

Wellington delegate quits after SGM fallout

LONG-TIME NZNO delegate Erin Kennedy has resigned as a Capital & Coast District Health Board (C&CDHB) delegate after 14 years, and quit NZNO's greater Wellington regional council (GWRC), amid bullying and racism complaints.

"I can't see the point in belonging to a council if we can't come to rational decisions," Kennedy told *Kai Tiaki Nursing New Zealand*. "It's difficult to engage in a meaningful discussion when any difference in point of view is viewed as bullying."

Kennedy said problems at the council began on September 11 last year, at a meeting discussing whether or not to support then-president Grant Brookes in an upcoming special general meeting (SGM).

Brookes was fighting a resolution by the board to remove him for misconduct after a dispute over the union's approach to the 2017/18 district health board (DHB) multi-employer collective agreement (MECA) negotiations. Brookes survived by a nine per cent majority, after voting by NZNO member groups including regional councils. A second SGM in December failed to support him. He has since resigned.

'Heated' meeting

Previously, GWRC generally made decisions by consensus, Kennedy said. But after a "heated" meeting in September, where, according to Kennedy, eventually, 17 voted to support Brookes and three voted against, several complaints of bullying and racism were lodged against Kennedy and other council members.

Kennedy, in October, lodged her own complaint to NZNO chief executive Memo



Erin Kennedy

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Musa about "abusive messages" from Te Rūnanga members since the meeting. She received an apology from the board in April.

Feeling "unsafe" to attend the next two GWRC meetings, she returned on June 10. That meeting, she described as "farcical" and "undemocratic".

An NZNO membership committee and Te Rūnanga member facilitated in place of GWRC chair Rerehau Bakker, who was not present. About a dozen Te Rūnanga members, who were not councillors, were present, some from outside the region, Kennedy said.

Kennedy said that a Te Rūnanga member from outside the region ended

up being elected chair. "It was farcical. Members of Te Rūnanga who are not regional councillors were allowed to vote for the Rūnanga member who was also not a regional councillor."

Under the NZNO constitution, Te Rūnanga within the region can decide their own representation at regional councils.

Anyone seeking election to the NZNO board or presidency must be endorsed by their regional council, as must remit. "Regional councils hold a lot of power and having a small group in power is not right," Kennedy said. "It's a pretty poor regional council that can't talk to each other politely and come to consensus."

Kennedy said she hoped a restorative process could be organised, both regionally and nationally, to respond to what appeared to be a deepening bicultural rift within the organisation. "Without a restorative process, the

GWRC will not continue to exist in any form useful to our members," she said. "The only way forward for NZNO is to find a way for people to talk together, and a way for all members to have a voice."

GWRC chair Rerehau Bakker wished Kennedy well. "GWRC is looking forward to and excited about re-building and restoring relationships within our membership," she said. "We would also like to wish Erin all the best and thank her for the amazing work she has done over the years."

Kai Tiaki Nursing New Zealand also sought comment from GWRC's Te Rūnanga representative but had not received a response at press time. •

Community response to mental health urged

MENTAL HEALTH commissioner Kevin Allan has this month released *Aotearoa New Zealand's mental health and addiction services: The monitoring and advocacy report of the Mental Health Commissioner*. It recommends a shift away from a mainly service-based response to mental distress and addiction, to a

whole-of-community response focused on wellbeing and recovery.

He Ara Oranga set the direction, said Allan, referring to the Government's 2018 report into mental health and addiction, "but much more needs to be done to get us there."

While there had been progress in early

support, there was still a "pressing need" to improve services for people with complex and ongoing need. Government needed to partner with Māori, whānau and communities, Allan said. Ensuring all mental health and addiction services worked for Māori and were culturally safe was an urgent need. •