

Mental Health and Addiction: Māori hui: summaries

He rātonga kaupapa Māori ā hāpori o te hauora hinengaro, hauora wāranga.

Te rāpopototanga o ngā kōrero mai i ngā hui Māori-ā-motu.

He mihi rangatira, he mihi maioha ki ngā mana, ngā reo, ngā maunga tapu, ngā paetapu, ngā haukainga, te whare wānanga o Manawatu, Te Tihi o Ruahine, Mātanga Mauri Ora, ngā kārangatanga maha o te motu i haere mai ki ngā hui Māori-ā-motu a te Manatu Hauora.

E tika ana i rongohia e mātau ngā tangi, ngā mamae, ngā take tautohe, ngā tohutohu, otira, i ngā whakapae ā Ngai Māori ki runga i te Manatu Hauora (te karauna). E noho whakaiti ana mātau i raro i ēnei taumahatanga, inā, i ngā tuaahuatanga o te wā mai ngā hui huhua i utaina ki runga i a koutou i ngā marama, i ngā tau ki muri. Kei te mihi, kei te mihi, kei te mihi rangatira.

Kia tutuki tēnei kaupapa whakahirahira e manakohia, ka whakapau kaha mātau ki te kawē i ngā hui ake i karangahia e etahi ake rohe. Mai i te mutunga o ēra hui i te 5 o Whiringa-ā-nuku, ka arawhakamuahia ngā mahi whakahaere.

E whai ake nei ko te rāpopototanga o ngā kōrero i whakaritea ki a whakahokia atu ki a koutou mai i ngā hui. I whakatauhia e koutou i roto i ngā hui, me noho tūturu o koutou kōrero i roto i ngā tuhinga.

Mauri Ora!

Background

The Mental Health and Addictions Directorate at the Ministry of Health recently held a series of Maori Hui to discuss mental health and addiction developments planned as part of the Government's response to He Ara Oranga and to specifically begin collaborative designing of a Kaupapa Māori Community Mental Health and Addiction service. The hui were held in five

locations, Whāngārei, South Auckland, Rotorua, Palmerston North and Christchurch throughout September and October 2019.

The Ministry appreciates the support and contribution of all who attended, and looks forward to continuing to engage with Ngai Māori to further develop, design and deliver kaupapa Māori services to improve access and choice in relation to mental health and addiction services.

The summary feedback from these hui are provided below. They capture the original words and writings of the people.

Whangarei: Otangarei marae

- Underpinned by the Treaty of Waitangi
- Recognising the mana of Ngapuhi (own system)
- MoH taringa whakarongo - the Ministry needs to make things happen
- Funding shifts to enable Maori autonomy
- Holding mainstream accountable for Maori outcomes
- Engage Tangata Whaiora
- Intersectoral collaboration/integration
- Wellness starts at home/community focus
- Maori to have the opportunity to lead
- Equity
- Maturanga Maori/traditional healing

Categories discussed

- Commissioning, Procurement, Funding/budget holder
- Maturanga Maori
- Te Reo/Tikanga, Rongoa, Matakite, Tohunga, Waiata, Mirimiri, Karakia
- Expanding whats going best
- Nga matawaka, Whanau/hapu/iwi
- Workforce development
- Tangata Whaiora/lived experience
- Prevention, Hauora/mental health
- Decolonisation, Racism
- Equity
- Mana Motuhake, Control/Maori autonomy
- Treaty of Waitangi, Self determination (our own answers)
- Solution focus,
- Kaumatua leadership
- Universal proportionality

South Auckland: Manurewa marae

- Lots of mahi doesn't need money – it's our approach
- Institutional racism – looking at as a system or service not as Maori
- Future in a system for our people – to help sons/fathers
- Whanau first not kaimahi

- Funds for kaimahi workforce development
- Funding becomes competitive amongst Maori providers. Loss of confidence in DHB (mechanisms)
- Funding doesn't get to the people
- Identify gaps/holes in the waka – then can fill so it will float
- Identifying/introducing using our iwi, e.g. whakatohea not as services/organisations
- Move funding mechanism – don't give funding to the DHBs
- Te Tiriti and concepts from the Ottawa charter – doing it together
- Te Reo/language – me hauora ano ia tatou ora – not mental health
- WFD is key for Maori
- Public health and mental health
- Lived experience leadership
- Peer support workforce development
- Funding for development
- Governance from a Maori lens
- Change of language – from mental health to Hauora
- Being well
- Move away from a deficit model
- Maori delivering services – move from a medical model to whanaungatanga
- \$61.8m for Maori isn't enough
- What is wellbeing (MoH?)
- Systemic issues
- Move forward – remove barriers proactively for mokopuna/a lifetime
- Control is with the Crown (DHBs) – move to grass roots procurement – don't give it to DHBs

Future state

- I will be accepted entirely as I am
 - Listen to me, I am the expert on me
 - Inclusion of all whanau/hapu/iwi as the system
 - Experts of people of culture kaumatua/kuia
 - Establish a kahui to govern
 - Define a Maori provider – establish and delegate
 - Resource whanau
 - Enable and recognise tikanga maori via legislation and then fund
 - Include kaumatua, tikanga, tohunga, whanau services – not funded by DHBs as the middle person
 - Community is functional. Whanau, hapu and iwi and manuhiri
1. Equity – society – equitable funding to receive appropriate services
 2. Self determination of whanau – not just clinical
 3. By Maori, for Maori
 4. More real – no we want top 6 priorities
 5. No DHBs – they didn't work
 6. Te Reo, Te Ao Maori, being Maori within our whanau, hapu, iwi
 7. Hauora designed by Maori for our tamariki

Rotorua: Te Papaouru marae

- What can we do to move to an ideal state?
- Removing barriers
- Using matauranga Maori to inform all we do
- Put whanau first
- Develop our Maori workforce – whanau, lived experience – back to basics – ma ia iwi, nga tangata katoa
- Our own to come out and lead by example
- Change infrastructure – law, policy, funding so we can do things ourselves
- Te Tiriti – constitutional change
- De-colonise our own people
- Think broader than health lens (socioeconomic factors) – structural determinants that keep people unwell
- Lived experience led (sitting at the table at all levels)
- Direct funding to hapu/iwi and kaupapa Maori services – report back to Prime Minister
- Want a Maori commission – funding based directly on Universal proportionalism
- PMH into education – return to our own ways of educate our own
- Kaupapa Maori system – across all practices koeke, lived experience
- Funding to Maori led organisation
- WFD
- Nga mata waka – available to all – a place open 24/7 – all services available at any given time (health, housing,...have all needs met)
- Oranga whanau focus for services
- Using our own lends
- Marae based services – one stop shop
- Ma te whanau, he whakatika, ma nga tohunga I tautoko, he aha te mate...
- Whanau should have choices
- Focus on early intervention – (in schools)
- Build resilience
- Everything starts at home
- Given a chance to dream – it hasn't changed – we need systemic change
- Address the barriers identified in He Ara Oranga
- Tino Rangatiratanga/Mana Motuhake

Palmerston North: Te Putahi a Toi

Essential ingredients for Kaupapa Maori Primary MHA

- Mobile – outreach model of care
- Better adaptive funding models including carry over budgets across financial years
- Balance of technology/natural literacy
- Flexible service model that works to the strengths of individual kaimahi
- Community development initiatives embedded into service and approach (e.g. Iron Maori).
- Ahua o te whare – ko Maori, “Hauora Whanau” Core to participation in service development
- Equitable funding model, Whanau ora, Passionate Kaimahi, No labels service

- Outcome measures need to be put in place for accountability
- Iwi services, More funding – Tina Rangatiratanga
- Respond to the needs at hand (Holistic)
- Flexible funding – no strict criteria – regulated/audit
- Review of strategies/action plans annually – not 5-10 years
- Fix broader system, Smoke and Drug free kaimahi, Flexible models of Engaging Whanau and Whaiora
- Outcome measures
- Whanau lead – whanau driven, Whanau aspirations, Encourage and empower self worth
- Lived experience, Focus on trauma
- Tino rangatiratanga
 - Models
 - Whanau ora
 - Workforce
 - Flexibility of services/contracts
 - Whanaungatanga – effective communication, relationship building
- Whanau champions,
- Around roots: Identity, Reo, Waiata, Rongoa, Kawa, Kapahaka, Matakite, Tikanga
- Openness to listen to all aspects of the system
- Maori for Maori by Maori
- RFPs reflect regional needs, hauora competence is not decided at national level
- Govt supports smaller Maori providers that are already delivering services
- Ability for expression – raranga, art, poets
- Equity of funding and service delivery
- Racism declining - of who best delivers services
- Holistic therapies
- Indigeneity International collective
- Iwi Maori Partnerships, Don't (always) belong with crown \$\$\$
- Rongoa, Creative therapies
- One stop shop, Combined services – other organisations
- For all ages – no criteria, Education – whanau need to know when they are mauiui
- Someone to listen, Someone to talk to, Getting people involved in the community
- Need support/ongoing, Get whanau involved, Safe space/s
- Non-reliant on pharmaceuticals, Resource services appropriately
- Wider than medical practitioners, Whakapapa, Use of Te Reo and Tikanga Maori
- Maori authority – Maori funding – Iwi – Hapu – Cultural markers
- Link up with schools, organisations – initiate conversations REAL
- Kaupapa Maori has to be separate Whanau driven/delivered, Family mentors
- Whanau need to know where to go and who to see, a range of therapies/medications ie. Rongoa,
- Mirimiri, Exercise, Time in nature, Staff are trained in purakau
- Understanding/embracing of Treaty of Waitangi
- Staff are whanau, Tohunga, Aroha, Tika and Pono
- Services are for everyone
- Connections to the land and the sea – wairua
- Whanau choose nga kete,
- Attractive, Welcoming, Accepting, Supporting, Enhancing

- Mana enhancing services and experiences
- Funding focused on whanau outcomes not outputs
- Marae/at home/at work
- Maori art
- Tangata choose to register, Safe and well staff, Staff are looked after
- Mauri – safe, inspiring, Kapahaka
- Rather than reporting – how about celebrating whanau, Wairua focus – mahi wairua
- Tikanga (practical application of Maori principles) Kawa – Matauranga Maori
- Whanau ora, What matters – not what's the matter
- Encourage aspirational thinking rather than always focusing on deficit
- Whanau choose/design wellness programmes
- Maori competencies for non-Maori
- Whanau reconnect with their identity
- Moving away from referral system
- Positive wording instead of words like MENTAL
- Nga uara/principles are evident in the service and guide practice of kaimahi

Christchurch: Rehua marae

- Quality kaupapa maori services with a quality maori workforce with everyone fluent in te reo maori
- Maori owned, maori led, matauranga Maori
- No one is asking for equity – narrative changes
- Maori heroes and role models
- Connection – kaumatua/tohunga to guide and lead, decision making, restore practices
- MANA RANGATIRATANGA
- Live and breath “Puao te ata tu”
- Nga taonga tuku iho
 - Te reo
 - Tikanga
 - Kaitiakitanga
- Ongoing aroha
- Info sharing
- Manaakitanga
- “whanau ora”
- Tautoko
- Hauora, oranga
- Respect from clinician led services
- Rongoa
- Whanau, hapu, iwi led matauranga
- Devolution
 - Community settings
 - By Maori for Maori
 - For those seeking a Maori response
- Equity
 - Investment in community led “Maori” approaches – whanau, mandated NGOs well resourced

- TE AO MAORI PRACTICE
 - Wellness through our practices, values, connections and narrative – purakau (stories and legends) our people, our practices, our places
- Equity where end result is focused on needs Maori – to be proud and strong of who you are
- Respect, whanau and whakapapa
- All Maori stats are positive and whanau reach potential through stronger whanau and communities

Rangatahi feedback Christchurch

Everybody has a background story just be there for one another and stop judging us coz of colour

No judgment

Read off books/organisation focused

Try to fix us with a diagnosis – e.g depression, anxiety, bipolar, ADHD instead of getting to know us

Personal thoughts:

- Don't talk about us without our presence
- Don't judge us by our colour or whats on paper
- It's like to be heard and be seen we have to do something massive (suicidal)
- Feels like they use drugs to fix us
- Hard to ask for help because us as Maoris feel judged or intimidated
- 6 weeks isn't long enough for us to get the right help we need – eg. Mentoring sessions
- We feel like we get the boot as soon as our sessions are up and the doors close on that support
- From what happens in the whare stays there so it causes trust issues, grief, because we feel that it's not confidential
- Listen to us and what positive changes could be made if you just listened to us
- We need more funding for staff – organisations/mental health to be able to support us
- Say no to pills and just be there for us and train the staff properly all it takes is a ear to listen to us it will make a big difference
- More education being provided for maori health and safety – including whakapapa and Te Reo in the community we want to live in
- A bicultural environment including Pakeha getting educated around Maori kaupapa 4 a better understanding 4 each other in both worlds
- No smoking
- We will be heard and seen
- Less imprisonment – less drug and alcohol use
- Maori and Pakeha working together in mental health sector as well as AoD
- Text book people want less of
- Less wait for help – HIGH RISK!!!
- Text book people

"Ma te kōrero ka mōhio
Ma te mōhio ka mārama
Ma te mārama ki mātau
Ma te mātau ka ora ai te iwi"

"Through discussion we learn awareness
Through awareness we learn understanding
Through understanding we learn knowledge
Through knowledge we gain wellbeing for the people"

Staying in touch

These hui related to just one initiative within the Directorate's wider work programme. To stay in touch, keep up to date with the latest news and learn more about upcoming opportunities to get involved, [subscribe to the Directorate's fortnightly e-newsletter](#) and share the link with your networks.