

Dear Members of Parliament

COVID-19 Public Health Response Bill

The Mental Health Foundation (MHF) broadly supports the public health intentions of the enforcement powers introduced by parliament to manage the COVID-19 epidemic, including those debated under urgency by the house today in the COVID-19 Public Health Response Bill.

However, we are concerned about the provisions in this Bill that give the Police a power to enter premises, including private dwellings, without a warrant if they have reasonable grounds to believe that people have gathered there in contravention of an order and entry is necessary for the purpose of giving people a direction to comply with the order (for example, giving an order to disperse). We note this also applies to vehicles and private land.

Over the past weeks we have had feedback that police have been very sensitive in their welfare checks and, in line with police guidance, have acted to warn and educate people about COVID-19 risks in the majority of cases of Alert level breaches.

But this does not eliminate concerns for unintended consequences of such sweeping powers or potential abuse of such power in some cases. And the lack of time and opportunity for the public to comment on the Bill has reduced the usual level of scrutiny about how the law might impact on the most vulnerable people in our communities.

People with lived experience say they find these extra police powers very concerning and they may trigger trauma. They worry interactions with police, including in their own homes, will be difficult, shameful, distressing, or aggressive. The simple act of having police enter a person's home can be highly fear provoking and stressful; especially if people with lived experience of mental distress have had bad experiences with the police in the past.

Māori and Pasifika whānau are concerned they will be discriminated against by the police, for example, where extended whānau live together and those living in overcrowded housing. Underlying distrust of police by some communities will compound fear and anxiety about discrimination by police with these extra powers. We know this discrimination already exists - Māori are almost eight times more likely than Pākehā to be subjected to police violence.¹

Furthermore, we understand these changes will apply at all Alert Levels under the COVID-19 Alert Level Framework, for up to two years.

We appreciate the need for parliament to move quickly on these matters, but we ask the government to retrospectively consider what checks and balances may still be needed, for example:

- a requirement for parliament to regularly review the need for these powers (e.g. every three months)
- provide additional guidance to police to support them in the safe use of this power, including, sensitivity in their interactions with people who have lived experience of mental distress; and how to act in accordance with Te Tiriti o Waitangi and human rights instruments.
- direct police to work with Māori and Pasifika communities in the implementation of this power in local communities and regionally
- direct police to work with organisations of people with lived experience of mental distress in the implementation of this power
- direct police to collect and regularly publish data about the use of this power across all regions to assist with accountability, with a breakdown of the ethnicity of those subjected to this power, and
- direct police to collect and regularly publish data about feedback they have received from organisations of people with lived experience of mental distress about the use of this power.

The MHF anticipates these proposals will strengthen the public health benefits of the Bill, both for physical and mental health, and will support the Police to continue to play a positive role in the public health response to COVID-19.

Shaun Robinson

Chief Executive



ⁱ 312 per 100,000 population; 41 per 100,000 population. In New Zealand Police Tactical Options Research Report #7 (2018)