Introduction

On 15 December 2014, Man Horan Monis held 18 people at gunpoint inside the Lindt café in Sydney, a siege that tragically culminated in the deaths of two captives and Monis himself. Initially thought to be part of a terrorist group, it transpired Monis was acting independently – a so-called lone wolf with ‘serious mental health problems’ and a long history of harassing public figures (BBC, 2014). Although unclear whether he had attracted the attention of local mental health services, a specialist psychiatric/law enforcement collaboration in the United Kingdom had identified Monis as high risk on three occasions based on his disturbing and threatening correspondence with British public figures (Fixated Threat Assessment Centre [FTAC], 19 December 2014, personal communication). This UK service of course...
had no jurisdiction over Australian citizens and could only refer the case to the Australian Federal Police.

Earlier in 2014, Russell John Tully stormed a New Zealand Work and Income Building, shooting three employees, with only one survivor. He too had apparently signalled his growing disaffection in correspondence with politicians prior to the attack.

Politicians, or their associates, frequently become targets for fixated individuals. We recall the assassination attempt on American Democrat, Gabrielle Gifford, in 2011 by a fixated man with paranoid schizophrenia. A horrifying assault on young Norwegian Labour party supporters also occurred in 2011, resulting in 77 fatalities, mainly adolescents – the perpetrator Anders Breivik, whose psychiatric diagnosis remains controversial.

Most fixated individuals who engage in violence exhibit warning behaviour prior to the attack (James et al., 2013). As in the case of Monis and Tully, this may include disturbed communication to, or contact with, politicians or other public figures. This paper focuses on harassment of Members of Parliament (MPs) in New Zealand and the possible role of psychiatric illness.

**Politicians are at greater risk of being hurt by fixated individuals than by terrorists**

Due to their public profiles and the nature of their work, politicians are more vulnerable to being stalked and threatened than the general population (Dietz et al., 1991; Mohandie et al., 2006). Compared with other public figures (such as celebrities), politicians also have an elevated risk of being physically attacked by their harassers (James et al., 2013). While media coverage might suggest otherwise, the small, but significantly elevated risk of violence to politicians is predominantly due not to organised terrorism or politically or criminally motivated extremists but to fixated individuals with serious untreated mental disorders (Meloy et al., 2004; Mullen et al., 2009a; James et al., 2011; Scolora et al., 2003). Corner and Gill (2015) suggest that distinguishing between mentally ill attackers and lone-actor terrorists (such as Monis) may be ‘a false dichotomy’. Studying 119 lone wolves, they found 32% had been diagnosed with a mental illness. Conversely, organised terrorist groups had a relatively low prevalence of mental illness, with only 3.4% of those studied having psychiatric diagnoses.

**Harassers of politicians have high rates of mental illness**

First, it must be recognised that the vast majority of people with mental illness do not harass or stalk public figures (or indeed, anyone) and, of the small fraction who do, only a minority behave violently. However, despite the small numbers, untreated mentally disordered fixated individuals can cause significant societal harm.

Research into the harassment of politicians and other public figures in Northern America and Western Europe consistently demonstrates a high incidence of severe mental illness in the perpetrators (Hoffmann et al., 2011; James et al., 2007; Meloy et al., 2004; Mullen et al., 2009a; Scolora et al., 2003; Schoeneman et al., 2011; Van der Meer et al., 2012).

Hoffmann et al. (2011) found the majority of individuals who fatally attacked German public figures were psychotic. Similarly, more than three quarters of those making inappropriate contact with the British and Dutch royal families had psychotic illnesses (James et al., 2009; Van der Meer et al., 2012).

A review of public figure stalking literature compared stalkers who physically confront their victims (approachers) with those who remain at a distance (Meloy et al., 2011). Approachers invested considerable energy into their activities, with multiple modalities of communication, multiple contacts and multiple targets being more common than for non-approachers. Approachers were also more likely to incorporate pleas for help into their communication. Mental illness, common in all the public figure stalker samples, was more prevalent among approachers than non-approachers.

FTAC in the United Kingdom is a joint police/mental health agency tasked with assessing and managing the risk to public figures from fixated individuals. A founding tenet was that psychiatry is central to this task (James et al., 2013). Indeed, 86 of the first 100 ‘moderate-to-high risk’ cases referred to FTAC were suffering from psychotic illnesses. As a result of FTAC intervention, 57% of those at-risk individuals were admitted to hospital and a further 26% were accepted for treatment by community mental health teams. The concern level was reduced to low for 80% of patients as a result of FTAC management (James et al., 2010).

**People who harass politicians may also pose risks to the community**

Those with untreated mental illness who harass public figures may in fact pose a greater risk of violence towards community members than to the politician they are harassing (Dietz and Martell, 1989), with family, friends or even strangers becoming victims. For example, Monis’ victims were unknown to him, and in the attempted assassination on Congresswoman Giffords (discussed earlier), she survived, albeit with critical injuries, but six bystanders were killed, including a 9-year-old girl.

While the risk of injury or death is the prevailing concern, the fixated also pose other risks. They are often persistent and disruptive, may cause public embarrassment for their target and consume the resources of protection services, particularly when ‘copy cat’ behaviours are triggered. Their victims are often left fearful and distressed.
The fixated themselves may experience significant disadvantage, becoming alienated and disenfranchised due to their singular focus and untreated mental health needs.

**Harassment of politicians is common**

New Zealand Parliamentary Services monitor an array of threatening behaviour, with approximately 600 people identified as potential security risks at any one time, of which 75% (n = 450) have established or suspected mental illness (personal correspondence John Hood, Parliamentary Security Manager). During the data collection phase of this research, an agitated man equipped with a firearm arrived on the Parliamentary precinct, resulting in Parliamentary lockdown. Other recent incidents include the following: multiple ‘white powder’ scares and bomb threats, a mentally ill male with a petrol canister intended as an incendiary device outside Parliament and an attempt by a disturbed 54-year-old to launch himself from a public viewing balcony onto MPs in the debating chamber below. In 1999, the secretary of a MP was held hostage at gunpoint by a disgruntled mental health patient, but escaped unharmed.

Anecdotal accounts aside, there is no published New Zealand data regarding the prevalence and gravity of threatening behaviour towards politicians and other high-profile individuals. However, research from other Western countries shows threats and harassment of public figures is common.

Surveys of MPs’ experiences of threatening behaviour have been conducted in Canada, Britain, Australia, Sweden and the Netherlands (Adams et al., 2009; Hoffmann et al., 2013; James et al., 2013; Malsch et al., 2002; Pathé et al., 2014).

Harassing or stalking behaviours were experienced by 30–93% of politicians across samples. Harassment had a negative impact on almost all (94%) of the victimised politicians (Adams et al., 2009). The prevalence of mental illness in the perpetrators was high, with the lowest estimate at 40% (James et al., 2013) and the highest at 87% (Adams et al., 2009).

**The objectives of this study**

Given the lack of local data, the purpose of this study was to establish (1) the nature, frequency and severity of harassment of New Zealand MPs; (2) what impact this harassment had upon individual MPs; and (3) the likely contribution of mental illness.

We also wished to establish whether this area represented an opportunity for mental health intervention in New Zealand. International research has suggested this cohort of fixated individuals presents an important opportunity for cost-effective psychiatric intervention and harm reduction. Directing such individuals into treatment may improve health outcomes and social functioning alongside reducing the risk to public figures and third parties (e.g. James et al., 2010).

**Method**

An anonymous survey was distributed to the Wellington offices of all 121 New Zealand MPs with a covering letter inviting their participation. To preserve anonymity, we did not collect signed consent forms and no identifying information was collected. Consent was inferred by the return of the completed questionnaire.

The Parliamentary security manager distributed and answered questions about the survey. Participants were encouraged to complete the survey, regardless of whether they had experienced harassing behaviours.

The survey was intentionally similar to other surveys successfully conducted in the United Kingdom (David James, FTAC, 8 September 2013, personal communication) and in Australia (Pathé et al., 2014) to allow comparative analysis. It comprised 42 separate questions with categorical options available as answers (e.g. As an MP, has any person, male or female, ever physically attacked or tried to attack you? Options: YES or NO). If the response was affirmative, the respondent was directed to further questions to elucidate the nature, frequency, location and duration of their experience. The frequency of all types of harassment was recorded using the following four categories: 1, 2, 3–9, >10. Most sections allowed additional free text replies, so respondents could qualify their answers and provide any further information as they saw fit.

Data were collected between 28 April and 27 June 2014. Responses were assigned a random numerical code between 1 and 102. Quantitative data were entered and analysed using an SPSS statistical package. To minimise bias, missing responses were imputed as indicating the absence of the event in question. Qualitative data were extracted and analysed for recurrent themes.

The study was supported by Parliamentary Services, the New Zealand Police, the Party Whips and the Speaker of the House. Ethics approval was granted by the Otago Human Ethics Committee Research Ethics (Health).

**Results**

Completed questionnaires were received from 102 of 121 MPs (84%). The most common reason cited for not participating was lack of time. Qualitative data were provided by approximately half of respondents.

**The frequency and nature of harassment**

Harassment was reported by 87% of respondents, ranging from disturbing communication to actual physical violence. The vast majority of MPs described multiple modalities of harassment occurring on multiple occasions. Letters, faxes or emails were the most common form (68%), followed by alarming behaviour at the electorate office (62%) and inappropriate social media contact (60%). The type and frequency of the different forms of harassment are shown in Table 1.
The duration of harassment ranged from less than 1 hour to 16 years. Harassment commonly occurred at Parliament, the electorate office, online and at their homes, but MPs reported also being targeted at a wide variety of public places including the supermarket, street, airport, a rest home, a cattle fair and opening of a cycleway.

Almost half (48%) of all MPs had been threatened. Although we did not specifically ask about the subcategories of threats, death threats were spontaneously reported by 12% of MPs and threats of rape and other sexual violation by 4%. Examples of these threats are reported below:

Emails to kill, rape, injure. (Participant 25)

Death threats, threats of GBH, camera drone photography of house, rubbish bins rifled, verbal abuse (when with family). (Participant 45)

Sexual violation with an instrument. (Participant 80)

[I was] threatened by a constituent and pushed against the rails on a 2nd floor property ... so could have been pushed over the rails. (Participant 60)

I was sent some 1080 [poison] in the mail. (Participant 40)

Some respondents, such as Participant 79, ran out of space listing the threats they had received:

Threatened to throw rock through window, threat of bomb in the office, threatened to blow up office building with a car full of petrol, threatened to blow me up, threatened to shoot everyone, threatened legal action etc etc. (Participant 79)

In all, 7% of MPs reported direct threats against their families, while at least one in six MPs reported harassment that involved their families:

Very unpleasant letters including one obscene one with photos of female genitalia. It referenced my younger daughter. (Participant 11)

Threats to kill me, threats to kill members of family. Made by text message. (Participant 51)

Smashed my back door, threw a bullet through my toilet window. Terrified my daughter and partner who were at my house when the back door glass smashed. (Participant 24)

Accusations at my wife, accusing her of being a ‘gang whore’ and also threats to my children and stuff. (Participant 3)

Actual or attempted attacks were reported by 15% of MPs. MPs were shoved, punched, slapped and attacked with weapons. Weapons included a gun (which was not fired), Molotov cocktail, wooden sticks and placards. Injuries ranged from minor cuts and bruising to long-term musculoskeletal injuries. No injuries to MPs’ staff or relatives were reported.

Property violations were relatively common, being reported by 31% of MPs. Several MPs reported attacks on their homes, with bricks being thrown through windows, a caravan being set on fire and windows being smashed.

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**Table 1.** The type and frequency of harassing behaviours experienced by MPs during their time in office.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>No. who answered</th>
<th>% Experiencing</th>
<th>Number of times experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate letters, faxes or emails</td>
<td>101</td>
<td>68%</td>
<td>32  3  8  19  34</td>
</tr>
<tr>
<td>Inappropriate social media contact</td>
<td>101</td>
<td>60%</td>
<td>40  5  7  15  34</td>
</tr>
<tr>
<td>Inappropriate telephone calls</td>
<td>101</td>
<td>45%</td>
<td>56  1  6  24  15</td>
</tr>
<tr>
<td>Alarming behaviour at electorate office</td>
<td>101</td>
<td>62%</td>
<td>41  9  13  24  6</td>
</tr>
<tr>
<td>Unwanted approaches</td>
<td>99</td>
<td>50%</td>
<td>48  9  14  16  12</td>
</tr>
<tr>
<td>Distribution of malicious material</td>
<td>100</td>
<td>48%</td>
<td>51  7  5  15  16</td>
</tr>
<tr>
<td>Threats to harm</td>
<td>102</td>
<td>48%</td>
<td>54  9  13  20  4</td>
</tr>
<tr>
<td>Loitering</td>
<td>102</td>
<td>28%</td>
<td>73  6  12  7  3</td>
</tr>
<tr>
<td>Following behaviour</td>
<td>102</td>
<td>22%</td>
<td>80  6  8  6  1</td>
</tr>
<tr>
<td>Property interference</td>
<td>102</td>
<td>31%</td>
<td>70  5  15  7  2</td>
</tr>
<tr>
<td>Spurious legal action</td>
<td>102</td>
<td>11%</td>
<td>91  1  5  4  1</td>
</tr>
<tr>
<td>Physical attack, actual or attempted</td>
<td>102</td>
<td>15%</td>
<td>87  6  3  6  0</td>
</tr>
</tbody>
</table>

MP: Member of Parliament.
The role of mental illness

In all, 50% of MPs believed that those responsible for the most memorable harassment had a mental illness, 29% were unsure and 21% did not believe their harassers were mentally ill.

Some MPs were aware of their harasser’s diagnoses, identifying schizophrenia or bipolar affective disorder as established conditions, whereas others described their harasser’s mental state (e.g. delusional, psychotic, manic) or just noted, as below, the presence of mental illness:

[He had a] long term mental illness and associated behavioural issues ... a frequent flyer with Police, Council, NGOs and my office. (Participant 73)

Several MPs emphasised that although their mentally ill harassers had challenging behaviour, in the parliamentarian’s view, they did not pose a risk and had important needs. Providing recognition was sometimes helpful in moderating the behaviour:

[He had] serious mental health issues, fighting for justice and needing the Queen to intervene ... I was concerned to make sure he had access to me so that he was not totally excluded. He was difficult, but had a real need to be taken seriously. I think that’s my job. (Participant 81)

They often just want a listening ear. (Participant 76)

Having mentally ill people visit my electorate office is a daily occurrence. (Participant 79)

A recurrent theme was that supporting aggrieved mentally ill constituents was harder for front line staff:

... I feel confident that I can handle most difficult behaviours and those presenting with mental health issues. However staff don’t necessarily have the same experience, confidence or interest in helping such people ... Managing this is tricky. (Participant 82)

MPs were invited to speculate on the motivations of their harassers. Only 52% of them answered this question. One respondent described ‘racism’ as the root cause of the harassment. Otherwise, the descriptions suggested harassers were fixated on a cause or perceived injustice for which they wanted recognition, recompense or revenge. No MPs reported the presence of romantic notions, such as erotomantic delusions, as a motivational driver.

Four parliamentarians volunteered that it was difficult to respond to constituents contacting their offices threatening suicide.

The impact of the harassment on politicians

The impact on those harassed included a degree of fearful ness (reported by 60%), a reduction in social outings (12%), concern going out in public (12%), concern being alone at home (11%), a change in routine (10%), a change in their personal relationships (9%) and lost time from work (5%).

MPs appeared resilient. No MP described mental health concerns arising from these experiences (e.g. post-traumatic stress disorder, anxiety and depression), but personal stress and discomfort were reported:

It has however made me more self-conscious when I am in social situations or just out and about ... I am also more protective of my daughter which interferes in her ability to be as independent as she has been used to. (Participant 9)

Although most may not be of concern, when threats occur it is unsettling as we can not ignore it. Hypervigilance can also be a problem as it adds to the stress level and enjoyment of work reduces. (Participant 79)

Half of MPs reported their families experienced some degree of fear and 80% reported fearfulness in their staff. The degree of discomfort was assessed as moderately fearful or very fearful for 20% of MPs, 15% of families and 60% of staff.

Most MPs who were harassed informed the Police (60%) and Parliamentary Security (60%), as well as colleagues, family or friends.

MPs often reported a lower degree of distress than might be expected, with some discordance between the severity of the harassing behaviour and the MP’s emotional response. For example, Participant 59 listed, ‘Caravan blown up with Molotov cocktail, assaulted in trying to get into car ... once had a gun pointed at me’, all objectively fairly alarming events, but the MP described having been ‘only a little or somewhat fearful’.

Others described the following reactions: ‘I laughed’ (Participant 86); ‘I was always larger than them’ (Participant 10); ‘I have been threatened a few times, but believe this is mostly bluff’ (Participant 48); ‘I don’t find it too threatening’ (Participant 87).

Of MPs who had experienced harassment, 62% said they would welcome a source of specialist advice, were they to experience such behaviour again. Many emphasised that electorate office staff should have access to greater support:

I’ve always been more concerned for my staff who are often threatened. (Participant 10)

Staff definitely need the specialised help as they cop the abuse. (Participant 32)

The Internet

The pervasive effect of the Internet was a key theme, with social networking sites, blogs, twitter and emails being commonly used modalities for harassment. This included
direct communication with the MP and the use of the Internet to inflict psychological or reputational damage by impersonating the MP, or posting offensive material relating to them. Online death and rape threats were reported, and online harassment often extended into the MPs’ private lives, with family members becoming targets:

*Threats [were] made via a website, telling people to visit my home and tell my children they should be hit.* (Participant 34)

MPs felt that they and their family had become more exposed due to the Internet. Some described frustration that online anonymity and the current legislative framework meant Internet stalking was hard to combat, opining that the law in New Zealand had not kept pace with evolving technology:

*Harassment through social media pages is not illegal even when it is sexual comment about my 15-year-old daughter and photos of her or my partner taken without consent.* (Participant 9)

*Ongoing harassment via social media which is unable to be controlled due to anonymity ... The fact there is no comeback on them is extremely frustrating.* (Participant 41)

Compared with face-to-face encounters, it was harder for politicians to identify their online harassers or determine whether mental illness was a factor. Overall, politicians seemed to view online harassment as more likely due to political disenchantment than mental illness, and less likely to culminate in violence:

*There is a great deal of hostility directed at us online and I recognise this as different from a real threat, although it could escalate.* (Participant 35)

**Discussion**

**Limitations and strengths of the study**

This study has obvious limitations. The methodology used was an anonymous survey, and we could not identify the victims or those causing the harassment. Actual communications were not analysed. In absence of specific clinical details, our estimation of a prevalence of mental disorder relied on MPs’ assessments. Some had knowledge of perpetrators’ psychiatric diagnoses, while others based their assessment on their observations and general knowledge of mental illness. This methodology is unlikely to have a high degree of sensitivity, and is hypothesis generating.

To preserve confidentiality, we did not collect demographic data from the participants and hence gathered no information on gender, ethnicity, political affiliation, seniority or length of time as an MP. We cannot identify whether there are any demographic factors that make some MPs more vulnerable to harassment. Three MPs spontaneously hypothesised that female MPs were more at risk; however, we cannot answer this interesting question.

The strengths of the study include the high response rate, with 102 from 121 parliamentarians (84%) providing detailed responses. This might reflect the support we had from Parliamentary Services and the politicians’ interest in the subject. A parliamentary lockdown following the arrival of an armed man on Parliamentary grounds during the data collection phase may have raised awareness of personal risk among politicians. Nonetheless, in other similar studies, response rates have been below 50% (e.g. 48% (Pathé et al., 2014), 41% (Adams et al., 2009), 37% (James et al., 2013)), and as this study took place shortly before a general election, the degree of participation was remarkable. This means the findings are likely to be representative and results can be extrapolated.

There was also a wealth of qualitative data, which provided context and highlighted emerging themes, which may serve as targets for further research.

**Themes**

The qualitative data emphasised the disturbing nature of some of the harassment, including implicit and explicit threats to MPs and their families. Threatened sexual violence emerged as a theme. Previous surveys have reported a low rate of actual or attempted physical assault (Adams et al., 2009; Pathé et al., 2014), but the 15% rate in our survey is surprisingly high and is concerning. The social disruption and psychological harm caused by stalking behaviour such as that captured in this study, irrespective of a violent outcome, is now well recognised (Mullen et al., 2009b). Although MPs often appeared phlegmatic about the personal impact of the harassment, they did describe elevated rates of fearfulness, with higher rates reported in their staff. This, coupled with the reported 60% of electorate offices being subject to harassment, the effects on family and nearly one-third of MPs experiencing intrusions at home, emphasises the direct harm caused by this harassment.

Previous research (e.g. Adams et al., 2009; Dietz and Martell, 1989; Hoffmann et al., 2011; Pathé et al., 2014) and the experience of the British FTAC (James et al., 2013) accentuate the high prevalence of mental illness in those who harass or communicate inappropriately with MPs. In our survey, half of MPs identified their harasser as mentally ill based on the nature of the contact, while a further 26% thought mental illness was a possibility. Of interest, the qualitative data suggest a number of MPs saw it as their role to listen and to support these mentally disturbed constituents, even if they were not referred for treatment.

The limited information gathered about the harassers’ apparent motivations suggested they were fixated on a cause or grievance. Persecutory ideation or delusions...
seemed prominent, but erotomanic beliefs, common in celebrity stalker samples (Meloy et al., 2008), were not reported. This is consistent with previous findings (Adams et al., 2009; James et al., 2007; Pathé et al., 2014) and conforms with the typology of the fixated individual described by Mullen et al. (2009a).

The use of the Internet as a platform for harassment was reported more frequently than in other comparative studies and was a major concern for MPs. Inappropriate social media contact had a prevalence of 60% in this study compared with 9% in the UK study (David James, personal communication) and 17% in the Queensland study (Pathé et al., 2014). As these other studies collected data several years ago, this probably reflects increased uptake of social media over the intervening time, rather than any fundamental difference between New Zealand, Australia and the United Kingdom.

There is scant literature on cyber harassment of public figures, with technology evolving faster than the research base. It is not clear whether online harassers differ from offline harassers, particularly with respect to the prevalence of mental illness.

The online environment with its apparent anonymity, instant and effortless access and perceived lack of consequences may result in a phenomenon called the ‘online disinhibition effect’ (Suler, 2004). It has been hypothesised that this effect may encourage some individuals to engage in online harassment, who would not do so otherwise (Ménard and Pincus, 2012).

There is some evidence that harassers communicating electronically are less likely to approach their victims unless electronic communication co-occurs with other forms of communication (Schoeneman et al., 2011; Schoeneman-Morris et al., 2007). However, Cavezza and McEwan (2014) found relatively few differences in the behaviours of online and offline stalkers. The majority of cyberstalkers also engaged in offline stalking behaviours, including other communication methods (e.g. telephone calls, letters) and approach behaviours (e.g. confronting, following). Overall, cyberstalkers employed a wider range of different communication and approach methods than offline stalkers. This suggests that the Internet may simply be an additional platform for the aggrieved, disgruntled and fixated.

While MPs seemed less concerned by cyber harassment, approach behaviours generated more distress. Previous research has shown that public figure harassers who approach their victims are more likely to be mentally ill than harassers who remain at a distance (Meloy et al., 2011), and as these individuals are usually identifiable, they represent an opportunity for intervention. There is currently no service in New Zealand tasked with identifying the warning signs of fixated individuals and, where indicated, facilitating interventions by mental health agencies and/or the police.

We consider there is a place for such an initiative in New Zealand. This is supported by the findings of this study, alongside information from Parliamentary Services that, of those identified as ‘people of concern’, 75% have established or suspected mental illness. Evidence from the United Kingdom and Queensland, Australia has shown dual Police/Mental Health threat assessment services successfully identify high-risk people with serious mental illness who have either fallen out of, or never received treatment. Diverting this group into treatment performs an important public health function, simultaneously improving their health outcomes and reducing the risk to MPs, their families, staff and the general public. It also reduces unnecessary allocation of resources to poorly understood threats.

**Conclusion**

This survey of New Zealand MPs, with a response rate of 84%, found a high level of harassment, similar to previous surveys. The harassment usually occurred in multiple modalities, and impacted not only on the MPs but also their families and staff. Key themes were that harassment was frequent, multi-modal and often highly intrusive and disturbing in nature. Half of MPs had been threatened and about one-third had experienced harassing behaviour at their private residence, with similar numbers reporting property violations. One in seven had been attacked. Similar to other studies, the victims considered the majority of those responsible for the harassment exhibited signs of mental illness and were in need of psychiatric assessment.

The results provide support for the creation of a specialised threat assessment service. This would hopefully benefit Parliamentarians, their families, staff and the public, and facilitate access to psychiatric treatment for the mentally disordered fixated individual.

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