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| **Questionnaire** **on the right to liberty and security of persons with disabilities*** A number of agencies across the New Zealand government are responsible for creating policy and delivering services that relate to the liberty and security of persons with disabilities. To ensure clarity, information is grouped by responsible agency for each of the questions below.
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| 1. **Please provide information in relation to the existence of legislation and policies that are intended to ensure and protect the right to liberty and security of persons with disabilities.**
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| The New Zealand Bill of Rights Act 1990 provides for the life and security of the person (Part 2) and provides that everyone has the right not to be arbitrarily arrested or detained (section 22).The New Zealand Disability Strategy 2016-2026 supports implementation of the UN Convention on the Rights of Persons with Disabilities in New Zealand. The Strategy will guide the work of government agencies on disability issues over the next 10 years. One of the eight outcomes is “rights protection and justice”. You can access the Strategy here: <http://www.odi.govt.nz/nz-disability-strategy/>. **Ministry of Education**The intent of the Learning Support policy is to provide additional support for students with high and complex needs in their home community, to attend their local schools and remain with their families. This aligns with the Ministry and government strategy of inclusive education for all children (as well as international and national Disability Strategies). Over the last 10 years there has been a significant reduction in the use of residential school placements.  Ten years ago there were three residential schools for children and young people who were deaf or blind or had low vision.  There were five other residential schools for students with learning and/or behavioural difficulties with capacity for approximately 220 students. The availability of increased supports for children and young people in their local schools since 2000 and the benefits of supporting children and young people in their local school and community has meant a gradual reduction in residential special school enrolments.  Since 2010 two residential schools were closed with funding from those schools and additional funding from the government being used to create the Intensive Wraparound Service (IWS), which funds a holistic programme for children in their home, local community and schools. This has further reduced the need for residential school placement, with about 400 children and young people per year provided for under the IWS. This lifts the capability of local schools who receive funding directly for the student’s individualised plan and staff professional development support for each individual student.  An independent evaluation of the IWS has provided evidence of the positive difference made for children and young people receiving the service. |

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| 1. **Please provide information on relevant legislation and policies related to:**
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| * 1. Exercise of legal capacity;
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| **Ministry of Justice**The Protection of Personal and Property Rights Act 1988, provides for the protection and promotion of the personal and property rights of persons who are not fully able to manage their own affairs, through:personal and property orders made by the court if a person lacks the capacity to make their own decisions about their personal care and welfare, and/or property;enduring powers of attorney, which are set up by a person when they are capable of doing so.* For more information, visit <http://legislation.govt.nz/act/public/1988/0004/latest/whole.html#DLM126575>.

**Ministry of Health**In New Zealand, the Mental Health (Compulsory Assessment and Treatment) Act 1992 (hereon referred to as the Mental Health Act 1992) provides for non-consensual assessment and treatment, where patients meet the two-step definition of ‘mental disorder’ in the legislation (for example, presence of a mental disorder to such a degree that it poses a serious danger to self or others, or seriously diminishes the capacity of that person to take care of themselves). It is not capacity-based legislation. However, a clinician must attempt to obtain a patient’s written consent to treatment (this is clarified in Guidelines promulgated under the Mental Health Act 1992 <http://www.health.govt.nz/publication/guidelines-mental-health-compulsory-assessment-and-treatment-act-1992>).The Substance Addiction (Compulsory Assessment and Treatment) Act 2017, comes into force on 21 February 2018. The Act provides for a limited period of compulsory assessment and treatment of people with severe substance addiction, who have severely impaired capacity to consent to treatment for that addiction. One of the aims of the legislation is to restore the individual's capacity to make decisions about substance use and ongoing treatment. For more information, please visit: <http://www.legislation.govt.nz/act/public/2017/0004/23.0/DLM6609057.html>. |
| * 1. The rights of persons with disabilities in institutions including processes of deinstitutionalisation;
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| **Ministry of Education*** Deinstitutionalisation is being achieved by the provision of the Intensive Wraparound Service (IWS) which has reduced the demand for residential schooling.

The IWS develops a comprehensive whole-of life plan for the child/young person with funding and support provided through the local school. This will often include professional development and coaching for teachers, as well as funding for specialist services for each the child/young person. The child’s plan also includes community based and home based interventions and support, as well as school based support.  The IWS support complements other supports already available to a student from their school and other medical/disability and/or welfare supports available to a child/young person. Two residential special schools have been closed since 2010. As of April 2017, the remaining schools have only 27 students enrolled. The IWS now has capacity for 400 children and young people per year.  Children and young people with the highest needs are provided residential placements for a short time, with the aim to assist the child to return and be successful in their home community.**Ministry of Health**Mental HealthNew Zealand overhauled its mental health services in the 1990s. The main change was the closure of large mental hospitals and the movement of care into the community. This was facilitated by new drugs and pushed by the deinstitutionalization movement. For more information, please visit <http://www.wpro.who.int/asia_pacific_observatory/hits/series/Nez_Health_Systems_Review.pdf>.In 2005, the New Zealand Government established a reconciliation initiative (Confidential Forum for Former In-Patients of Psychiatric Hospitals) to address ongoing abuse and mistreatment grievances of ex-patients of mental health institutions in the 1970s to 1990s. Disability Support Services (DSS)The last institution in New Zealand for persons with intellectual disabilities, the Kimberley Centre, was closed in October 2006. For more information, visit <http://www.health.govt.nz/system/files/documents/publications/resettlement-of-kimberley-residents.pdf>.DSS funds day services for persons with disabilities who were deinstitutionalised, under formal deinstitutionalisation plans. |
| * 1. Involuntary admission to mental health services or other institutions;
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| **Ministry of Health**The Mental Health Act 1992 allows for non-consensual assessment and treatment in limited circumstances, where neededto protect people with a mental disorder that pose a serious danger to themselves or others, including from self-neglect. For more information, visit <http://www.legislation.govt.nz/act/public/1992/0046/latest/DLM262176.html>. |
| * 1. Criteria to be found not criminally responsible (insanity defence, inimputabilidad, etc.);.
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| **Ministry of Justice**Under the Criminal Procedure (Mentally Impaired Persons) Act 2003, a defendant will be acquitted in the case of insanity. For further information, visit <http://legislation.govt.nz/act/public/2003/0115/latest/DLM223818.html>.Under the Crimes Act 1961, “no person shall be convicted of an offence by reason of an act done or omitted by him or her when labouring under natural imbecility or disease of the mind to such an extent as to render him or her incapable –a) of understanding the nature and quality of the act or omission; or b)of knowing that the act or omission was morally wrong, having regard to the commonly accepted standards of right and wrong.” For further information, visit <http://legislation.govt.nz/act/public/1961/0043/latest/DLM327382.html>.  |
| * 1. Unfitness to stand trial or unfitness to plead;
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| **Ministry of Justice**Under the Criminal Procedure (Mentally Impaired Persons) Act 2003 a court may make a finding that a defendant is unfit to stand trial at any stage. The court must receive the evidence of two health assessors before making a finding.For further information, visit <http://legislation.govt.nz/act/public/2003/0115/latest/DLM223818.html>.**Ministry of Health**Individuals with an intellectual disability made subject to orders under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 are described as ‘care recipients’. Those found unfit to stand trial on serious charges can be made ‘special care recipients’ and placed under compulsory care up to a maximum period of 10 years. Alternatively, they can be made a care recipient subject to a ‘compulsory care order’ for an initial duration of up to three years. Compulsory care orders can be extended by the Family Court. In addition, individuals can be made subject to a sentence of imprisonment and also made subject to a compulsory care order with matching duration and serve their sentence in a designated facility.For more information, visit <http://www.health.govt.nz/our-work/disability-services/about-disability-support-services/intellectual-disability-compulsory-care-and-rehabilitation-act-2003>. Please note that the Ministry of Justice administers this Act. |
| * 1. Security measures and diversion programmes.
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| **Ministry of Health**An Alcohol and Other Drug Therapeutic Court (AODTC) pilot has been established in Auckland. The results are promising and the Government is considering a two year extension to allow for evaluation. The Court provides a therapeutic alternative for people facing up to three years of imprisonment. |

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| 1. **Please provide the most recently available data, disaggregated by sex and age if possible, on the number of:**
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| * 1. Persons under guardianship;
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| * In the time available we were not able to gather information in order to answer this question. For more information, please visit <https://www.justice.govt.nz/>.
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| * 1. Cases where the state or an organisation has been appointed guardian;
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| * In the time available we were not able to gather information in order to answer this question. For more information, please visit <https://www.justice.govt.nz/>.
 |
| * 1. Institutions for persons with disabilities;
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| **Ministry of Health**In New Zealand, state funded mental health ‘and mental health institutions’ have been closed. Refer also to question 2.2. Most mental health care and disability support is now provided in the community. Mental healthMental health services, both hospital and community based, are predominantly publicly funded and are offered by a mix of public, NGO and private providers. Typically, a person with a psychiatric disability living in the community is treated by a public-sector community mental health team, but receives day-to-day support from NGOs. For more information, please visit <http://www.wpro.who.int/asia_pacific_observatory/hits/series/Nez_Health_Systems_Review.pdf>. District health boards (DHBs) fund most specialist services, including 38 inpatient facilities and most community-based residential and day and support services, provided by about 359 NGOs. For more information, please visit <http://www.wpro.who.int/asia_pacific_observatory/hits/series/Nez_Health_Systems_Review.pdf>. Disability support services (DSS)DSS funds an estimated 1,700 residential care facilities and over 6,600 beds for its eligible client group with physical, sensory, and/or intellectual disabilities.Facilities with more than five beds are subject to regulation, standards and audit compliance under the Health and Disability Services (Safety) Act 2001. The Act promotes the safe provision of health and disability services to the public. For more information, please visit <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-safety-act>.* Secure Care (hospital level or community based) or Supervised Care in the community are provided under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. For more information, visit <http://www.health.govt.nz/our-work/disability-services/about-disability-support-services/intellectual-disability-compulsory-care-and-rehabilitation-act-2003>.

**Ministry of Education**The Ministry has a total of six residential special schools. These include three sensory schools for students who are Deaf and hard of hearing and students who are blind, and three for students who have behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty).This response refers to the latter three residential special schools, two of which are for students with learning needs and the other for those with behavioural needs.  As at 30 April 2017, there were 27 students enrolled in the three residential special schools.  Enrolment at a residential school is through agreement between the Chief Executive of the Ministry of Education and the child’s parent/legal guardian, pursuant to section 9 of the Education Act 1989. |
| * 1. Persons with disabilities placed in institutions;
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| **Ministry of Education**Students referred to all three of the Learning and Behaviour residential special schools are first referred to the Intensive Wraparound Service (IWS). The IWS primarily provides support for students to live in their home community and attend their local school. Each year the IWS provides wraparound services for approximately 400 children and young people with the most complex and challenging needs.  These children are referred for IWS only when other interventions and supports have not been successful in reducing significant risks to a child’s social, behavioural and educational development. Residential school placement is considered if the parents request that support, or if the IWS is unable to significantly reduce the risks for the child/young person.  Before a student is considered, students must be psychologically assessed and the needs of the child and the family must be considered. An IWS service is based on a comprehensive plan for the child and includes support and funding for home, school and community programmes.Students accepted for IWS will need support at home, at school and in the community. Enrolment at a residential special school is for a 12-18 month period with the aim of working towards assisting the student to return to their home community with ongoing IWS transition and support. The residential programme is focused on this outcome.**Ministry of Health**In New Zealand, state funded mental health ‘and mental health institutions’ have been closed. Refer to answer to question 2.2. Most mental health care and disability support is now provided in the community. Mental HealthOn any given day in 2015, an average of 654 people were subject to a compulsory inpatient treatment order under the Mental Health Act 1992, (14 per 100,000 population). Disability Support ServicesAt September 2016, 7,926 clients were in community residential care services, including 6,557 clients living in the community and 739 clients with residential support needs being accommodated in aged care services.Two hundred and fifty-eight clients with intellectual disability were receiving High and Complex services under the provisions of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (information obtained from monthly reporting from Socrates). |
| * 1. Persons in institutions under guardianship;
 |
| **Ministry for Vulnerable Children, Oranga Tamariki*** The Ministry for Vulnerable Children, Oranga Tamariki (Oranga Tamariki) is the statutory agency responsible for meeting the needs of vulnerable children and young people up to the age of 17 years in New Zealand. It does not collect consistent information on children and young people in care who have disabilities. However, research overseas indicates that disabled children can be especially vulnerable to abuse, and over-representation in the care and protection system. [[1]](#footnote-1)
* In New Zealand, a child or young person in need of care may be placed under the custody or guardianship of the Chief Executive of Oranga Tamariki. If other suitable arrangements cannot be made for them to be cared for in a family type home, they may be placed in a care and protection residence. These residences are designed to be safe, secure centres where young people are placed if they cannot live safely with their family or in the community. A young person might also stay at a care and protection residence if they have high needs, and their actions are putting themselves or others at serious risk of harm.
* Young people aged between 14 and 17 years who have offended and been remanded, sentenced to imprisonment, or ordered by the Court to go into a residence are placed in one of Oranga Tamariki’s youth justice residences. A young person will be under the custody of the Chief Executive of Oranga Tamariki while in the youth justice residence. Research suggests there is likely to be a high percentage of neuro-disability in young people who commit more serious offences.[[2]](#footnote-2)
* Children and young people with severe disabilities who are unable to be cared for at home by their parents may be placed in specialised residential care facilities run by non-government agencies through sections 141 and 142 of the Children, Young Persons and their Families Act 1989 (CYPF Act). In most cases, parents retain guardianship rights while their child is residential care.
* Oranga Tamariki operates eight residences in New Zealand, four youth justice and four care and protection residences. Oranga Tamariki also contracts Barnardos, a NGO to provide a ninth residence, which provides specialist treatment services to children and young people with harmful sexual behaviour. There are four specialised out-of-home residential care facilities for children with severe disabilities in New Zealand.
* Care and protection and youth justice residences are designed to be safe and secure places where some children and young people live when they are in the care of Oranga Tamariki. Most residences have 3-5 open units, each with beds for about 6-10 young people. There are a total of 48 beds provided across the four care and protection residences, and 136 beds provided across the four youth justice residences. At Hoepha, the largest specialised residential care facility for severely disabled children and young people, residents live in family-like houses built on the property, with live-in support workers providing assistance and guidance.
* For the 12 months to June 2016, there were a total of 129 admissions to care and protection residences, and 190 admissions to youth justice residences.[[3]](#footnote-3) As at 3 May 2016, there were 32 children and young people with severe disabilities living in out-of-home specialist residential care facilities.
* Oranga Tamariki is developing National Care Standards so there is a clear expectation for the standard and quality of care in placement homes. These Standards are expected to be in place this year (2017).
* In addition, legislative change is underway to repeal sections 141 and 142 of the CYPF Act. This will provide children with disabilities, who would otherwise have been placed in voluntary out of home care through section 141 or 142 agreements, with the same rights and protections as children and young people without disabilities under the Act. This includes the same processes and safeguards (including fixed end-date to placements), and ensuring that children have the earliest opportunity for a safe, stable and loving family. These legislative changes will also mean there will be independent oversight of their care arrangements while they are in the residential care facility. Support workers providing assistance and guidance.
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| * 1. Registers of the use of seclusion and restraints and its frequency;
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| **Ministry of Education**Incidents of use of a seclusion room or restraint are recorded in an Incident Register. The Ministry of Educations’ guidelines advise strongly against the use of seclusion rooms and legislation banning their use is currently before Parliament. At the end of 2016, the Minister of Education directed all schools to stop using seclusion. Restraint guidelines have been developed and issued to all schools. Training and advice has recently been undertaken by the Ministry with the residential special schools.In 2016, the Ministry undertook a survey of all 2,529 schools in New Zealand on the use of seclusion in the previous 18 months. In total, 36 schools self-identified as potentially using seclusion in the previous 18 months. Out of the 36 schools self-identifying as potentially using seclusion, five self-reported as not using seclusion in 2016.A Stage 2 process focused on working alongside the 31 schools that had self-reported using seclusion in 2016. After further investigation and visits with those schools, the Ministry concluded: two have not used seclusion in 201612 were considered to have used appropriate time out behaviour management practices that did not constitute seclusion17 were considered to have been using seclusion, and agreed to stop using seclusion and revise their practice. **Ministry of Health**The Ministry of Health’s national seclusion policy to reduce and eventually eliminate the use of seclusion in mental health services has been implemented since 2009.The use of seclusion in mental health services is provided for in section 71 of the Mental Health Act 1992. For further information, please visit <http://www.health.govt.nz/publication/seclusion-under-mental-health-compulsory-assessment-and-treatment-act-1992>.The Ministry produces clinical guidelines to assist mental health services to interpret the provisions of the Act.The use of seclusion is recorded in a register that can be scrutinised by District Inspectors (required under section 129b of the Mental Health Act 1992) and data on its use is reported in the Director of Mental Health’s Annual Report. For more information, please visit <http://www.health.govt.nz/publication/office-director-mental-health-annual-report-2015>.Hospitals and services are required to comply with a national standard on the safe use of seclusion and restraint. For more information, please visit <https://www.health.govt.nz/system/files/documents/pages/81342-2008-nzs-health-and-disability-services-restraint-minimisation.pdf>. |
| * 1. Involuntary admissions to mental health services or other social care facilities;
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| **Ministry of Health**In the 2015 calendar year, a total of 9,904 people in New Zealand were subject to the Mental Health Act 1992. On 31 December 2015, there were 5,612 people under a compulsory assessment or compulsory treatment order under the Mental Health Act 1992. On any given day in 2015, on average, approximately 16.5 percent of people subject to the Mental Health Act 1992 were subject to an inpatient order. The remaining 83.5 percent were subject to a community treatment order. For more information, please visit <http://www.health.govt.nz/publication/office-director-mental-health-annual-report-2015>. |
| * 1. Existing inpatient mental health facilities;
 |
| **Ministry of Health**There are 38 publicly funded inpatient mental health facilities.  |
| * 1. Beds for mental health inpatients in psychiatric hospitals and general hospitals;
 |
| **Ministry of Health**The Ministry of Health does not directly purchase mental health inpatient beds and does not routinely collect information on bed numbers. We could not gather the information within the timeframe of this questionnaire. The Ministry funds district health boards to procure mental health services to meet the needs of their population. Therefore acute beds may vary from time to time. The Ministry does routinely collect data on mental health inpatient admissions and bed nights. Between 1 January and 31 December 2015, New Zealand adult mental health services (excluding forensic and other regional rehabilitation services) accommodated 7,545 people for a total of 198,525 bed nights. For more information, please visit <http://www.health.govt.nz/publication/office-director-mental-health-annual-report-2015>. |
| * 1. Average days a person spends under involuntary admission at mental health facilities;
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| **Ministry of Health**Between 2009 and 2013: approximately 72 percent of patients subject to community treatment orders were subject to a compulsory order for less than one yearapproximately 93 percent of patients subject to inpatient orders were subject to a compulsory order for less than one yearFor more information, please visit <http://www.health.govt.nz/publication/office-director-mental-health-annual-report-2015>. |
| * 1. Persons who have been declared unfit to stand trial or unfit to plead;
 |
| * In the time available we were not able to gather information in order to answer this question. For more information, please visit <https://www.justice.govt.nz/>.
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| * 1. Persons who have been found not to be criminally responsible;
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| **Ministry of Justice*** Number of people found not guilty by reason of insanity, 1995 – 2016:

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| **1995/1996** | **1996/1997** | **1997/1998** | **1998/1999** | **1999/2000** | **2000/2001** | **2001/2002** | **2002/2003** | **2003/2004** | **2004/2005** | **2005/2006** |
| **5** | **2** | **5** | **7** | **3** | **6** | **11** | **7** | **12** | **14** | **17** |

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| **2006/2007** | **2007/2008** | **2008/2009** | **2009/2010** | **2010/2011** | **2011/2012** | **2012/2013** | **2013/2014** | **2014/2015** | **2015/2016** |
| **9** | **17** | **15** | **12** | **14** | **21** | **20** | **22** | **27** | **25** |

 |
| * 1. Institutions where persons who have been declared unfit to plead, stand trial or found to be not criminally responsible are placed and number of inmates;
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| **Ministry of Health**There are five forensic mental health services throughout New Zealand, each of which provides inpatient and community services, prison liaison services and court liaison services. Approximately 284 beds are provided across the five forensic mental health services. |
| * 1. Security or preventive measures applied in the criminal justice context.
 |
| * In the time available we were not able to gather the data in order to answer this question. For more information, please visit <https://www.justice.govt.nz/>.
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| 1. **Please provide information on jurisprudence, complaints or investigations in relation to abuses and violence against persons with disabilities at home.**
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| **Ministry of Health**All health and disability services have processes for making a complaint.Disability Support Services has its own complaints process. For more information, please visit <http://www.health.govt.nz/your-health/services-and-support/disability-services/more-information-disability-support/contact-disability-support-services>.Family members or friends can help make a complaint through a Health and Disability Advocate. For more information, please visit <http://advocacy.hdc.org.nz/>. Key disability investigations:A Select Committee Inquiry into the quality of care and services for persons with disabilities (2008) was prompted by concerns raised in the media about two major residential service providers and by more generally expressed dissatisfaction with current service provision. The inquiry made a number of recommendations to address these concerns. For more information, please visit <https://www.parliament.nz/resource/en-nz/48DBSCH_SCR4194_1/cb220d2e3ba25dc33dec0b28b29b30578d110dd5>.The Putting People First review (2013) of residential care for persons with disabilities funded by Disability Support Services made 36 recommendations. These include a focus on keeping the person with disabilities at the centre of service delivery, ensuring persons with disabilities have a voice in decisions made, and keeping persons with disabilities safe when they have something to say. The majority of recommendations have been implemented. For more information, please visit <http://www.health.govt.nz/our-work/disability-services/disability-projects/putting-people-first-quality-review>.Key mental health investigations:In 2015, section 99 of the Mental Health Act 1992, was invoked by the Director of Mental Health, to inspect Waikato Mental Health Services. For more information, please visit <http://www.health.govt.nz/publication/section-99-inspection-waikato-district-health-board-mental-health-and-addiction-services>.An external Review was recently undertaken into the treatment and management of a forensic mental health patient by Auckland’s Mason Clinic. The Ministry of Health has met a number of recommendations resulting from this Review. For more information, please visit <http://www.health.govt.nz/news-media/media-releases/all-recommendations-accepted-mental-health-inquiry>.**Office for Disability Issues and the Ministry of Social Development**Outcome 4 of the New Zealand Disability Strategy (NZDS) is rights protection and justice. The Strategy will guide the work of government agencies on disability issues over the next 10 years. For further information, visit <http://www.odi.govt.nz/nz-disability-strategy/outcome-4-rights-protection-and-justice/>. The New Zealand Disability Action Plan (DAP) is the key tool for implementing the Strategy. Action 8b of the DAP is to “explore options to reduce violence, abuse (all types, including bullying) and neglect of disabled people and understand the impact of different cultural contexts”. The Ministry of Social Development is the lead for this action and is continuing work with Ministers, government agencies and NGOs to progress this action. |

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| 1. **Please provide any other relevant information (including information from surveys, censuses, administrative data, reports, studies, and case law) in relation to the right to liberty and security of persons with disabilities in your country. Please also refer to any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the right to liberty and security of persons with disabilities and identify lessons learned from these.**
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| **Ministry of Justice**The New Zealand Bill of Rights Act 1990 protects the right to liberty of all persons, the right not to be subjected to cruel or degrading treatment and certain other rights of detainees. For more information, please visit <http://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html>. The Human Rights Act 1993 protects the right not to be discriminated against on the ground of disability. For more information, please visit <http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html>. **Ministry of Health**Mental HealthProtective mechanisms under the Mental Health Act 1992 include:Approximately 34 District Inspectors, who are Barristers or Solicitors appointed by the Minister of Health under the Mental Health Act 1992. They are the watchdogs of patient rights, whose main responsibility is ensuring that the Mental Health Act 1992 is correctly applied and the rights of individuals are respected and upheld. The Mental Health Review Tribunal.The Mental Health and Disability Commissioner.The Office of the Ombudsman.The Independent Monitoring Mechanism under the Convention on the Rights of Persons with Disabilities.The National Preventive mechanisms under the Crimes of Torture Act 1989.The *Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992* outline the rights of compulsory mental health consumers and the obligations of mental health clinicians. For more information, please visit <http://www.health.govt.nz/publication/guidelines-mental-health-compulsory-assessment-and-treatment-act-1992>.The *Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992* guidelines for the use of seclusion in mental health services aim to identify best seclusion practice. For more information, please visit <http://www.health.govt.nz/publication/seclusion-under-mental-health-compulsory-assessment-and-treatment-act-1992>. The Office of the Director of Mental Health publishes an annual report on clinical activities that must be reported under the Mental Health Act 1992. The report monitors the quality of mental health services and contributes to the improvement of standards of mental health care and treatment. For more information, please visit <http://www.health.govt.nz/publication/office-director-mental-health-annual-report-2015>.The Ministry of Health is the lead government agency for Action 9d in the Disability Action Plan 2014-2018, on whether the Mental Health Act 1992 complies with the UN Convention on the Rights of Persons with Disabilities. For more information, please visit <https://www.odi.govt.nz/assets/Disability-action-plan-files/disability-action-plan-2014-2018-update-2015.pdf>). Work on this action is carried out in partnership with Balance Aotearoa (a mental health NGO), and a national reference group, which includes targeted consultation with key stakeholders. The work is being informed by service users, families, service providers, sector experts and relevant research and literature. For more information, please visit <http://www.health.govt.nz/our-work/mental-health-and-addictions/mental-health/mental-health-and-human-rights-assessment>.The Ministry of Health administers the Programme for the Integration of Mental Health Data (PRIMHD). This is a national collection for mental health and addiction service outcomes, as well as outcome data for mental health consumers. For more information, please visit <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data>. Disability Support Services (DSS)DSS administers ‘Socrates’ national disability information collection and database, covering all clients assessed as eligible to access disability support services.DSS produces client demographic reports on people who have been allocated disability support services. For more information, please visit <http://www.health.govt.nz/publication/demographic-report-clients-allocated-ministry-healths-disability-support-services-september-2014>.DSS provides guidance to safeguard disabled people who receive support funded by DSS. For more information, please visit <http://www.health.govt.nz/publication/prevention-and-management-abuse-guide-services-funded-disability-support-services>.  |

1. Refer to Special Commission of Inquiry into Child Protection Services in New South Wales (2008*), Report of the Special Commission of Inquiry into Child Protection Services in NSW: Executive Summary and Recommendations*; Queensland Child Protection Commission of Inquiry. (2013) *Taking responsibility: A Roadmap for Queensland Child Protection*; Families Commission. (2012). *Disabled Parenting* (references cited in Modernising Child, Youth and Family Expert Panel. (2015). *Expert Panel Final Report: Investing in New Zealand’s Children and their Families*). [↑](#footnote-ref-1)
2. Hughes, N., Williams, H., Chitsabesan, P., Davies, R., Mounce, L. (2012). *Nobody made the connection: The prevalence of neurodisability in young people who offend*. Retrieved from:

<http://dera.ioe.ac.uk/16045/1/Neurodisability_Report_FINAL_UPDATED__01_11_12.pdf> (cited in Modernising Child, Youth and Family Expert Panel. (2015). *Expert Panel Final Report: Investing in New Zealand’s Children and their Families*). [↑](#footnote-ref-2)
3. Note: A child or young person may have more than one admission to these residences during the same time period (eg if they transferred between residences). [↑](#footnote-ref-3)