to allocate $11.5 million over five years for a national campaign. The funding was to purchase "community-based programmes that address negative attitudes, stigma and discrimination … including programmes for Māori and Pacific people. Their focus would be on key groups and opinion leaders, social service agencies, the health workforce, employers, local media councillors and community workers"[72].

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[70] *Written notes of Peter O'Connor, provided for the purpose of this history, 2003.*
[71] *K. Mason,* Inquiry Under Section 47 of the Health and Disability Act 1993 in Respect of Certain Mental Health Services, *1996, (Ministry of Health: Wellington), p.164*
[72] *Written notes of Peter O'Connor, provided for the purpose of this history, 2003.*

When the contracts to deliver the programmes came up for tender in 1998, the Mental Health Foundation was immediately interested as it had long been advocating for a campaign of this kind. The Foundation initially gained regional contracts in the northern (Auckland) and southern (Christchurch) regions to provide antidiscrimination services, adding an additional role in 1999 when it secured a national contract to undertake research and provide policy advice.

The Like Minds, Like Mine initial five-year campaign was extended for a further two years, then extended again in 2007 for a further six years. In 2006, the Foundation secured a further national contract to provide communications, public relations support, and event management services for the programme. In 2005, it had also become a member of the group responsible for the project's Multi-Agency Plan.

Like Minds, Like Mine became well known nationally through a large-scale advertising campaign, but also involved much more than this. The programme included community activities and events, training, resources, conferences and hui, media liaison, policy development, a telephone helpline, website, and newsletters. The Foundation, working as one of many national and regional Like Minds, Like Mine providers, contributed to several aspects of the programme.

Concepts of biculturalism, consumer involvement, creativity and innovation were core elements of Like Minds, Like Mine, which together with the project's scale, caused the Foundation to draw on all of its resources in delivering under its contracts. Former staff member Peter O'Connor recalled that[73]:

> *Teams were appointed to both the Auckland and Christchurch offices … Almost overnight, the Foundation became an employer of mental health consumers in a manner and on a scale it hadn't in the past … By the middle of 2000 nearly a dozen staff were working on the project, half of those offering their unique personal experience of mental illness …*

Denise L'Estrange-Corbet, fashion designer; Mike Chunn, music executive; and Mahinārangi Tocker, singer-songwriter and Mental Health Foundation staff member; celebrity faces of the Like Minds, Like Mine campaign, at the launch of the Like Minds National Plan in 2007. (From the Mental Health Foundation archive).

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[73] *Ibid.*

The programme grew to be a crucial part of the Foundation, and in the words of current Foundation Chairperson Materoa Mar, "has been hugely influential, in terms of where both New Zealand and the Foundation are going in the future"[74]. Many "amazing people" have been involved[75], including Mahinārangi Tocker who was both a face of the advertising campaign and a project worker at the Foundation.

Other significant involvement by the Foundation included original research into discrimination and stigma, a Chinese media project that provided a "different view of mental illness through a cultural lens that is not generally well understood"[76], and the Vibe peer support and community action network for youth.

Catching the Vibe

Vibe — "an Auckland based peer support and community action network for young adults with experience of mental distress and a passion for positive social change"[77] — was the brainchild of Foundation staff member Heidi Dragicevich. Employed at the time as a youth mental health promoter on the Like Minds, Like Mine project, Heidi saw the need for a support network specifically for young people, given that young people's experiences were often very different than those involved in the consumer network for adult mental health.

Following consultation with youth and organisations delivering services for youth, Vibe was launched in 2002. The group met regularly in an informal non-mental health setting. Heidi explained that this was crucial, both to reduce stigma and to provide a way for young people to get out of the clinical mental health cycle (which tends to focus on the individual and their issues, rather than encouraging youth to reconnect with their communities)[78].

For the same reasons, it was important that Vibe was outward looking, which is why the group's focus was on doing work, rather than just friendship. The aim was to help young people to get back out into their communities and develop skills that would be useful in their lives. Vibe members were involved in promotion, consultation and project work in schools, universities, organisations and anywhere else they are requested to provide a youth perspective. A newsletter and website supported Vibe's activities and youth could join through word of mouth and referrals.

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[74] *Interview with Materoa Mar, for the purpose of this history, 2008.*
[75-76] *Ibid.*
[77] *"Good Vibe",* Like Minds, *Iss. 24, October 2005.*
[78] *Interview with Heidi Dragicevich, for the purpose of this history, 2008.*

Madness is the New Black mural developed by Vibe members in 2006. (From the Mental Health Foundation archive.)

International Year of Older Persons 1999

1999 was the United Nations International Year of Older Persons, and the Mental Health Foundation saw it as an "opportunity to celebrate ageing and to reaffirm that we are working towards a society for all ages"[79].

A few years earlier, the Foundation had contributed to the Prime Minister's Task Force on Positive Ageing. Set up in recognition that (as was happening elsewhere in the world), New Zealand's population would age significantly in the next three decades, the task force consulted older people in many parts of New Zealand and made a multitude of recommendations to ensure that people would "age confidently with increasing richness of life"[80].

The Foundation's submissions to the task force had focused on the specific mental health issues faced by older people, such as social isolation, social stereotypes and depression, and the need for these to be recognised and addressed in their own right, not lumped in with measures designed for the general adult population. Two years after the task force's report though, the eight main recommendations had not been followed up, largely due to lack of funding and the national prominence of youth mental health issues.

In 1999, the Foundation signed a memorandum of understanding with Age Concern Northern Region to carry out joint ventures for older people's mental health promotion. In June of that year, the Foundation and Age Concern Auckland set up a network of people and organisations working with older people, which continued to meet every six weeks to discuss mutual concerns. Other measures included the Foundation's Project Manager for Older People's Mental Health, Marie Hull-Brown, joining the Council of Age Concern Auckland and the health promotion advisory group for Age Concern Northern Region. In 2006, Marie became a member of the Age Concern New Zealand Board.

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[79] *Written notes of Marie Hull-Brown, provided for the purpose of this history, 2003.*
[80] *Ibid.*

The Rev Dr Warren Limbrick handing out flowers provided by the Auckland Mental Health Association following a special service at the Auckland Anglican Cathedral in honour of the International Year of Older Persons 1999. (From the Mental Health Foundation archive.)

While closer contact with Age Concern and other organisations was welcomed by the Foundation, there was still a desperate need for recognition of older people's mental health issues at a Government level. The Foundation advocated for this, and welcomed the 2001 New Zealand Positive Ageing Strategy when it was introduced as an encouraging step in the right direction. The strategy still underpins the Foundation's plans and activities related to positive ageing.

An informed year 2000

The Mental Health Information New Zealand (MHINZ) project got off the ground in 2000 after receiving partial funding under the Ministry of Health's Health Information Strategy.

The Mental Health Foundation led the project, working closely with a significant cross-section of the mental health community to bring together quality information written by and for New Zealanders. Aiming to improve the quality of information available for people experiencing mental illness and their families, MHINZ was a large project even by the Foundation's standards, requiring a dedicated person to collate the information.

Twenty-four information packages were produced in all, together intended to provide a complete overview of the various mental health diagnoses and conditions and their treatments. With input from psychiatrists, consumers and others in the mental health field, the information was first collated then translated into lay person's language. Accessibility was the aim, in the hope that people could pick up an information package and find out everything they needed to know about a particular disorder and its different treatment options.

Also in 2000, the Mental Health Foundation was actively involved in the Public Health Sector Project. By bringing together a national public health sector group to advocate on public health issues to the Ministry of Health, the 18-month project resulted in the Ministry committing to improve communications with the sector through regional and national networks and a national public health strategy.

This project was important for the Foundation, as much for the change in national thinking that it reflected, as for the outcomes it promised. Since the mid-1990s the Government had taken more interest in mental health promotion as a public health matter. Prior to this, promotion had been left to the mental health sector, which with its focus on service provision it had not been well placed to deliver. An example was the Like Minds, Like Mine project, which the Ministry of Health made a decision to fund partially from the public health budget, involving as it did community development and social marketing approaches.

This national shift was great news for the Foundation, which following its own mid-1990s review had positioned itself more in a public health, mental health promotion, mental ill health prevention and human rights niche.

Working Well

With funding pressures a constant item on the Foundation's Board and management agendas, Chief Executive Alison Taylor turned her attention to how the organisation could develop additional income streams. Government funding was important, but was very much tied to current Government priorities. Not all of the Foundation's priorities and areas of interest and perceived need fitted neatly into this funding model. Alternative funding sources were therefore required, which needed to be consistent with the Foundation's objectives and what it was trying to achieve for New Zealand communities.

Launched in 2002, Working Well was an innovative initiative to support employers and managers to create more mentally healthy workplaces. Although other programmes were subsequently developed, at the time of its launch Working Well met a definite gap in the market, as there was little available on the topic of workplace mental health. The Foundation already had a profile in the area though, through various small programmes it had been involved in, and had long expounded the importance of workplace mental health for people's overall wellbeing, given that work comprises such a significant part of our lives. Working Well was the logical extension of this.

Fortuitously, the Working Well programme was developed around the same time as changes in legislation required employers to become more aware of workplace mental health. The Health and Safety in Employment Act 1992 encouraged workplaces to take all practicable steps to ensure the health and safety of employees, with a 2002 amendment to the Act making it explicit that stress and

Working Well logo adopted in 2002. (From the Mental Health Foundation archive.)

fatigue were to be included as potential work hazards and sources of harm to be guarded against.

The first phase of the Working Well project involved creation of a ring-bound toolkit containing comprehensive information about workplace mental health. Initial development was funded through a grant from the ASB Trust and, unlike most other Mental Health Foundation resources, the toolkit was only available for purchase.

Aimed at employers, employees and others involved in supporting workplaces, the Working Well toolkit[81]:

> *Comprises flexible resources for individuals and organisations to use as they need. There is a progression of material, from considering what a mentally healthy workplace is to developing policies and protocols, to enacting the principles when dealing with difficulties. It is also designed to be used as needed, as a catalyst for where to seek help or how to solve a problem or promote a better way of operating.*

Clinical psychologists Elisabeth Money and Ruth Allen project managed and wrote the toolkit. The initial response from workplaces was positive but they requested help to implement it. A variety of training programmes, including seminars, workshops, and learning programmes were therefore developed to help translate the information in the toolkit into day-to-day workplace life.

The Foundation was keen to avoid Working Well becoming a “band-aid” course on workplace stress, and in this sense the training was particularly important[82]. It wanted organisations to have a commitment to workplace wellbeing, from managerial support through to what staff themselves did to foster good team communication and stress management. The idea was to provide a proactive programme, very much in line with the Foundation’s ethos of mental health promotion.

Over time, training became the core of the Working Well programme. Workshops covered such topics as dealing with anxiety, managing the impact of depression, supporting staff, creating balance, communicating effectively and managing conflict, and a manager’s guide to mental illness.

A further thread of Working Well was a membership network programme, where members could join a

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[81] *R. Allen & E. Money,* Working Well: A practical guide to building mentally healthy workplaces, *2002, (Mental Health Foundation of New Zealand: Auckland).*
[82] *Interview with Ruth Allen, for the purpose of this history, 2008.*

community of employers and employees interested in building mentally healthy workplaces. At times reaching over 70 members, the network programme drew from a broad base of workplaces ranging from primary industry and commercial clients through to government agencies.

Strategy and plans

The launch in 2002 of the Government's first national policy framework for mental health promotion, *Building on Strengths: A Mental Health Promotion Strategy*, was a significant development. Although the Foundation's activities had changed over the years, it always had mental health promotion at its core and consistently advocated for recognition and funding for mental health promotion, including the need for a national-level policy framework on which to base its work.

Alison Taylor, Chief Executive at the time of the national strategy's launch, recalled that it was significant not only because it provided the Foundation with exactly this base, but because it represented the degree to which things had changed in the Foundation's lifetime. Following the strategy, it could be said that: "We now operate in a climate where there is more awareness and understanding of the concept of mental health, how to promote it and its significance in all areas of life"[83].

Alison Taylor, Mental Health Foundation Chief Executive; the Hon Annette King, Minister of Health; and Dr Peter McGeorge, Chair of the Foundation Board, at the launch of the Mental Health Foundation of New Zealand Strategic Plan 2002 — 2006. (From the Mental Health Foundation archive.)

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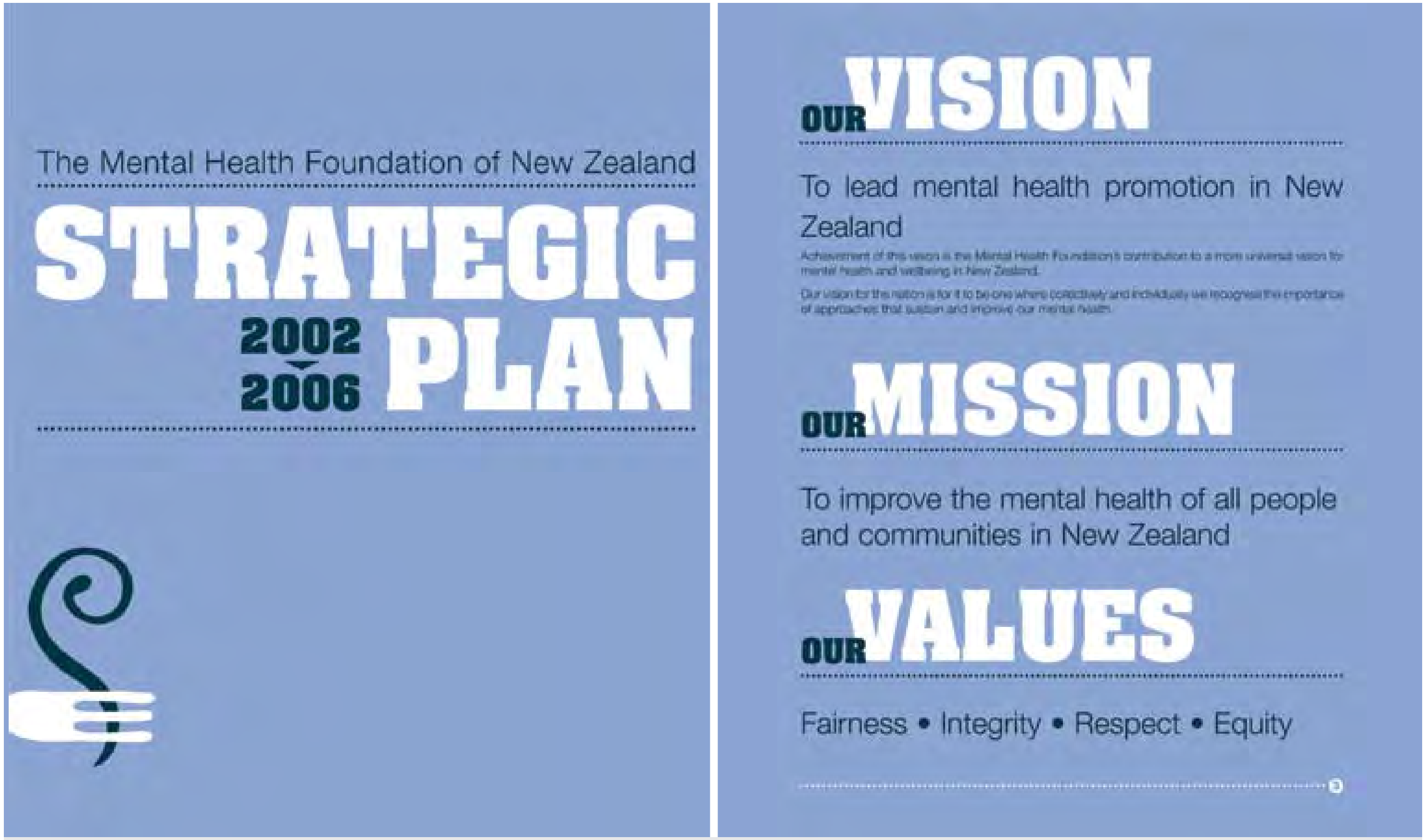
[83] *Written memoir of Alison Taylor, provided for the purpose of this history, 2003.*



The Mental Health Foundation of New Zealand

STRATEGIC

2002
2006 PLAN

OUR VISION

To lead mental health promotion in New Zealand

OUR MISSION

To improve the mental health of all people and communities in New Zealand

OUR VALUES

Fairness • Integrity • Respect • Equity

Cover and inside page of the Mental Health Foundation of New Zealand Strategic Plan 2002 — 2006. (From the Mental Health Foundation archive.)

In parallel with the national process, 2002 saw the launch of the Mental Health Foundation's own five-year strategic plan. While the 1996—2001 strategic plan had been made available to the public, the 2002 plan was published in a more formal way.

The plan contained the Foundation's vision and goals for the next five years, all focused on improving the mental health of people and communities in New Zealand. Its key strategic goals included the Foundation being recognised as a leading advocate and source of information, services, and advice on mental health and mental health promotion in New Zealand, and initiating a sustainable and independent stream of mental health promotion activities.

Board Chairperson Dr Peter McGeorge was "immensely proud" of the strategic plan, considering it "the clearest statement of how far we have come and where we want to go in the future"[84]. Peter completed his time as Chair shortly after its release, having served for six years (the maximum allowed by the Foundation's constitution). He had worked with three Chief Executives through a time of enormous change and consolidation for the Foundation.

After his resignation, Peter stayed on as a Board member and was replaced by Board member, Mike Spraggon. Mike had been a volunteer fundraiser, business advisor and supporter of the Foundation before joining the Board in 1997. He had a background in marketing and general

Mike Spraggon, Chair of the Mental Health Foundation Board 2002 — 2004, with Pip Matthews, Foundation Mental Health Promotion Services Manager, at a Foundation Christmas function. (From the Mental Health Foundation archive.)

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[84] *P. McGeorge, "A path with a heart: Peter McGeorge comments on six years in the chair",* Mindful, *Vol. 2 Iss. 2, August / September 2002, (Mental Health Foundation of New Zealand: Auckland), p.2.*

New plan, new place, new logo

Alongside the launch of its strategic plan in 2002, the Mental Health Foundation shifted its Auckland office for only the third time in its history, and made a further small change to its logo; "with our smart new Auckland premises we decided it was time to update our logo. We still retain the hand of Papatuānuku, but in a more free flowing style and in new colours of dusky gold and aubergine."[86]

management, had formerly been Chief Executive of Mitre 10 and held a current position as Auckland Regional Manager of the Accident Compensation Corporation.

As he explained his role six months into his term[85]:

> *It's a matter of creating the best possible circumstances for managers and staff to get on with the Foundation's vision of improving mental health for people and communities around New Zealand.*

Modified Mental Health Foundation logo adopted in 2002. (From the Mental Health Foundation archive.)

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[85] *"Mike Spraggon: Chair of the Mental Health Foundation Board",* Mindful, *Vol. 2 Iss. 2, August / September 2002, (Mental Health Foundation of New Zealand: Auckland), p.3.*
[86] Mindful, *December 2002 / January 2003, (Mental Health Foundation of New Zealand: Auckland).*

Image from the cover of the Mental Health Foundation of New Zealand Strategic Plan 2006 — 2010. (From the Mental Health Foundation archive.)

Part Four

Recent Developments

By 2004 the Foundation had grown considerably. Staff numbers had risen to around 40, reflecting increased budgets as the Foundation became the recipient of public health funding for mental health promotion. Working Well had been developed; the Foundation's Wellington office opened, and its Christchurch and Auckland regions expanded; a Midlands presence was planned; SPINZ expanded from youth only to people of all ages; and Like Minds, Like Mine contracts were secured.

During 2004, the Foundation's current Chairperson Materoa Mar took over from Mike Spraggon. A Board member since 1999, Materoa had more than 25 years' involvement in mental health including as clinical leader of Capital Coast District Health Board, Deputy Chairperson of Te Rau Matatini, Board member for the Werry Centre and member of the Youth Suicide External Reference Group to the Ministry of Youth Development.

As a Board member, Materoa had been involved in the Foundation's shift in focus towards a more population-wide approach to mental health promotion within a public health framework. Materoa notes that during her time as Chair, the "pendulum has swung back somewhat", with the Board trying to find a fresh balance between the Foundation's important roles[1].

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[1] *Interview with Materoa Mar, for the purpose of this history, 2008.*

> *There is no doubt that a population health approach is required, but this must not be at the expense of advocating for people with experience of using mental health services. It is important to try and find a middle ground and give equal attention and weight to both areas. Although it was a good strategic move to adopt a population-wide approach, at some stage it was necessary to find the middle ground and to ensure that the Foundation retained its autonomy as an organisation.*

Alongside guiding the Foundation to achieve this balance, the Board continued to make the most of opportunities as they arose including, at an international level, a follow up to its 1989 World Congress.

World Conference on Mental Health Promotion

Working alongside the Clifford Beers Foundation, the Carter Centre and the World Federation for Mental Health, the Mental Health Foundation co-hosted the third biennial World Conference on Mental Health Promotion and the Prevention of Mental and Behavioural Disorders in September 2004.

The culmination of two years work, and by far the largest event of this type that the Foundation had been involved in over the past decade, the world conference was a huge international event. Held at the Hyatt Hotel in Auckland, it was the first time the event had been hosted outside of the

Materoa Mar, Chair of the Mental Health Foundation Board since 2004. (From the Mental Health Foundation archive).

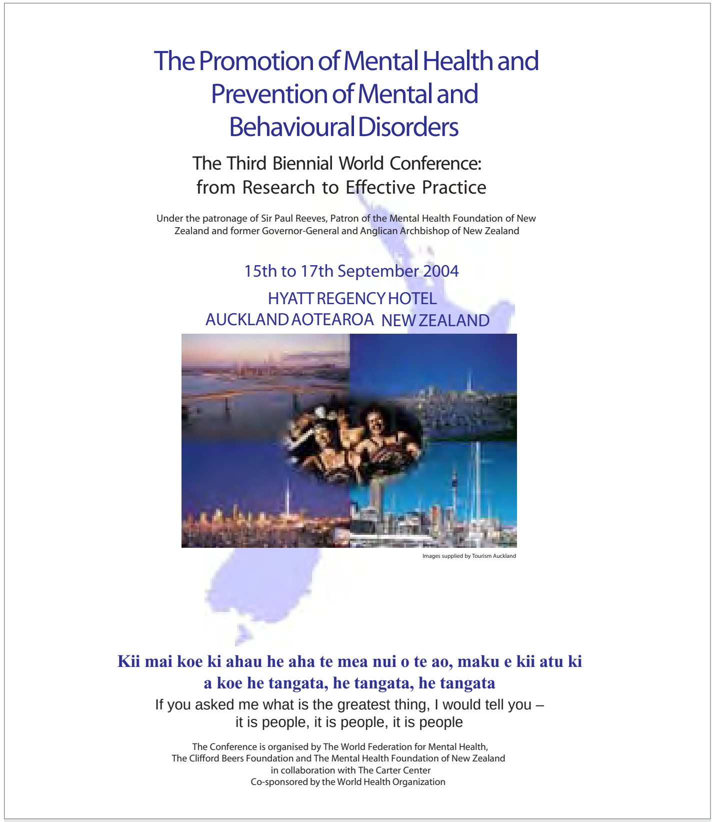
United States or United Kingdom.

Former First Lady Rosalynn Carter (who had opened the 1989 World Congress in Auckland) returned to New Zealand to open the conference, which attracted 370 participants from around the globe. Participants came not only from the health and mental health sectors, but also from education, housing, youth development, employment and social development.

Like the 1989 World Congress, the 2004 World Conference ran five streams based on distinct themes:

- Research on the promotion of mental health and the prevention of mental disorders worldwide.
- Evidence-based programmes, policies, and principles of effective promotion and prevention.
- International exchange of research outcomes, programmes, policies and guidelines.
- Advocacy, policy-making and organisational models that facilitate promotion and prevention programmes.
- Improved training to increase knowledge and expertise in the design and implementation of promotion and prevention programmes.

Workshops within the streams tackled issues as they related to participant countries, including suicide prevention, terrorism, children's mental health and wellbeing, the mental health and wellbeing of soldiers and



The Promotion of Mental Health and
Prevention of Mental and
Behavioural Disorders

The Third Biennial World Conference:
from Research to Effective Practice

Under the patronage of Sir Paul Reeves, Patron of the Mental Health Foundation of New
Zealand and former Governor-General and Anglican Archbishop of New Zealand

15th to 17th September 2004

HYATT REGENCY HOTEL
AUCKLAND AOTEAROA NEW ZEALAND

Images supplied by Tourism Auckland

**Kii mai koe ki ahau he aha te mea nui o te ao, maku e kii atu ki
a koe he tangata, he tangata, he tangata**

If you asked me what is the greatest thing, I would tell you –
it is people, it is people, it is people

The Conference is organised by The World Federation for Mental Health,
The Clifford Beers Foundation and The Mental Health Foundation of New Zealand
in collaboration with The Carter Center
Co-sponsored by the World Health Organization

Cover of material provided to delegates at the third biennial World Conference on Mental Health Promotion and the Prevention of Mental and Behavioural Disorders held in Auckland, September 2004. (From the Mental Health Foundation archive).

ex-soldiers, ethnicity and mental health promotion, and workplace stress.

A particular focus was on "indigenous health perspectives, an area in which Aotearoa New Zealand is seen as being a leader"[2]. The topic was introduced with a paper by Professor Mason Durie on "Indigeneity, and the promotion of positive mental health"[3], with further keynote speeches by Dr Kathie Irwin about the kōhanga reo movement, and Dr Airini on Pacific models of mental health.

As with previous conferences, the event proved "a great opportunity for practitioners, researchers and policy makers to join together and exchange ideas and models of good practice"[4], but of equal importance for the Foundation was the opportunity it provided to cement ties with its co-organisers, three influential leaders on the international mental health stage.

A new fundraising strategy

Throughout 2004, the Board had pushed for a three-year fundraising strategy. While the advent of Government contracts in the 1990s had provided new funding streams, the need remained for the Foundation to raise independent revenue for its own activities and aspirations. Work to develop alternative income streams through grants and the Working Well programme had had some success, and the Foundation continued to be the recipient of bequests and donations. The 2004 strategy brought fundraising even more to the fore.

The Foundation had previously employed fundraising and communications staff. These roles were subsequently split and strengthened, with dedicated fundraising, and communications and marketing teams developed.

MindNet — casting the net online

In spring 2004, the Mental Health Foundation launched its new online mental health promotion newsletter, *MindNet* — www.mindnet.org.nz.

Replacing paper-based predecessors, and incorporating the SPINZ newsletter, the e-newsletter was piloted with the support of several other agencies before the contract was picked up by the Ministry of Health. "A vehicle for disseminating information including research, policy, good practice, evidence and events", *MindNet* keeps the sector "informed about the latest developments in mental health promotion and prevention in Aotearoa New Zealand"[5].

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[2] *"Media release: From the Chief Executive", undated, (Mental Health Foundation of New Zealand: Auckland).*

[3] *M. Durie, "Indigeneity, and the promotion of positive mental health",* MindNet*, Iss. 2, Summer 2004 / 2005, (Mental Health Foundation of New Zealand: Auckland).*

[4] *A. Taylor, "Foreword",* MindNet*, Iss. 1, Spring 2004, (Mental Health Foundation of New Zealand: Auckland).*

[5] *Ibid.*

Fundraising approaches included applications to trusts and other grant-giving bodies, direct mail campaigns to develop a database of donors, and corporate partnerships. Many well-known people gave their time generously, including former Miss New Zealand Marina McCartney, the stars of the *Bro' Town* television show, fashion designer Denise L'Estrange-Corbet, and singer—songwriter Mahinārangi Tocker. A quarterly fundraising newsletter, *In Touch*, was established in 2006 to keep supporters advised of fundraising initiatives and how the money raised was being used.

The response to the Foundation's campaigns was heartening. As Materoa Mar stated[6]:

> *We tend to underestimate the number of people whose lives have been touched either directly or indirectly by mental health issues, and the fact that many people want to give something back. This generosity gave rise to the Foundation in 1977 and has again become an important source of support for the organisation.*

One of the important spin-offs of the increase in fundraising was the effect on the Foundation's mental health information resources. Extra funds not only allowed the Foundation to produce more resources, but to make the vast majority freely available. Making information available in this way was identified as a priority for the Foundation, and "there is still no other organisation like the Foundation in New Zealand in terms of producing information and making it accessible to people without clinical training and free of charge."[7]

Respect Costs Nothing

In 1999 the Foundation had secured a contract as part of the Ministry of Health's Like Minds, Like Mine programme that included conducting research. The first research project report to come out of this contract, *Respect Costs Nothing*, was published in 2004.

Documenting the discrimination experienced by 785 people with service-user experience, the project grew out of Foundation Researcher and Policy Analyst Debbie Peterson's work on Like Minds, Like Mine. The project was the first in New Zealand to comprehensively document people's experience of discrimination. It was also a "huge eye opener"[8], even for those working in the field, as to the extent and pervasiveness of the discrimination that people faced on a daily basis.

Nearly two-thirds of respondents to the research had experienced rejection from family and friends in response to their illness, and nearly half had held themselves back from getting involved in activities, be it work, training or social events, through fear of the discrimination they may attract. The fear of discrimination (often based on past experience) proved to be as limiting as the discrimination itself.

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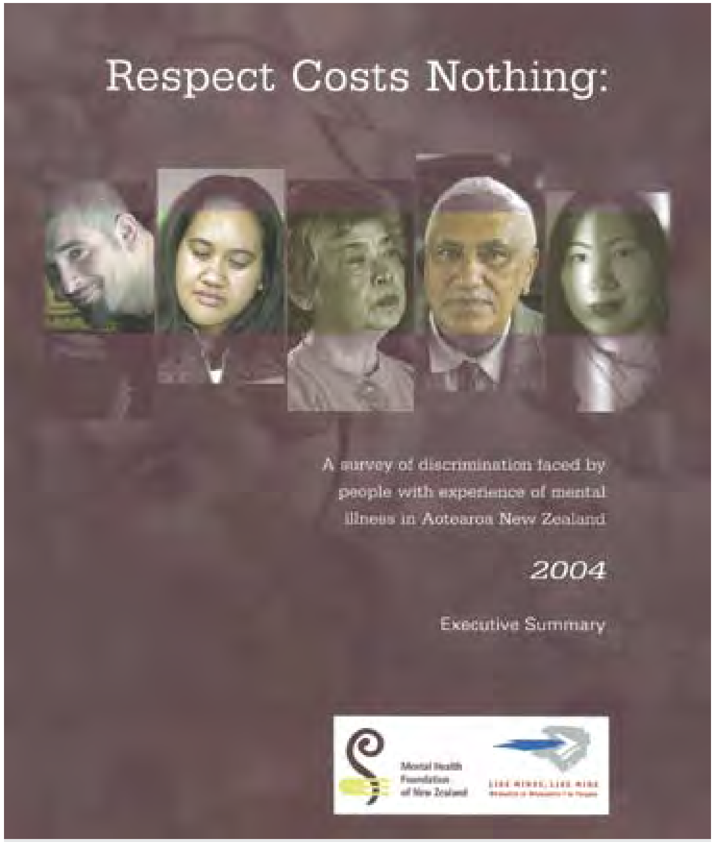
[6] *Interview with Materoa Mar, for the purpose of this history, 2008.*
[7] *Interview with Judi Clements, for the purpose of this history, 2008.*
[8] *Interview with Materoa Mar, for the purpose of this history, 2008.*



Respect Costs Nothing:

A survey of discrimination faced by
people with experience of mental
illness in Aotearoa New Zealand

2004

Executive Summary

Cover of Respect Costs Nothing executive summary, published by the Mental Health Foundation in 2004 as part of the Like Minds, Like Mine programme. (From the Mental Health Foundation archive.)

Actively supported by the Ministry of Health and the Mental Health Commission, *Respect Costs Nothing* was used to guide future work on the Like Minds, Like Mine programme. It also represented a starting point for further research projects undertaken by the Foundation as part of the programme.

A new Chief Executive

Towards the end of 2004, Chief Executive Alison Taylor left the Foundation to become General Manager of the Ministry for Youth Development in Wellington.

Judi Clements, the Foundation's current Chief Executive, took up the role in early 2005. Judi came from the United Kingdom, where she had been the Chief Executive of Mind (the National Association for Mental Health, a major campaigning charity) from 1991 — 2001. Before that she had worked in local government in London Borough, District Councils, and at a national level on policy and good practice. Her experience, particularly in housing, had allowed her to observe the factors that supported or eroded mental health and wellbeing, and the limitations of the mental health system. She therefore came to the Foundation with knowledge of mental health and mental health promotion, alongside experience in leading large not-for-profit organisations, strategic planning, advocacy, fundraising and marketing.

Judi Clements, Chief Executive of the Mental Health Foundation since 2005. (From the Mental Health Foundation archive.)

Building on the Foundation's existing work, reputation, and relationships, Judi and the Board identified the importance of the Foundation aligning itself with other organisations, broadening its base, and having a strong advocacy and public profile. From early on, Judi provided media comment on such things as establishing community services, acute care delivery, the need for consumer leadership and consumer-run services as well as a range of issues relating to mental health and wellbeing.

Alongside this, Judi sought to clarify the Foundation's position on key areas through the development of a new strategic plan. Areas needing clarification were identified and a process put in place to develop policies and approaches, drawing on the thoughts and experience of staff and Board members, and with strong input from service users.

Depression - Out of the Blue / Kia Mārama

Funding from ASB Trusts enabled the Foundation in May 2005 to launch its latest depression awareness raising initiative — Out of the Blue / Kia Mārama. Additional funding was forthcoming from foundations, private companies, the public and the Ministry of Health, while advertising agency FCB developed the campaign's name and brand. A Foundation media release announcing the launch of the initiative explained that[9]:

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[9] *"Media release: Launch of major new depression awareness campaign 'Out of the Blue / Kia Marama'", 23 May 2005, (Mental Health Foundation of New Zealand: Auckland).*

Bus advertisements created as part of the Out of the Blue / Kia Mārama advertising campaign. (From the Mental Health Foundation archive.)

> *The campaign aims to raise awareness of the signs of depression in order to help people recognise when they, or someone close to them, is depressed. One in five women and one in ten men experience depression in New Zealand and there is a strong link between depression and suicidal attempts and behaviour. 'Out of the Blue / Kia Mārama' will also encourage people to seek help at an earlier stage and promote the message that the majority of people who experience depression do recover and cope with depression. The scope of the audience for the campaign includes members of the public with little or no awareness of depression, people who are already depressed but not seeking help, and people who are feeling desperate and possibly suicidal.*

A website and wallet-sized bilingual English / te reo Māori booklets were created, providing information on depression and where to seek help, with the website also featuring profiles of people with experience of depression. A concurrent television and print advertising campaign targeted middle-aged men, while at the other end of the age scale, a postcard-based campaign distributed through cafes nationwide targeted young people.

Key messages across all mediums were that depression is common; that it can range from feeling down to feeling desperate; and that you can get better. An independent evaluation showed that the advertising gained exceptional "reach" for its budget, and that the messages of the campaign as a whole were well understood.[10]

In a significant development a partnership was forged in 2006 between Auckland regional Māori public health provider Hapai Te Hauora Tāpui and the Mental Health Foundation. As part of Out of the Blue / Kia Mārama, the partnership project would explore Māori concepts of depression among men, and how to reach Māori men with useful information. An objective of the joint project was to develop resources useful to Māori and supporting whānau ora.

Adopting a new strategic base

By 2005, the Mental Health Foundation's strategic plan was due to be renewed and this became a priority for the new Chief Executive. Judi led an inclusive process resulting in detailed background papers and a Board workshop to determine the Foundation's priorities for the next five years; the outcome was recorded in *The Mental Health Foundation of New Zealand Strategic Plan 2006—2010: Making mental health everybody's business*[11].

Its latest strategic plan represented a significant development for the Foundation, in that it was based on a Māori framework developed by Professor Mason Durie called Te Pae Māhutonga (the Southern Cross). The plan placed a strong focus on Māori and the Treaty of Waitangi, but was inclusive of everyone. In its preamble the plan states that:[12]

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[10] *A. Woodley,* Evaluation of the Out of the Blue / Kia Marama Campaign, *2007, (Point Research Ltd: Auckland).*

[11] *Mental Health Foundation of New Zealand,* The Mental Health Foundation of New Zealand Strategic Plan 2006—2010: Making mental health everybody's business, *2006, (Mental Health Foundation of New Zealand: Auckland).*

[12] *Ibid.*

Mental Health Foundation of New Zealand

The Mental Health Foundation of New Zealand Strategic Plan 2006 – 2010

Making mental health everybody's business.

Cover of the Mental Health Foundation of New Zealand Strategic Plan 2006 — 2010: Making mental health everybody's business. (From the Mental Health Foundation archive.)

[The Foundation has] chosen Te Pae Māhutonga to both inform and represent our strategic thinking for the next five years … Te Pae Māhutonga has the breadth of action of other health promotion models, such as the Ottawa and Bangkok Charters, but also a depth of understanding developed in this country and a reflection of the particular circumstances and challenges we face as a nation.

The strands describe a path from marginalisation to full citizenship but are equally applicable to ongoing positive developments. Employing an indigenous model helps give effect to our Te Tiriti o Waitangi policy in guiding our work with and for Māori. The tenets of Te Pae Māhutonga also clearly respect and accommodate working responsively with all cultures to secure autonomy and participation.

Te Pae Māhutonga — The Southern Cross — A Framework For Action

Te Pae Māhutonga, the constellation of stars, "can be used as a symbolic map for bringing together the significant components of health promotion, as they apply to Māori health, but as they might also apply to other New Zealanders. The four central stars can be used to represent the four key tasks of health promotion: Mauriora, Waiora, Toiora, Te Oranga. The two pointers are Ngā Manukura and Te Mana Whakahaere."[13]

In the context of the Mental Health Foundation Strategic Plan 2006—2010, the two pointer stars "symbolise ways of working that match with the values of the Mental Health Foundation, namely Equity, Respect, Integrity, and Fairness, and with effective health promotion."[14]

The ways of working are described as:

- Mana Whakahaere: Autonomy — self-determination
- Ngā Manukura: Leadership — advocacy, community engagement and collaboration

The four central stars, or key tasks, are:

- Mauri Ora: Access to Te Ao Māori — cultural identity
- Waiora: Environmental protection — social, physical and spiritual
- Whaiora / Te Ōranga: Participation in society — freedom from discrimination
- Toiora: Healthy lifestyle and choices

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[13] *M. Durie, "Te Pae Māhutonga: A model for Māori health promotion",* Heath Promotion Forum of New Zealand Newsletter, *49, 2—5 December 1999.*

[14] *Mental Health Foundation of New Zealand,* The Mental Health Foundation of New Zealand Strategic Plan 2006—2010: *Making mental health everybody's business, 2006, (Mental Health Foundation of New Zealand: Auckland).*

The strategic plan identified three main outcomes: to reach a wider range of people and organisations with information and resources and work with them to develop capacity for autonomy and self determination; to reduce discrimination and increase equity and social inclusion through advocacy, education, policy and practice; and to broaden and deepen the Foundation's relationships to achieve maximum impact on the determinants of mental health.

Te Pae Māhutonga, the framework developed by Professor Mason Durie, as depicted in the Mental Health Foundation of New Zealand Strategic Plan 2006 — 2010: Making mental health everybody's business. (From the Mental Health Foundation archive.)

While identifying its strategic intentions, the Foundation's strategic plan also stated that it would "remain open and flexible in order to respond to important emerging issues; embrace new opportunities; and learn from further development in our thinking."[15]

Another outcome from consultation preceding the strategic plan was a determination by the Foundation to collaborate with others working on issues important to mental health and wellbeing, seeking to support what others were doing, "finding new ways to work in collaboration and partnership", and ensuring that "messages, resources and information" can be delivered to as many people and communities as possible[16].

This approach was encapsulated in the plan, alongside a reaffirmation of the Foundation's commitment to making mental health everybody's business[17].

> *The Mental Health Foundation wants mental health to be everybody's business. We want workplaces, communities, government structures, and polices that promote wellbeing, and that value diversity and recognise and build on people's strengths. We want people to be confident in the knowledge they have about how to safeguard and enhance their wellbeing. We want participation by all in a society where self-determination thrives and human rights are respected and promoted.*

[15-17] *Ibid.*

Looking forward

In the two years since the publication of its 2006 — 2010 Strategic Plan, the Mental Health Foundation has continued and expanded its work, initiated new projects and fundraising activities, and published further information and other resources.

The guiding principle of Mauri Ora / Cultural Identity has seen the Foundation create an operational plan to develop greater emphasis on and responsiveness to Māori in its work. Among other projects the Foundation has continued the Manawaora o Ngā Taiohi initiative, produced a bilingual Samoan / English suicide prevention resource, and developed and expanded a Chinese Like Minds, Like Mine media project: Kai Xin Xing Dong.

Much has been achieved under the banner of Toiora / Healthy Lifestyles. In 2008 mental health promotion remains a fundamental component of the Foundation's work. The Out of the Blue / Kia Mārama depression campaign has been extended beyond its initial three-year phase and a partnership formed with the Movember Foundation that will see half of the funds raised for the 2008 — 2010 Movember event going to the campaign. SPINZ has entered a significant development phase that will include much of its information going online to reach an ever wider audience.

Like Minds, Like Mine remains a key national programme with regard to Whaiora / Participation in Society. As well as its ongoing roles as a regional and national Like Minds, Like Mine provider, the Foundation has since 2007 administered the annual New Zealand Mental Health Media Grants. In 2008, promoting mentally healthy workplaces through Working Well is a growth area for the Foundation in terms of its Waiora / Environment strategic objective. The programme is being significantly remodelled, with new workshops and online resources being developed to meet the needs of the new century.

The Foundation's research, advocacy, and policy development work continues to contribute to Ngā Manukura / Effective Leadership. Two major research projects, exploring work experiences and self-stigma among people with experience of mental illness, were published in 2007 and 2008 as part of the Like Minds, Like Mine programme and further research is planned. Advocacy work has been diverse, including ongoing leadership of the Mental Health Advocacy Coalition and significant engagement with the media. Policy contributions have been made in various fields, such as support for parents with experience of mental illness, employment advice on flexible working hours, and education on mental health and the law.

The principle of Mana Whakahaere / Autonomy has seen further development of the Foundation's Resource and

Information Service with successful fundraising meaning that more free resources have been made available than ever before. In 2008 the Foundation also redeveloped its website in line with the goal of making information more accessible and freely available. Fundraising has been ongoing, with the Foundation facing what Chair of the Board Materoa Mar describes as an ongoing tension between what it can gain funding for and ensuring that it maintains its own direction — a situation faced by most non-government organisations[18].

Thirty years on from Telethon 1977, the Foundation is New Zealand's largest and longest standing non-government mental health advocacy and promotion organisation. Issues and challenges have come and gone over the years and the Foundation itself has changed considerably. Underneath these changes however, the Foundation's mission of making mental health everybody's business remains firmly aligned with the vision of its founders. It also acknowledges the need to continue nurturing and building on the awareness and support generated by the Telethon so many years ago.

A great deal has been said and achieved, but for the Mental Health Foundation its first 30 years are just a beginning — much remains to be done.

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[18] *Interview with Materoa Mar, for the purpose of this history, 2008.*

Appendix One

New Zealand Trust for the Foundations of Mental Health, Aims and Objectives, 1974

Its 1974 Trust Deed listed the following purposes for the New Zealand Trust for the Foundations of Mental Health:

- To promote by all practicable expedient and lawful means the mental health and well being of the inhabitants of New Zealand of whatever race, age, sex, class or occupation.
- To further, especially in the area of primary prevention, all measures designed or likely to prevent or reduce the incidence of mental ill health in the community.
- To advance the understanding of the emotional needs of infants and young children.
- To foster all measures designed to support parents … in order that they may provide the nurturing and facilitating environment necessary to carry out the parental role.
- To foster recognition of the close relationship between mental health and wellbeing on the one hand and sound parent-child relationships on the other.
- To encourage such parent-child relationships throughout the community particularly in the earliest years of the child’s life …
- To promote the production of quality films and other audio-visual aids to stimulate, educate and facilitate a greater awareness … of the foundations of mental health and the importance of the adequate early nurture of children.
- To implement, fulfil and realise that part of the United Nations Declaration concerning the rights of the child which explicitly recognises that the child … needs special safeguards and care, and provides that the child of tender years shall not save in exceptional circumstances be separated from his mother.
- To conduct programmes of enquiry and research, and to undertake or promote the publication of books, journals, papers and literature of whatever kind, in relation to all or any of [the above] matters and conditions …
- To carry out or further any of the above-mentioned purposes in conjunction or association with … and to give financial, administrative or other assistance to [charitable] organisations or persons having wholly or partly similar or complementary purposes …
- To do all such other acts and things as may from time to time seem desirable or expedient for the furthering of the objects of this Trust …
- In carrying out of the foregoing objects the Board shall apply the Trust fund wholly or principally to charitable purposes within New Zealand.

Appendix Two

Mental Health Foundation of New Zealand, Aims and Objectives, 1992

The current Mental Health Foundation of New Zealand Trust Deed (last modified in 1992) lists the following objectives:

- To promote the mental health and wellbeing of the inhabitants of New Zealand of whatever ethnic origin, age, gender, or sexual orientation; and to take all measures both preventive and remedial, designed or likely to prevent or reduce the incidence of mental ill health.
- To promote and encourage research in all relevant disciplines by such means as may seem desirable to discover the conditions conducive to mental health and the nature, origin and cause of mental ill health and to disseminate the knowledge gained.
- To facilitate enquiry and research by all such means as aforesaid into the nature, origin, causes, prevention, diagnosis, treatment and cure of mental ill health.
- To support and assist any individuals and organisations concerned with promoting mental health and interested in investigating the nature, origin, causes, prevention, diagnosis, treatment and cure of mental ill health including intellectual disabilities and promote the rehabilitation of individuals suffering therefrom.
- To collage and disseminate information furthering the objects of the Foundation by publishing and promoting resources and other information materials and providing training to the general public and service providers in such form and language as the Foundation may deem appropriate.
- To stimulate public interest and education in the promotion of mental health and in the prevention and treatment of mental ill health, and related problems, by means of the press and such other media as the Foundation may consider to be appropriate.
- To do all such other acts and things as may from time to time seem desirable or expedient for the furthering of the objects of this trust within New Zealand; and generally to use and apply the trust fund within New Zealand for the promotion or encouragement of such other charitable purposes as the trustees may from time to time think fit.

Appendix Three

Mental Health Foundation of New Zealand, Board of Trustees, 2008

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Dr Peter McGeorge

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