

07.09.21

**Re: Support for the Conversion Practices Bill**

I want to begin by commending the policy developers and drafters which included people with lived, cultural and faith experiences to shape this bill - you are so courageous. In particular, I want to acknowledge our Pacific communities' leaders who have been part of this movement to name a few Andre Afamasaga, Shaneel Lal, and Rev. Mua Strickson-Pua. I am deeply proud and grateful they are re-centring in Aotearoa more Pacific ways of being. The Pacific has always been made up of people who have diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). Colonisation and tragically faith have painfully been used to remove, discredit and undermine our indigenous practices and ways relating to gender and sexuality and sex characteristics, which has harmed our wellbeing and caused divisions in our faith and spirituality.

I support the aims of this bill to prevent conversation practices. In summary, I submit:

- conversation practices are not therapy, mental health or wellbeing services, or healthcare providers. They cause more harm to a person's wellbeing.
- National education about this change is important, especially in light of the pain being raised through the Royal Commission of Inquiry into Abuse in State Care. Those voices should be acknowledged through the national education material too.
- the exemption of health practitioners in the bill is adequate for those providing mental health and wellbeing services.
- the Mental Health and Addictions Inquiry provides guidance as to how discrimination of our rainbow community in the mainstream mental health services and how important it is for this bill to pass.
- care needs to be taken as to how Parliamentarians debate this bill - it should be passed unanimously to ensure further harm and discrimination to rainbow communities, and rainbow peoples of faith is not caused in mainstream media as a result of the legislative process.

Overall, conversation practices are not therapy, mental health or wellbeing services, or healthcare providers. I am deeply troubled that the ethics of organisations and entities would enable and

perpetuate this, or seek to still be able to carry out this practise. I do think there is a need to respond to this area clearly because these practises do not work. They are not mental health and wellbeing provision. They are not appropriate, and to cause harm - which runs counter to the important do no harm principle that is well established in mental health and addictions support or services in Aotearoa. Because of those reasons, there needs to be regulation preventing the practice.

I am pleased I to see from the wider bill materials that there will be national education about this change to support this understanding so more people can understand the rationale and policy objectives behind this important change. I note that it is a strange and difficult context that this bill passes in and the significant pain that people have endured that is being raised in the Royal Commission of Inquiry into Abuse in State Care, if we are hearing any key theme from the broadcast stories and evidence it is that more sunlight is needed of all those in authority about the care and wellbeing of others, this area included.

As a lay person member of a "Responsible Authority" which gives effect to the Health Practitioners Competence Assurance Act 2003, I support the exemption for health practitioners that when acting in their scope and ethics they can do what they do best. I agree with the regulatory impact statement (RIS) that this will not affect legitimate clinical treatment or therapy because conversion therapy is not legitimate therapy and is highly unethical. It is important as the RIS also identifies that this bill is passed because there are mental health and wellbeing professionals such as some counsellors who are not members of their professional association and so this practise is not prohibited for them and should be.

I was also a panel member of the Mental Health and Addictions Inquiry in 2018. In our report He Ara Oranga from our Government Inquiry into Mental Health and Addictions we heard a number of things that will be useful to consider in this context (and I also encourage you to please read a submission pulled together to submit to us, "Outloud")<sup>1</sup> For example on page 43 of our report we reflected on what we heard and say:

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<sup>1</sup> <https://ry.org.nz/who-we-are/news/report-shows-current-mental-health-and-addiction-system-is-vastly-under-serving-aotearoa-new-zealands-rainbow-communities>

#### “2.5.2 Discrimination remains a barrier

Numerous submissions described the impact of discrimination on the basis of mental health status – how it added to their mental distress and sense of alienation. Discrimination was reported to still be common in New Zealand society and within the mental health system. We also heard about the harmful effects of discrimination on the basis of ethnicity, culture, disability and gender identity. Rainbow youth and other marginalised groups reported not feeling safe accessing mainstream services and suffering harm from discrimination.

**Sexual orientation, gender identity or expression and intersex status are not the cause of the elevated risk of mental health problems, addiction and suicidality among the rainbow population. Rather, the increased risk is due to stigma, discrimination, prejudice and exclusion. (Providers supporting Rainbow communities)”** (page 43)

This comment provides further reasoning as to why this bill should be passed unanimously, to address discrimination

In our report we also detail in a number of areas ways forward to support rainbow communities of Aotearoa including:

- Needing culturally competent and cultural workforces that enable rainbow communities to be supported in the ways they deserve to be, and want to be. **(page 60)**
- Despite investment in mental health and addiction supports specific populations are not reaching the outcomes they deserve – rainbow communities being one. **(page 70)**
- “Rainbow communities are estimated to account for 6% to 15% of the total New Zealand population.” **(page 72)** This vagueness about an essential part of our communities is not good enough, and adds complexity to us being able to offer the supports we ought to. This law change would make it safer for rainbow peoples to be themselves.
- In our vision for Pacific wellbeing we say that “To achieve equity for Pacific peoples, barriers of stigma, discrimination, institutional racism and unconscious bias must be eliminated and access to services improved. All people, including Pacific Rainbow communities, will be embraced for who they are.” **(page 88)** Making these changes will add significantly to this cause, by highlights that Pacific rainbow communities have always existed, broadening this embrace, fighting stigma that exists and being able to elevate the stories of our rainbow aiga which more accurately means we can speak to the breadth of what it means to be Pacific.

Finally, to all Parliamentarians from here please do not muddy the waters at all and refer to this as therapy, this would work against our national moves to continue to destigmatise mental health through important programmes like Nōku te Ao. Disappointingly in the last week after the horrific terrorist attack in Tamaki, commentators and others plainly stigmatising mental health in their descriptions of the Mental Health Act. This cannot and must not happen here.

As you consider all our views I am keeping you all in my karakia and ask that you please enact this educational, and wellbeing support bill that sets us on next step on the journey to untarnish mental health and wellbeing provision from these non-scientific, harmful and unethical practices.

Soifua la Manuia

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Josiah Tualamali'i  
Mental Health and Wellbeing Consultant