



LIKE MINDS, LIKE MINE
Whakaitia te Whakawhiu i te Tangata



Like Minds, Like Mine

NATIONAL PLAN 2007-2013

Programme to Counter Stigma and Discrimination
Associated with Mental Illness



CELEBRATING
10 YEARS
OF LIKE MINDS, LIKE MINE

Like Minds, Like Mine

The slogan Like Minds, Like Mine is a play on the phrase “we are all of one mind”. It indicates that mental illness can happen to you, me or anyone. The Māori slogan “Whakaitia te whakawhui i te tangata” can be translated as “reduce your potential to discriminate”.

The mathematical symbols in the logo represent greater than and equal to, and are used to indicate “greater than discrimination, equal to others”.



A full list of Like Minds programme providers can be found on our website at:

www.likeminds.org.nz

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Like Minds, Like Mine

NATIONAL PLAN 2007-2013

Programme to Counter Stigma and Discrimination
Associated with Mental Illness

Foreword

E ngā iwi, e nga reo, e ngā mātā waka, tēnā koutou katoa e whaiwhakāro ana ki ngā tāngata whai ora ana mē ngā tohu kōrero nei “Hikitia te aukati” “Whakaitia te whakawhiu i te tangata”.

Ngā mihi whānui ki a koutou katoa, inā, tātou katoa, e hoe tahi ana ki te whakaiti i te whakawhiu i te tangata, otirā, ki te whakanui i te aroha o te tangata mai tētahi ki tētahi i raro i te ōhāki o ngā tūpuna tae noa ki ngā whakatipuranga mo ake tonu atu.

Kei i a tātau katoa te mahi ki te pupuri i te mauri o te māhere rautaki He Korowai Oranga mē te pūtake o tēnei kaupapa “Whānau Ora” hei poutokomanawa mo ngā wawata, ngā moemoea me ngā hiahia ki te whakatinana i tēnei kaupapa ātāhua. Ē ai ki te kōrero e whai ake nei:

*“Ka oho te wairua
Ka matāra te tinana
He aroha ki te aroha
Ka kā te rama”.*

Ko ngā mātāpono hei ārahi hāere i te kaupapa whakahirahira nei, ko te:

- mahi tahi
- whai wāhitanga
- aroha ki te tangata.

Nō reira, kia kaha tātau katoa ki te whakaiti i te whakawhiu i te tangata me te hiki i te aukati. Kia matāra, kia māia, kia manawanui, huri noa i te motu, tēnā koutou tēnā koutou, tēnā tātou katoa.



Māori Caucus

Left to right standing: Manny Downs (New Zealand Nurses Organisation), Marius Joseph (Nga Tangata O Te Ao Marama), Henare Harrison (Te Awa O Te Ora).

Seated: Ellen Yukich (Ngati Kahu Social and Health Services), Lila Baker (Serious Fun N Mind).

Absent: Te Wera Kotua (Capital & Coast District Health Board).

Greetings and acknowledgements to all those who are dedicated to breaking down the barriers for whānau and families who have or are living with the effects of poor mental health. Reducing stigma and discrimination for people who have mental illness, is work that requires collaboration and commitment.

We can all play a role in helping tangata whaiora and their whānau achieve aspirations of maximum health and wellbeing. The Māori Health Strategy and its vision of “whānau wellbeing” focuses on supporting these aspirations. Let us strive to leave a legacy for future generations embodied in an environment that is free of stigma and discrimination, respects diversity and values all people.

In the following words of inspiration:

*“When the mind, body
and spirit are in tune
And love is unconditional
Enlightenment is achieved”.*

The following three principles that can help guide us through this important journey are:

- collaboration
- contribution
- compassion.

Finally, the wisdom is in the words of those who have gone before us:

*“Kia ara ake te herenga tangata ki
te whei ao ki te ao mārama”*

*“Success empowers positive change
Stand tall, stand proud, stand
united”*

“Tihei Mauri Ora!”

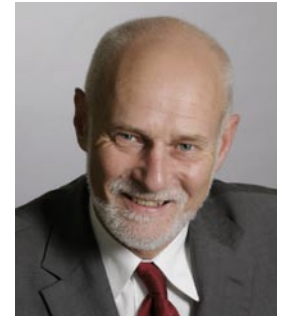
LIKE MINDS, LIKE MINE MĀORI CAUCUS 2007

Acknowledgements

This plan was developed by Like Minds providers building on previous plans and reflections on the work they do. It is important to acknowledge everybody who made a contribution, no matter how small, but the following people deserve special mention:

- the regional providers of the Like Minds, Like Mine programme who contributed to the consultations undertaken at the 2007 national hui and other meetings
 - National Plan Steering Group members Gareth Edwards, Susie Crooks, Grant Kelly and Ivan Yeo
 - Like Minds Māori Caucus members Te Wera Kotua, Lila Baker, Marius Joseph, Ellen Yukich, Henare Harrison, Manny Down, and Charmaine Turei (also steering group)
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 - Bryan Wilshire and Anil Thapliyal (Lifeline).
- Also thanks must go to Bruce Macdonald for bringing together the final document in consultation with key stakeholders.

Preface



Like Minds, Like Mine is 10 years old. Looking back we have seen considerable success in reducing stigma and discrimination associated with mental illness.

Research shows that public attitudes are continuing to change for the better, media coverage is improving, and people with experience of mental illness say many aspects of public attitudes have improved. In some parts of New Zealand, we have also seen clear development of policies in organisations which have ensured a change in behaviour as a result.

Like Minds has also led a successful television campaign which has encouraged New Zealand to talk about mental illness, to understand and value people who experience mental illness and moved us all forward as a society.

However, Like Minds is much more than a television campaign. Our success is due to the combined efforts of many people who have engaged with their communities in work characterised by passion, creativity, innovation, collaboration and an understanding of the long-term approach that is required to produce social change.

As Like Minds has evolved, the focus has moved from strategies to raise awareness and promote attitude change to strategies aimed at bringing about changes in behaviours, practices and policies. This has meant it has been increasingly important

to engage partners and allies who share the goals of addressing the stigma and discrimination associated with mental illness. We would not have achieved so much without these combined efforts.

Despite our success we know that people with experience of mental illness still have to overcome barriers of stigma and discrimination in their everyday lives, and this remains as unacceptable now as it did 10 years ago.

This plan takes Like Minds into its second decade and looks forward to establish desired outcomes and outline how they might be achieved. It details how behaviour change can be achieved and continues to emphasise the importance of leadership from people with experience of mental illness to bring about the desired change.

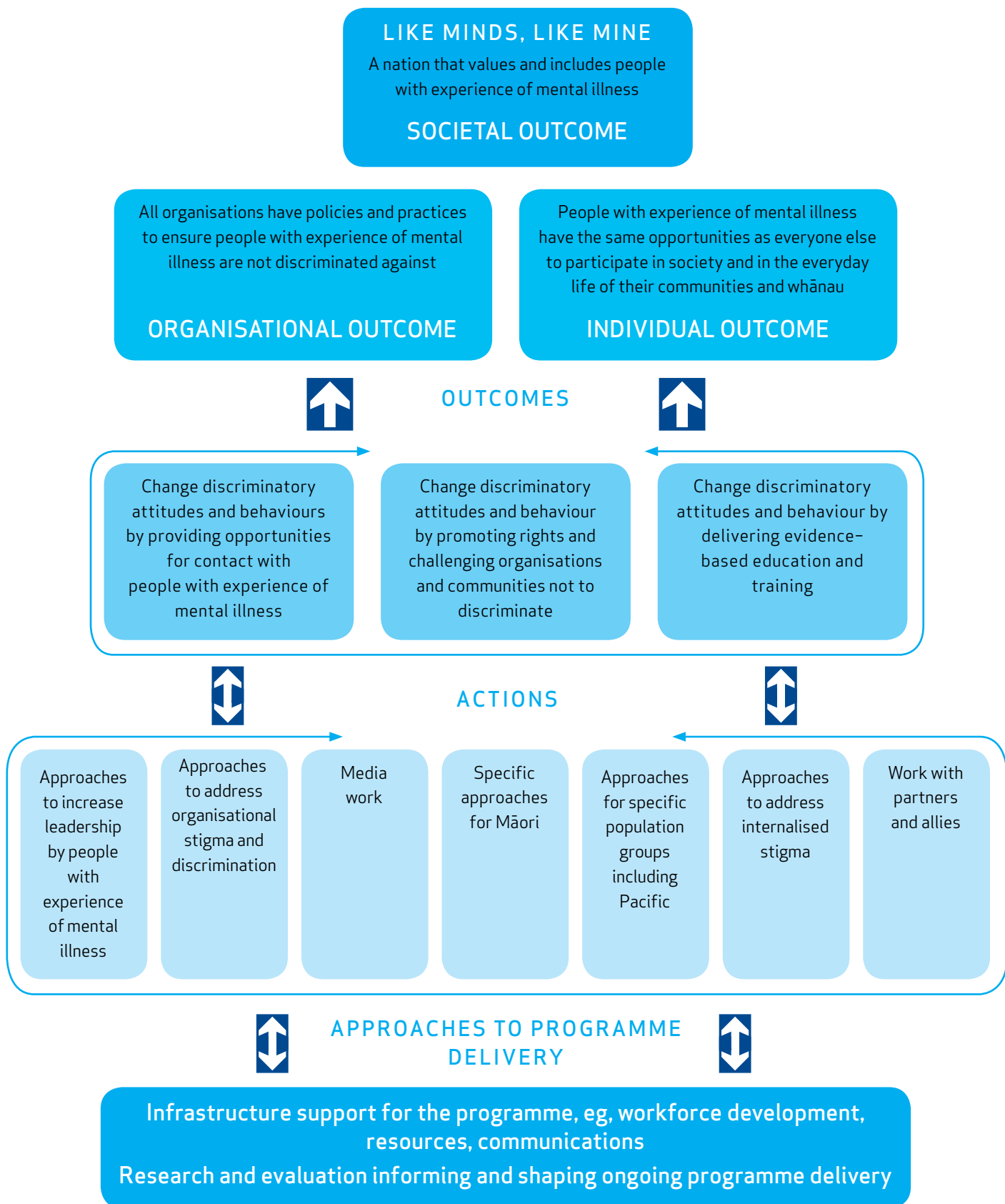
This is an exciting plan which attempts to remove the barrier of discrimination in recovery from mental illness. It acknowledges that after ten years there is still a lot of hard work to be done, but a New Zealand which values and includes all people with experience of mental illness is something we can make happen.

A handwritten signature in black ink that reads "Pete Hodgson". The signature is written in a cursive style with a horizontal line underneath.

HON PETE HODGSON, MINISTER OF HEALTH

Like Minds, Like Mine

National Plan Framework 2007-2013



Contents

Foreword	ii
Acknowledgements	iv
Preface	v
Summary diagram of the Like Minds National Plan 2007-2013	vi
1. Introduction	1
Background	1
Context	2
Te Tāhuhu - Improving Mental Health 2005-2015	2
Multi-Agency Plan.....	2
The Power of Contact	2
Respect Costs Nothing	3
Theoretical influences.....	3
Outcomes-based planning.....	4
2. Outcomes, Actions and Approaches to Programme Delivery	5
Outcomes	5
Actions	5
Approaches to programme delivery	6
3. Outcome and Performance Indicators for Actions and Approaches 7	
Actions	7
Action one	7
Action two	8
Action three	9
Approaches	10
Approach one.....	10
Approach two.....	11
Approach three.....	12
Approach four.....	13
Approach five	14
Approach six	15
Approach seven	16
4. Programme Infrastructure	17
5. Research and Evaluation	17
References	18
Appendix 1: Summary of Like Minds Progress to 2006	19
Like Minds history and background	19
Progress against the 2003-2005 National Plan	20
Timeline	23
Appendix 2: Tikanga Framework	24
Appendix 3: Further reading	25

1. Introduction

BACKGROUND

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 ...

We are optimistic enough to believe that a well-informed New Zealand public will then realise that [people with mental illness] are people whom we should nurture and value.¹

A project to counter the stigma and discrimination associated with mental illness was established in response to the 1996 Mason Report. It began in 1997 as one of the first comprehensive campaigns internationally to address discrimination associated with mental illness, combining community action at a local level with nationwide strategies and media work to bring about social change.

Since the initial five-year period the Government has maintained the Like Minds, Like Mine (hereafter referred to as Like Minds) project as an ongoing programme through the Ministry of Health. Throughout the life of the programme, surveys and other evaluations have identified key areas of

success, particularly in relation to increased acceptance and openness about mental illness in the community, and increased leadership of the programme by people with experience of mental illness.

A summary of Like Minds' achievements is attached as Appendix 1. Ongoing research has also established there is more work to be done if changes in attitude are to be backed up by changes to behaviour, policies and practice.

➔ *“There is much for those involved with Like Minds to be proud of, and while there is a great deal of work still to be done, it is important to celebrate the successes to date, and reflect on what has been learned in order to plan for the future.” (BALL 2007)*

¹ The Report of an Inquiry Under section 47 of the Health and Disability Services Act 1993 in Respect of Certain Mental Health Services (the Mason Report), 1996.

CONTEXT

This document updates the National Plan 2003–2005 (Ministry of Health 2003) for Like Minds and outlines the direction of the programme for the next six years through to June 2013. The plan builds on the success of the programme so far and incorporates the results of continuing research and evaluation. Since the last National Plan was published there have been a number of publications and theoretical influences which help to provide some context for this revised plan. These are summarised below.

Te Tāhuhu – Improving Mental Health 2005–2015

Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan (Minister of Health 2005) sets out the Government's overall outcomes for mental health and addiction. The Like Minds National Plan now also adopts an outcomes-based planning framework and includes the *Te Tāhuhu* general outcome statement: people with experience of mental illness and addiction should have 'the same opportunities as everyone else to fully participate in society and in the everyday life of their communities and whānau'.

Multi-Agency Plan

Reducing discrimination associated with mental illness requires collaborative planning and the combined effort of many people and organisations. In 2005 four government agencies published *Reducing Discrimination against People with Mental Illness: Te Kekenga: Whakamana i te Tangata Whaiora Multi-Agency Plan 2005–2007* (Mental Health Commission 2005). The foundation signatories – the Mental Health Commission, Ministry of Health, Office for Disability Issues and Human Rights Commission – recognised the need for improved planning and co-operation to reduce discrimination associated with mental illness. The Multi-Agency Plan identifies and draws together activities planned by the agencies to reduce discrimination.

Since 2005 other agencies have become partners in collaborative multi-agency planning to reduce discrimination, and over time it is anticipated this number will grow. Building these partnerships with supporters and allies remains a key component of this plan.

The Power of Contact

The Power of Contact (Case Consulting 2005) looked at the effectiveness of various strategies for countering stigma and discrimination associated with mental illness, and identified the three most effective: contact, protest and education. The actions outlined for Like Minds in this plan are aligned to these three strategies.

The report identified that personal contact with people with experience of mental illness was the most effective strategy to counter stigma and discrimination, provided the following conditions are met: the person with experience of mental illness has equal status, there is an opportunity for people to interact and get to know each other, information or evidence that challenges stereotypes is provided, and there is active co-operation and pursuit of a mutual goal.

Respect Costs Nothing

Undertaken as part of Like Minds, *Respect Costs Nothing* (Mental Health Foundation 2004) surveyed discrimination in a large group of people with experience of mental illness. The research found that discrimination was experienced by most of the participants in a number of key areas in their lives, including in mental health services and by friends and families. Many respondents experienced multiple areas of discrimination which prevented them having full access to education, employment and housing, and which contributed to a lowering of income and decreased participation in society. Māori and Pacific peoples and other marginalised groups also experienced multiple forms of discrimination.

Respect Costs Nothing has helped inform the development of this plan. A list of further reading relating to stigma and discrimination associated with mental illness is attached as Appendix 3.

Theoretical influences

There are a number of theoretical influences on the Like Minds programme. These are summarised below. Informed by these influences, the actions and approaches identified in the plan will be directed at barriers that currently prevent people with experience of mental illness from fully participating in society.

The programme's actions continue to reflect a human rights perspective and the allied social model of disability to achieve the identified outcomes. A human rights approach asserts the dignity and value of all people and the right to be free from discrimination. The social model of disability, as used in the *New Zealand Disability Strategy* (Minister for Disability Issues 2001), describes disability as a process that happens when one group of people create barriers by designing a world only for their way of living. Disabling attitudes and behaviours create barriers to participation in society, and these barriers are the cause of disability.

A key implication of the social model of disability is that those who are most excluded must participate in the design and implementation of solutions. Like Minds intends to further strengthen the role that people with experience of mental illness play in the leadership, management and operation of the programme.

A further influence is the emerging social model of madness and distress, which comes from the social model of disability. This model sees madness and distress as socially constructed labels applied to behaviours and experiences outside what most people perceive as normal.

Many people with experience of mental illness develop self-belief in negative stereotypes. This internalised stigma is yet another barrier to full participation in society. Undertaking further research on this issue and addressing internalised stigma is for the first time an explicit approach for Like Minds providers.

Outcomes-based planning

Outcomes-based planning allows a few vital outcomes to be established for a programme and promotes clear links, supported by evidence, between a programme's actions and outcomes. This National Plan identifies outcomes for the Like Minds programme at societal, organisational and individual levels. To achieve these outcomes, actions to change discriminatory attitudes and behaviour are identified. The plan puts increasing emphasis on changing discriminatory behaviour and practices as the programme continues to move beyond awareness raising.

➔ *"I am reminded, as I write this, of the challenges of climbing a mountain. Halfway up, one can look behind and marvel at how far we have come. However, looking forward, we realise how far we have to go. I think it is important to do both, as hope is such a key element to recovery. The recovery we speak of in this context is not our own individual recovery but rather the recovery of our people – tangata motuhake – to their rightful role and position in our communities."*

(HANSEN C, QUOTED IN BALL 2007)

2. Outcomes, Actions and Approaches to Programme Delivery

OUTCOMES

The Like Minds programme will deliver outcomes at societal, organisational and individual levels (see Figure 1).

Figure 1: Like Minds outcomes and levels

	OUTCOME
SOCIETAL	A nation that values and includes all people with experience of mental illness.
ORGANISATIONAL	All organisations have policies and practices to ensure people with experience of mental illness are not discriminated against.
INDIVIDUAL	People with experience of mental illness have the same opportunities as everyone else to participate in society and in the everyday life of their communities and whānau.

ACTIONS

The outcomes will be achieved by changing discriminatory attitudes and behaviour. There is evidence that the most effective strategies to counter stigma and discrimination associated with mental illness are:

- contact or direct interactions with people with experience of mental illness
- challenging people and organisations to ensure people with experience of mental illness have the same rights as everyone else

- delivery of education and training to change discriminatory attitudes and behaviour.

The three actions in the plan are based around these strategies. None of these actions are designed to stand on their own, and most approaches to programme delivery will incorporate aspects of more than one action.

Like Minds providers will incorporate the following actions to promote this change.

- 1** Change discriminatory attitudes and behaviour by providing opportunities for contact with people with experience of mental illness.
- 2** Change discriminatory attitudes and behaviour by promoting rights and challenging organisations, communities and individuals not to discriminate.
- 3** Change discriminatory attitudes and behaviour by delivering evidence-based education and training.

APPROACHES TO PROGRAMME DELIVERY

A range of approaches and methods will be used for programme delivery.

- 1** Increase the leadership of individuals and groups with experience of mental illness to deliver the programme's outcomes.
- 2** Assist organisations to adopt policies and practices that prevent discrimination against people with experience of mental illness.
- 3** Use all forms of media to change discriminatory attitudes and behaviour towards people with experience of mental illness.

4 Strengthen specific approaches for Māori to address the needs of Māori with experience of mental illness.

5 Strengthen approaches to address the needs of specific population groups with experience of mental illness, including Pacific peoples.

6 Develop approaches to address the internalisation of stigma and discrimination associated with mental illness.

7 Extend relationships and activities with supporters and allies to deliver the programme's outcomes.

Two-year work plans, outlining detailed activities and milestones necessary to implement this framework and to achieve the outcomes, will be developed for use in conjunction with this plan.

3. Outcomes and Performance Indicators for Actions and Approaches

ACTIONS

Action one

- Kotahi te kohao o te ngira e kuhuna ai te miro pango, te miro mā, te miro whereo. I muri, kia mau ki te aroha, ki te ture me te whakapono.²

Change discriminatory attitudes and behaviour by providing opportunities for contact with people with experience of mental illness.

Although contact or direct interaction with people with experience of mental illness is an effective strategy to counter stigma and discrimination associated with mental illness, not all contact is of the type that can achieve change. To be effective, contact needs to involve the following conditions:

- participants have equal status
- there is an opportunity to get to know each other
- information is available to challenge negative stereotypes
- there is active co-operation between participants
- participants share a mutual goal.

Like Minds providers will facilitate opportunities for contact under these conditions. To maximise the impact, priority will be given to opportunities for contact with community leaders, key decision-makers and opinion leaders.

OUTCOME AND PERFORMANCE INDICATORS

- Like Minds Like Mine providers are resourced and supported to deliver community education which includes facilitated contact between people with experience of mental illness and others.
- Discriminatory attitudes and behaviour towards people with experience of mental illness are reduced.
- Supportive relationships enable Māori tangata whaiora to participate in the programme effectively.

²Please note that this and subsequent whakatauki are not literal translations of the actions or approaches. English translations of the whakatauki used in this plan can be found on the Like Minds website (www.likeminds.org.nz).

Action two

➤ He manga wai koia kia kore e whitikia.

Change discriminatory attitudes and behaviour by promoting rights and challenging organisations, communities and individuals not to discriminate.

The first decade of the Like Minds programme has seen significant and quantifiable changes in attitudes associated with mental illness among most sectors of the population. Over the next six years the programme will be looking to achieve similar significant and quantifiable changes in relation to discriminatory behaviour. The mass media advertising campaign remains an integral component in creating a climate of opinion to support change in discriminatory attitudes and behaviour. Like Minds will also continue to adopt a human rights approach to ensure people with experience of mental illness have the same opportunities as everyone else to participate in the everyday life of their communities, friends and whānau.

OUTCOME AND PERFORMANCE INDICATORS

- People with experience of mental illness have equal access to housing, education, employment, recreation, and all health and social services.
- People experience no discrimination when accessing mental health treatment and support services.
- Barriers related to stigma and discrimination are removed to allow people to better access support and information for their whānau.
- There is a reduction of organisational discrimination against people with experience of mental illness.
- The ongoing mass media advertising campaign creates a climate of opinion to support changes in discriminatory attitudes and behaviour.
- Surveys of people with experience of mental illness report a reduced experience of discrimination from organisations and the wider community.

Action three

➤ Ruia, taitea, kia tū ko taikata anake.

Change discriminatory attitudes and behaviour by delivering evidence-based education and training.

Ensuring people are provided with information and education to replace commonly held myths and stereotypes will remain a key action area for the programme. The aim of education and training programmes is to provide a structured and non-judgemental opportunity for people to explore their own attitudes and behaviours. The outcomes of targeted education and training programmes are that participants develop respectful communication, socially inclusive and non-discriminatory attitudes, behaviours and practices in their work and everyday life. This kind of education and training is best led and delivered by people with experience of mental illness.

OUTCOME AND PERFORMANCE INDICATORS

- People challenge incidents of stigma and discrimination where they occur.
- Regional providers are supported to deliver the programme through the availability of effective education resources.
- Programme delivery incorporates the results of research and evaluation.
- Like Minds providers work with mental health services to develop effective strategies to challenge stigma and discrimination within their service.
- Like Minds providers work with other health services to develop effective strategies to challenge stigma and discrimination within their service.

APPROACHES

Approach one

➤ Ko te kai a te Rangatira he kōrero nō rēira kia tū, kia oho, kia matāra.

Increase the leadership of individuals and groups with experience of mental illness to deliver the programme's outcomes.

Increasingly, people with experience of mental illness are both leading the Like Minds programme and undertaking a high proportion of programme delivery. As a result of their experiences and personal knowledge of discrimination, people with experience of mental illness are ideally placed to challenge stereotypes and discriminatory practices.

After a decade of programme delivery there is a skilled and experienced workforce among people with experience of mental illness ready to take the programme forward. It will be important to retain, and further develop, this skilled workforce.

People and organisations without experience of mental illness still have an important part to play in the programme, but their role is changing to one of supporting activity by people with experience of mental illness. Ongoing leadership of the programme by people with experience of mental illness is critical to its long-term sustainability and continuing success.

OUTCOME AND PERFORMANCE INDICATORS

- The programme is predominantly led, driven and delivered by people with experience of mental illness.
- People with experience of mental illness are appropriately trained and supported to lead, drive and deliver the programme.
- The development of specific approaches for Māori is led by Māori with experience of mental illness.
- The development of specific approaches for Pacific peoples is led by Pacific peoples with experience of mental illness.
- The development of specific approaches for youth is led by youth with experience of mental illness.
- The programme is successful and sustainable.

Approach two

➤ He toka tū moana, arā he toa rongonui, ko te amorangi ki mua ko te hapai ō ki muri.

Assist organisations to adopt policies and practices that prevent discrimination against people with experience of mental illness.

Changing discriminatory practices and behaviour at an organisational level will be given more emphasis by the programme over the next six years. Experience has shown that working alongside an organisation to support the organisation's own change process has the most success. Developing relationships of trust and mutual respect with organisations takes time, and adopting non-discriminatory policies and practices depends on an organisation's readiness to change.

While health and social service organisations will be a key focus of Like Minds policy work, the outcome for the programme is that all organisations will ultimately have policies and practices in place so that people with experience of mental illness are not discriminated against.

OUTCOME AND PERFORMANCE INDICATORS

- Organisations have policies and practices that address institutional discrimination.
- Where in place, policies are reviewed and evaluated to ensure they remain effective.
- Where it occurs, organisational discrimination is identified and addressed.
- People with experience of mental illness have the same access to resources and opportunities to participate in society as everyone else.
- There are higher levels of employment among people with experience of mental illness.
- People with experience of mental illness are aware of their rights and are supported to confront discrimination.

Approach three

- Mā te kōrero ka mōhio mā te mōhio ka mātau mā te mātau ka mārāma mā te mārāma ka ora.

Use all forms of media to change discriminatory attitudes and behaviour towards people with experience of mental illness.

Media work will continue to be a major approach for the Like Minds programme. The news and other mass media have a significant role in creating and perpetuating myths and stereotypes associated with mental illness, but the media can also play a positive role in challenging stigma and discrimination associated with mental illness. Providers will work with all forms of media to promote informed and non-stigmatising reporting and portrayal of mental illness.

In addition, the national Like Minds mass media advertising campaign will continue to build on the success it has had to date in changing attitudes and creating a climate of opinion that is supportive of other approaches, such as community education and organisational policy development.

OUTCOME AND PERFORMANCE INDICATORS

- There is a reduced incidence of all forms of media stories that wrongly associate mental illness and violence.
- Media increasingly generate stories which negate myths and stereotypes associated with mental illness.
- There is increased media coverage of positive stories about people with experience of mental illness.
- Ongoing surveys and other research indicate increased understanding and acceptance, in all population groups, of people with experience of mental illness.
- Incidents of media presentation of myths and stereotypes associated with mental illness are responded to quickly and effectively.
- Māori-specific media resources and approaches appropriate for whānau, hapu, iwi and Māori services are available to support Like Minds provider activity.
- Media approaches assist family and friends of people with experience of mental illness to address stigma and discrimination.
- The mass media advertising campaign is maintained through to 2013.

Approach four

➡ Ehara taku toa he toa takitahi, ēngari taku toa he toa takitini.

Strengthen specific approaches for Māori to address the needs of Māori with experience of mental illness.

Any understanding of mental illness is culturally based. Māori have a specific cultural context for understanding mental illness and the discrimination faced by tangata whaiora.

While all approaches will address the needs of Māori, specific Māori approaches are also needed. Currently, around a third of Like Minds regional providers are Māori. Work has begun to develop a resource that captures Māori concepts and provides a framework to better engage with communities.

An outline of the key elements of this resource is included in Appendix 2. Once completed, it will sit alongside this plan and provide a culturally appropriate framework for Māori providers to address stigma and discrimination by working with whānau, hapu, iwi and Māori services.

OUTCOME AND PERFORMANCE INDICATORS

- A Māori-specific resource to address stigma and discrimination is produced for implementation alongside the National Plan.
- The Māori Caucus guides and supports appropriate delivery of the plan to Māori.
- Māori Like Minds providers meet annually to collectively develop and share approaches to programme delivery for Māori.
- Ongoing surveys and research indicate Māori have an improved understanding of discrimination associated with mental illness and acceptance of people with mental illness.
- Surveys of Māori tangata whaiora report reduced experience of discrimination from organisations and the wider community.

Approach five

Whāia te iti kahurangi ki te tuohu koe mē he maunga teitei.

Strengthen approaches to address the needs of specific population groups with experience of mental illness, including Pacific peoples.

Because understanding mental illness is culturally based, all population groups have specific contexts for understanding the experience of stigma and discrimination. As well as needing to address their own attitudes towards people with experience of mental illness, people from different population groups also face multiple forms of discrimination. The programme will further develop culturally specific approaches for Pacific, Asian, and migrant and refugee communities.

The cultural context for stigma and discrimination for young people as a population group will see the further development of approaches that engage young people with experience of mental illness to challenge discrimination. The programme will also develop specific approaches for marginalised population groups.

OUTCOME AND PERFORMANCE INDICATORS

- Pacific Like Minds providers lead the development of resources to support the delivery of the programme to Pacific peoples.
- Pacific Like Minds providers meet on an annual basis to collectively develop and

share approaches to programme delivery for Pacific peoples.

- Ongoing surveys and research indicate Pacific peoples have an improved understanding of discrimination associated with mental illness and acceptance of people with mental illness.
- Surveys of Pacific peoples with experience of mental illness report reduced experience of discrimination from organisations and the wider community.
- Culturally appropriate approaches are adopted to support and assist implementation of the National Plan.
- A media programme to specifically address stigma and discrimination for the Chinese population is maintained.
- Age-appropriate approaches are adopted to support and assist implementation of the National Plan.
- Ongoing surveys and other research indicate young people have an improved understanding of stigma and discrimination associated with mental illness.
- The programme is relevant to gay, lesbian, bisexual and transgender populations.

Approach six

➤ Hoki ki ōu maunga kia pūrea koe e ngā hau e whā ā Tāwhirimātea.

Develop approaches to address the internalisation of stigma and discrimination associated with mental illness.

During the first 10 years of the programme, most activity has addressed public attitudes and behaviour towards people with experience of mental illness. Over this period there has been an increasing awareness that many people with experience of mental illness internalise negative stereotypes. Internalised stigma can create another barrier to participation in society for people with experience of mental illness.

Undertaking further research on this issue and addressing internalised stigma is for the first time an explicit approach for Like Minds providers to add to other approaches to counter stigma and discrimination.

OUTCOME AND PERFORMANCE INDICATORS

- People with experience of mental illness have the skills, resources and support to address internalised stigma.
- There are higher levels of employment among people with experience of mental illness.
- Research and evaluation are undertaken to further understand internalised stigma in a New Zealand context.
- Education and training resources are strengthened to specifically address internalised stigma.

Approach seven

➤ **Nāu te rourou nāku te rourou kā ora te iwi.**

Extend relationships and activities with supporters and allies to deliver the programme's outcomes.

Like Minds has always recognised the importance of supporters and allies to help achieve programme outcomes. Partnerships with allies who bring a broad range of knowledge, experience, skills and resources are essential to ensuring people with experience of mental illness participate fully in life as valued members of our communities.

Supporters and allies can be found at a number of levels, including government and non-government agencies, health providers, community organisations, and also among friends and whānau of people with experience of mental illness. This plan further encourages partners at all levels.

Over the life of the programme many of these collaborative relationships have become more formalised. Some of these are at a central government level, such as the Multi-Agency Plan signed by the foundation partners: the Ministry of Health, Mental Health Commission, Office for Disability Issues, and Human Rights Commission. The Multi-Agency Plan has established a good platform for further intersectoral work at the national, regional and local levels.

OUTCOME AND PERFORMANCE INDICATORS

- Strategies to address stigma and discrimination are included in the policies and work plans of partner organisations.
- Other agencies – both government and non-government – join the foundation partners in revisions of the Multi-Agency Plan.
- Co-operative planning processes take place between agencies at a national, regional, district and local level.
- Existing Māori networks provide partners and allies to achieve the programme's outcomes.
- Supporters and allies within mental health services assist the programme to achieve its outcomes.
- Supporters and allies among families/whānau of people with experience of mental illness assist the programme to achieve its outcomes.

4. Programme Infrastructure

Like Minds is a complex programme, with many different strands and activities spread throughout New Zealand. A strong infrastructure at all levels to support and co-ordinate the programme is therefore essential. Key elements of the programme infrastructure will continue to be provided at the national, regional and local level to support programme delivery. Effective infrastructure will ensure strong links between national components of the programme and regional activity.

Infrastructure elements will include:

- communications such as newsletters, electronic bulletins and websites
- resource development and evaluation
- workforce development such as training workshops for those participating in the programme
- national conferences and other provider meetings and hui.

5. Research and Evaluation

From the outset, significant resources have been put into research and evaluation of the Like Minds programme. The results of this research and evaluation have been extremely important to help shape and inform the ongoing evolution of the programme.

Research and evaluation will continue to be a significant component of the programme over the next six years. The outcome focus of this plan will allow monitoring of progress against the outcome and performance indicators identified in it. Tracking surveys and other evaluations are also important to ensure Like Minds takes on board the changing shape of public attitudes and responds appropriately.

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Appendix 1:

Summary of Like Minds Progress to 2006

The following is a selection of extracts from *'What's Been Happening?' A summary of highlights, activity and progress on Like Minds, Like Mine 2003-2006* (Ball 2007).

LIKE MINDS HISTORY AND BACKGROUND TO 2003

Like Minds is an award-winning project that combines grassroots action with nationwide strategies to create social change. Since the campaign began in 1997, Like Minds has been breaking new ground. Internationally, although a number of countries have initiated programmes to address discrimination in specific areas, Like Minds is one of the few comprehensive multi-levelled campaigns to address the stigma and discrimination associated with mental illness. While the project has drawn on theory and experience from public health and social change campaigns, those involved with the project have largely created new ways of doing things, and new ways of working across sectors and social groups. It has been a learning curve for everyone, and, within the project, understanding about "what works" is continuing to deepen. The learning has not only been about what works to change attitudes, behaviour and practices, but has also been about how to organise, communicate and share decision making and resources within the many strands and levels of the Like Minds campaign itself.

From the beginning of the project in 1997 to the publication of the 2003-2005 National Plan in 2003, a range of different strategies were used to counter stigma and discrimination, including a nationwide television and radio advertising campaign, public speaking engagements by people with experience of mental illness, and local awareness raising events such as photo and art exhibitions, marches and community fono and hui. These actions were supported by media work to gain coverage of local events and disseminate positive personal stories of mental illness and recovery. A number of strategies were also used to encourage non-discriminatory reporting of mental health stories including complaints about discriminatory reporting through letters to the editor, the production of guidelines for working journalists and training for journalism students.

These strategies all served to make people with experience of mental illness more visible in a positive way, countering negative stereotypes and raising awareness. When Like Minds started, the typical member of the general public didn't see the topic of mental illness as personally relevant to them. However, by the time the 2003-2005 National Plan was published, people were more aware of how common mental illness is, and they were less judgemental, and more interested than they were in 1997 when the project began. In a survey of 266 people with experience of mental illness,

over half reported reduced levels of stigma and discrimination from family, mental health services and the public. Just under half reported a reduction in stigma and discrimination from Work and Income, and around a third mentioned a reduction within the Police, Housing New Zealand and the media. So in a relatively short time period, significant progress had been made.

As the project has evolved and developed, the focus has gradually moved from strategies to raise awareness and promote attitude change, to strategies aimed at bringing about changes in behaviours, practices and policies. The 2003–2005 National Plan made this shift explicit, stating “This new plan signals a shift in emphasis towards reducing discrimination, now that the ground work of raising awareness has been done so well” (p 3).

The regional work has largely been “bottom-up”, driven by community needs and locally available skills and opportunities. This has led to great diversity and much innovation in the regional work. Activities have been strongly grounded in local realities, and regional providers have almost all had great success at achieving local ‘ownership’ for the Like Minds project.

PROGRESS AGAINST THE 2003–2005 NATIONAL PLAN

➔ *“I am continually asked if I see change; my answer is yes, but there is still a lot of work to be done.”*

(NOELINE KURU, NEW PROGRESS ENTERPRISES
TAUPO, BROADSHEET, FEB 2005)

The 2003–2005 National Plan reaffirmed the vision and philosophy of the Like Minds project and set a new direction with more focus on making things fairer for people with experience of mental illness, as well as continuing to raise awareness and improve attitudes. The plan laid out strategies and suggested activities under seven overarching objectives. This report has summarised some of the key projects, actions and achievements of Like Minds over the life of the 2003–05 National Plan. Although there is still much to be done, measuring achievements to date against the objectives of the National Plan gives a sense of how far the project has come.

While service user leadership remains a hot topic within Like Minds, there has been some major progress towards achieving Objective One of the plan, which states that ‘the leadership abilities of people with experience of mental illness must be valued, encouraged and developed so that they are increasingly employed or contracted, and remunerated for their skill and contribution in the project’. Compared with three years ago, there is now a more experienced and skilled service user workforce, and people with experience of mental illness involved at all levels of the project, including leadership roles.

Like Minds has continued to engage supporters and allies and work collaboratively with organisations and individuals whose aims align with the vision of the Like Minds project. Specific achievements against Objective Two of the National Plan include the cementing of national-level alliances through the Multi-Agency Plan, and some successful regional collaboration between like minded organisations. Extension of Like Minds networks beyond the mental health

sector over the past three years has enabled Like Minds to address discrimination in a wide range of spheres including employment, education settings and access to legal services.

Objective three is to advocate for non-discriminatory policies and practices, with a particular focus on mental health services, housing, education, employment, income, and access to goods and services. The suggested strategies include finding out where discrimination is occurring, advocating for changes to systems that are unfair, encouraging use of existing mechanisms for redress, and supporting people with experience of mental illness to advocate for themselves. Milestones achieved against this objective include the completion of the Respect Costs Nothing discrimination survey, the development and roll-out of the Korowai Whaimana human rights training, and numerous examples of regional actions.

The fourth objective of the 2003–2005 National Plan is to use mass media, community education and other means to improve the social inclusion of people with experience of mental illness. A large proportion of Like Minds work over the past three years has been focused on achieving this objective, and there has been major progress in terms of building the infrastructure for delivery of high quality education and training in the regions, continuing to change public attitudes through the ‘Know me before you judge me’ advertising campaign, and ongoing media work that has increased the visibility and strengthened the public voice of people with experience of mental illness.

Under Objective Five, which focuses on the development of approaches by Māori for Māori, the key strategy suggested by the 2003–2005 Plan is to support opportunities to increase the leadership and participation in Like Minds by Māori who have experience of mental illness and their whānau support. Through national hui, Māori-specific research, resources and training, Māori champions for the project, and regional activities that have supported and included tangata whaiora, steady progress has been made against this objective. Over the life of the plan, a sense of shared purpose has grown between Māori providers and tangata whaiora around the country, and partnerships between providers have produced positive results.

People from different cultures, ethnic groups and age groups have different cultural contexts, and therefore specific approaches for addressing discrimination within these groups is required. Objective six focuses on developing effective relationships to challenge discrimination amongst Pacific and Asian communities, engaging young people with experience of mental illness to challenge the discrimination they face and developing activities to address discrimination faced by marginalised populations that have experience of mental illness. Existing work with Pacific peoples has been strengthened over the period of the 2003–2005 Plan, and promising new projects working with youth and Asian communities have been initiated in Auckland.

Finally, Objective Seven is to develop and strengthen the infrastructure of Like Minds, and increase the organisational capability to achieve the aims of the project. Key

achievements against this objective have been strong consolidation of knowledge and understanding about discrimination and what works to counter it, an ongoing commitment to training for the Like Minds workforce, and continued investment in evaluation and internal communication channels.

Overall, an enormous amount of work has been done over the life of the 2003–2005 National Plan – far too much to summarise adequately in this report. The best examples of successful Like Minds action have been characterised by creativity, innovation, collaboration, strategic thinking, passionate commitment to the aims and the principles of the project and an understanding of the long-term approach that is required to produce social change. There is much for those involved with Like Minds to be proud of, and while there is a great deal of work still to be done, it is important to celebrate the successes to date, and reflect on what has been learned in order to plan for the future.

Recognition and awards for Like Minds work:

- silver award at the New Zealand advertising industry awards for Sustained Success in advertising at the EFFIE (Effective in Advertising) Oct 2005
- the MHS 2005 gold award for Wellington Speakers Bureau
- Marketing Magazine's Supreme Award 2003
- 2003 Media Peace Awards – FCB won the premier award in the Advertising / Public Relations category for the Like Minds phase 2 advertising campaign, 'You Make the Difference'

- WHO photo essay 'Denied Citizens: Mental Health and Human Rights' features Like Minds photo as one of few world-wide images celebrating advocacy in action
- publication of Like Minds case study in WHO mental health promotion case studies book
- profile of Like Minds in US web-based Resource Centre to Address Discrimination and Stigma (ADS) in mid-2004.

➔ *"The quantitative and qualitative research point to impressive levels of general public awareness and attitude improvement. Findings from people with experience of mental illness also point to improvements in attitudes and practices from some of the key organisations that have been the focus of the projects education and training work."*

(GERARD VAUGHAN, LIKE MINDS PROJECT MANAGER, 2003 TO 2007)

Timeline

1996

- Mason Report released. It includes a recommendation for a public awareness campaign to counter stigma and discrimination associated with mental illness.
- Research to identify public attitudes is completed.
- Huia Communications is contracted to provide national co-ordination, communications and event management.



1997

- Ministry of Health launches a five-year \$12.6 million dollar project in response to the Mason Report recommendation, with funding for both nationwide and community-based programmes.
- Health Funding Authority begins to enter into contracts with organisations to provide the national and regional activities.



1998

- First national provider seminar held in Rotorua in March.
- National project co-ordinator appointed.



1999

- First National Plan is written and the 'Like Minds, Like Mine' brand is adopted.
- Consumer Advisory Group (which later changed its name to the National Advisory Group) established.
- National contracts in place including PR, communications, project administration and event management, TV and radio advertising, 0800 Freephone, and attitude tracking and evaluation research.
- Twenty-six local organisations and groups contracted to Like Minds to provide a range of community based education and activities.



2000

- Phase one ('Famous people') of the mass media campaign launched in February.
- Tracking surveys of the mass media campaign's impact completed by Phoenix Research.



2001

- Initial five-year funding period ends, but the Like Minds campaign continues through Ministry of Health funding.
- The 2001–2003 National Plan is published in June.
- 'Sticks and Stones', an hour-long documentary on the lives of some of the people in the phase one advertisements, airs on national television.



2002

- Phase two ('Famous kiwis & friends') advertising launched in February.



2003

- 2003–2005 National Plan is published in September, with greater emphasis on reducing discrimination.
- Phase three ('Know me before you judge me') mass media launched in October.



2004

- First Korowai Whaimana Human Rights workshop facilitators are trained in Rotorua in June.
- 'Respect Costs Nothing' discrimination survey is published by the Mental Health Foundation in December.



2005

- Multi-agency plan jointly published by Mental Health Commission, Ministry of Health, Ministry of Social Development and Human Rights Commission.



2006

- National Plan Steering Group convened to develop a new six year plan for Like Minds.



2007

- Phase four ('What you do makes the difference') of mass media advertising campaign launched.

Appendix 2: Tikanga Framework

The Like Minds National Plan 2007–2013 describes specific outcomes and performance measures for Māori. Led by the Like Minds Māori caucus, work is under way to develop a resource that captures Māori concepts and provides a framework to better engage with communities. This resource will act as a toolkit for Māori Like Minds providers, and will sit alongside this plan and provide a culturally appropriate framework for Māori providers to address stigma and discrimination by working with whānau, hapu, iwi and Māori services.

The two figures below capture the work completed so far, with the vision and service components of Like Minds presented conceptually using the structure of a whale. Further development of this concept will provide a foundation for the resource. The next phase of work will focus on aligning the resource more closely to the National Plan.

Figure one

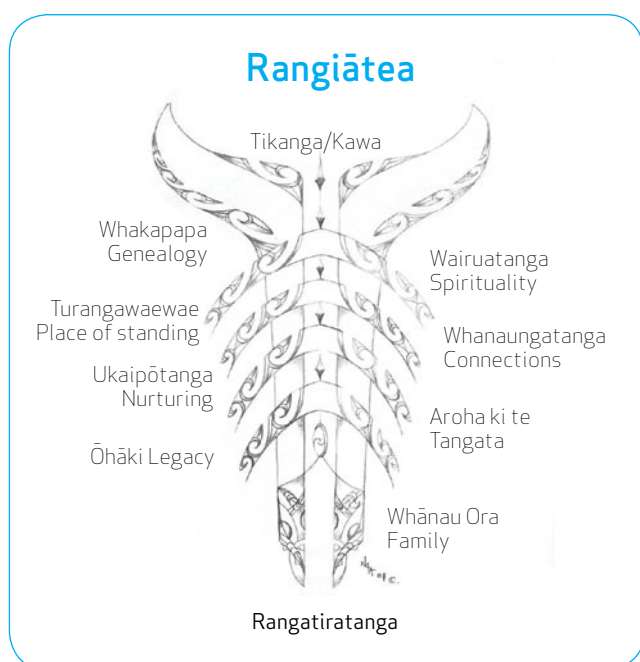
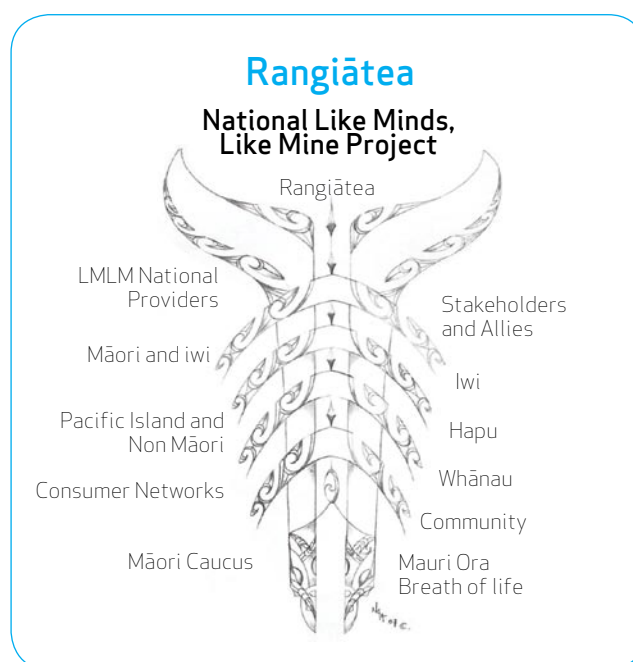


Figure two



Artist: Ngarimu Gardener

“Ēhara ko te tangata mahi te take, ko te mahi ō te tangata.”

It's not in the things that we do but it's how we are doing it that matters.

MĀORI CAUCUS 2007

Appendix 3:

Further reading

Additional reading and materials in relation to stigma and discrimination associated with mental illness are listed below.

1. WEBSITES

Like Minds website: www.likeminds.org.nz

Mental Health Commission website:
www.mhc.govt.nz

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