



TUMU WHAKARAE SUBMISSION

To the Government Inquiry into
Mental Health and Addiction



NATIONAL DHB
GM MĀORI STRATEGIC
REFERENCE GROUP

AUGUST 2018

Tumu Whakarāe Executive Lead | Tricia Keelan
Lead Authors | Tricia Keelan and Jodi Porter

*Whakataka te hau ki te uru,
Whakataka te hau ki te tonga.*

*Kia mākinakina ki uta,
Kia mātāratara ki tai.*

*E hī ake ana te ataakura
he tio, he huka, he hauhu*

Haumi e! Hui e! Tāiki e!



Thei Mauri Ora!

E tika ana, me mihi ki ngā mate huhua. Haere atu rā ki te moana nui, te rerenga o ngā waka i hoehoe ai e rātou mā, ka ngaro i te ao kiko. Otirā, e mau tonu ana i ngā kokona o te ngākau. Koutou kua wehe atu ki te po, hoki wairua atu rā ki Hawaiki nui, Hawaiki roa, Hawaiki pāmamao.

E ngā mana reo, e ngā rangatira o te paetapu hinengaro, tēnā koutou katoa.

E mihi ana mātou, te Tumu Whakarae ki a koe e te Ahorangi Tā Mason Durie, kōrua ko koe hoki e Dean, te poutokomanawa whānau o te paetapu rā. Nā kōrua ngā taonga kōrero ā kui mā ā koro mā i pupuri. Ko te tūmanako, ka whai atu tātou i ngā akoranga ā ō tātou mātua tīpuna me ngā mātauranga o te ao hurihuri nei. He aha ai? He mea whakaora, he mea whakatangatawhenua, hei nuku tātou mai i te kahupō ki te pae ora.

Kei te mōhio tātou katoa, ka pāngia ngā iwi i tētehi parekura tūkino. Kei te ngaungau ngā taniwha o te mate whaiora me te mate momori ki a tātou, kātahi ka hingahinga ā tātou raukura mō āpōpō. Nō ngā kaupapa here, ngā tukanga, ngā pūnaha aua taniwha e whāngai. Ahakoa te moumou, kāore tātou i tūpou.

Kei kōnei mātou ngā kaiwhakahaere oranga Māori o ngā poari matua nei kia takotoranga ai i ngā whakaaro rangatira ki te kaupapa, kia tuku, kia rere, kia ora ai ngā whānau e putu ana, e kahupō ana. Te manako ia kia nanao atu tātou i te kakau o te hoe, kia whakaripi i ngā waiora, kia mataara te iwi Māori.

Me whawhai tonu tātou! Kua mātou e mate wheke, ēngari me mate mango-ururoa!

Whano, whano! Haramai te toki! Haumi ē! Hui ē! Tāiki ē!

Riki Nia

*Riki Nia Nia
Te Tumu Whakarae Chair
Ngāti Kahungunu, Tūhoe*



Tricia Keelan

*Tricia Keelan
Submission Lead and Author
Ngāti Porou, Rongomaiwahine,
Te Aupouri, Ngāti Kahungunu*



CONTENTS

HE KŌRERO WHAKATAKI	6
TUMU WHAKARAE	6
OUR POWER PRINCIPLES AND ACTIONS FOR CHANGE	8
OUR SUBMISSION	12
WHAT SORT OF SOCIETY DO WE HOPE FOR?	12
OUR ASPIRATIONS	12
WHAT'S WORKING WELL?	19
WHAT'S NOT WORKING WELL?	23
WHAT COULD BE DONE BETTER?	31
OUR POWER PRINCIPLES	32
CONCLUSION	34
ACKNOWLEDGEMENTS	36
APPENDICES	37
APPENDIX ONE TUMU WHAKARAE SUBMISSION MEMBERS	37
APPENDIX TWO GLOSSARY	38

Ora

1. (verb) to be alive, well, safe, cured, recovered, healthy, fit, healed.
2. (verb) to survive, escape.
3. (verb) to be satisfied with food, satiated, replete.
4. (verb) to recover, revive.
5. (modifier) healthy, fit, well, alive - in a state of wellbeing or just being alive.
6. (noun) life, health, vitality.

O rā

of the sun, the life giving rays of the sun

"Kua tawhiti kē to haerenga mai, kia kore e haere tonu. He nui rawa o mahi, kia kore e mahi tonu."

"You have come too far not to go further, you have done too much not to do more"

Waitangi Tiriti Grounds

Tā James Henare
Ngāti Hine

He Kōrero Whakataki

"Kua tawhiti kē to haerenga mai, kia kore e haere tonu. He nui rawa o mahi, kia kore e mahi tonu."

The quote above from Tā James Henare is inspirational in binding us together as leaders in the advancement and realisation of Pae Ora.¹ We recognise that we are standing in the momentum created by those who have come before us, and, that they have come too far, for us not to go further, and they have done too much for us to not do more.

Tumu Whakarae acknowledge that the Mental Health and Addictions (MHA) system is in a state of emergency for tangata whenua. We have both concern and aroha for all whānau that are impacted by and struggling with MHA issues. To support our people towards Pae Ora, a revolution of the MHA system underpinned by genuine integration of Te Tiriti o Waitangi and Kaupapa Māori approaches throughout the entire health system,² and wider government systems³ is required.

Tumu Whakarae

Tumu Whakarae⁴ is the National Reference Group of Māori Health Strategy Managers within District Health Boards (DHBs). Tumu Whakarae members are involved and represented in many different pathways toward

¹ 'Pae Ora' in this submission refers to the holistic concept that encompasses Mauri Ora (healthy individuals), Whānau Ora (healthy families) and Wai Ora (healthy environments) as outlined in: Ministry of Health. (2014). The guide to He Korowai Oranga: Māori Health Strategy 2014. Wellington: Ministry of Health. Pae Ora is the New Zealand Government's vision for healthy Māori futures.

² By 'health system', we mean all organisations that contribute to the holistic health and wellbeing of New Zealanders.

³ 'Government systems' refers to all Ministries, their respective departments and other organisations and entities established and/or funded by the Crown.

⁴ Refer to Appendix One: Tumu Whakarae Submission Members.

rebuilding and re-imagining hauora futures for our people in alignment with He Korowai Oranga. In order to strengthen the strategic implementation of Pae Ora for tangata whenua into the future, Tumu Whakarae is guided by the following six priorities, that also underpin this submission:

1. Provide and encourage transparent and effective leadership
2. Lead a Māori equity culture in our system
3. Provide and expect evidence-based approaches
4. Utilise partnering and collective impact approaches
5. Value Māori leadership, intelligence and innovation
6. Advocate for proportionate universalism⁵

We are supported by our kaumātua Eru George and Mihi Namana, and are also working with other experts including tohunga, healers, rangatira, whānau, clinicians, researchers, other indigenous leaders, change agents, scientists, and social scientists towards the shared vision of Pae Ora.

Indigenous Peoples Rights

The United Nations Declaration on the Rights of Indigenous Peoples⁶ clearly affirms our rights and in particular, with reference to tangata whenua health, Tumu Whakarae would like to draw attention to the following articles:

Article 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realisation of this right.

⁵ Proportionate universalism is an approach that aims to reduce the steepness of the social gradient in health by implementing universal actions with a scale and intensity that is proportionate to the level of disadvantage. Refer to: Marmot, M. (2010). Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. Department of Health, England.

⁶ UN General Assembly. (2007). United Nations Declaration on the Rights of indigenous peoples: resolution adopted by the General Assembly. A/RES/61/295.

OUR POWER PRINCIPLES AND ACTIONS FOR CHANGE

Tumu Whakarāe submit the following ten power principles and associated actions for change as key recommendations for consideration by the Government Inquiry into Mental Health and Addiction Panel and the Hon Dr David Clark, Minister of Health:



UPHOLD INDIGENOUS RIGHTS AND TE TIRITI O WAITANGI

We need a Pae Ora system that partners with tangata whenua leaders as Tiriti partners.

- Uphold Te Tiriti o Waitangi in Government. For example, Whatarangi Winiata and other tangata whenua leaders⁷ have recommended the establishment of an Upper house in Parliament to best reflect a Tiriti partnership;
- Legislate to enable Te Tiriti o Waitangi based iwi leadership⁸ and authority within the Health and MHA systems. For example, establish genuine iwi partnerships with the Minister of Health, the Ministry of Health, DHBs and other Crown entities;
- Assign the Associate Minister of Health, Māori portfolio to a tangata whenua Member of Parliament -‘te au o te kanohi Māori’⁹;
- Strengthen Te Tiriti o Waitangi and tangata whenua capacity and capability within the Ministry of Health and all Health focused Crown entities and MHA systems;
- Review MHA funding and invest with a Te Tiriti o Waitangi and indigenous justice approach, combined with proportionate universalism;
- Establish a singular focus on acknowledging, identifying and counteracting institutional racism and bias across the MHA system.



ACTION DELIBERATE NATIONAL POLICY TO DRIVE TOWARD PAE ORA

We need a Pae Ora system that drives towards the vision and mission of Pae Ora.

Establish a deliberate national policy framework to transform to a Pae Ora system, with Pae Ora as both the vision and mission. The national policy framework will:

- drive a Pae Ora ‘whole of system’ approach that guides every single strategy, policy and procedure for all MHA services in Aotearoa
- uphold and give effect to the Tumu Whakarāe ten Power Principles;
- be underpinned by Kawa Oranga¹⁰ to drive genuine tangata whenua development;
- empower tangata whenua to define and determine how Pae Ora is realised based on ‘te au o te kanohi Māori’ and tangata whenua models that encompass Wairua Ora¹¹, Mauri Ora, Whānau Ora and Wai Ora;
- establish funding targets, with funding ring fenced for the effective implementation of a Pae Ora system;
- drive greater access to Kaupapa Māori models of care for tangata whenua, with the aim that Kaupapa Māori approaches become the preferred service model on the basis that if you get it right for Māori, you get it right for everyone.

7 Refer to: <https://e-tangata.co.nz/korero/taihakurei-durie-its-time-for-an-upper-house/>

8 Look to examples such as Southcentral Foundation, an Alaska Native tribal health organisation. Refer to: Huhndorf, S. (2017). *Native wisdom is revolutionising health care*. Stanford Social Innovation Review, Summer 2017.

9 Te au o te kanohi Māori, a term used by Dame Rangimarie Glavish that asserts the uniqueness of a tangata whenua worldview and Māori intelligence, seen only through the lens of tangata whenua themselves.

10 Within this document, Kawa Oranga can be understood as a philosophical foundation for optimal tangata whenua wellness, inclusive of wisdom, intelligence, values, key concepts and spiritual rites throughout a lifetime.

11 Tumu Whakarāe acknowledge that Wairua Ora is also a fundamental component of Pae Ora, that is the spiritual connectedness and wellbeing of all living things, both past, present and future; and inclusive of tangible and intangible elements of our life force.



TRANSFORM TO A PAE ORA SYSTEM THAT IS CO-DESIGNED WITH WHĀNAU

We need a Pae Ora system that is co-designed with whānau.

- Co-design with whānau from the ground up for transformational change and better outcomes for tangata whenua as a core principle of service development in a Pae Ora system;
- Shift from an illness to a Pae Ora paradigm by investing in prevention and holistic wellness across the lifecourse, beginning from pre-conception e.g. prevent illness developing and have services and supports that engage whānau at the right time and in the right ways;
- Consider Te Kūwatawata¹² and Southcentral Foundation as exemplars of a Pae Ora driven MHA system;
- Embed genuine dual diagnosis services for tangata whenua within a Pae Ora system;
- Develop a Pae Ora MHA Research Agenda that values whānau intelligence to inform evidence based policy development and resource allocation. For example, research the impacts of Western medications, including the onset of chronic conditions;
- Develop alternative Pae Ora pathways to the criminal justice system enforcement approach that harms whānau with MHA issues.



PERFORMANCE MANAGE WITH INTENT

We need a Pae Ora system that drives high performance for tangata whenua.

Establish a national MHA performance management framework that enables a Pae Ora system to achieve excellence for tangata whenua. The national MHA performance management framework will:

- performance manage to achieve excellence for tangata whenua in alignment with the Tumu Whakarae ten Power Principles;
- ensure active and independent monitoring of progress towards Pae Ora in all MHA services;
- establish Pae Ora system accountability to drive high performance for tangata whenua in MHA services, including meaningful feedback loop mechanisms to empower whānau to inform continuous improvement;
- investigate and build on the best evidence to achieve performance excellence (in MHA and related fields) i.e. structural arrangements, performance scorecards, evaluation, KPIs, 'at risk' funding, contracting for outcomes and meaningful impact reporting, tangata whenua and indigenous service specifications;
- incentivise high performance and stop funding for poor delivery to tangata whenua in all MHA services;
- drive and celebrate innovation for service effectiveness and continuous quality improvements for tangata whenua as a requirement of all MHA services.



EMBRACE A TANGATA WHENUA WORLDVIEW OF PAE ORA

We need a Pae Ora system that is focused on our holistic wellbeing.

- Uphold the United Nations Declaration on the Rights of Indigenous Peoples to ensure that tangata whenua enjoy the highest attainable standard of physical, mental and spiritual health and wellbeing by protecting the rights of tangata whenua to:
 - actively develop and determine our own health and wellbeing programmes;
 - administer and assert our own indigenous institutions; and
 - maintain our traditional medicines and health practices.
- Enable tangata whenua to define, determine and decide how Pae Ora is realised based on a tangata whenua world view encompassing Wairua Ora, Mauri Ora, Whānau Ora and Wai Ora;
- Engage with Pae Ora in a holistic sense by providing for a whole of Pae Ora system that is integrated, seamless and responsive to whānau across multiple sites and entry points; acknowledging that whānau want to live in a world where their 'mental health' is not separate from their individual spiritual and physical health, nor the health and vitality of their families and environments.

¹² Te Kūwatawata is a tangata whenua led initiative in partnership with Hauora Tairāwhiti DHB that demonstrates a unique and ground-breaking response to Māori MHA in the Gisborne region.



VALUE TANGATA WHENUA INTELLIGENCE

We need a Pae Ora system that values tangata whenua intelligence.

- Elevate and validate 'te au o te kanohi Māori' and tangata whenua intelligence;
- Explicitly value tangata whenua intelligence alongside clinical intelligence. This includes all MHA services and requires valuing of traditional Māori healing and practice alongside clinical practice. For example, the treatment plan for a whānau Māori will prioritise the recommendations of Tohunga employed within the service alongside clinical recommendations;
- Address the longstanding issues between the Kaupapa Pākehā contracting system and Kaupapa Māori organisations and services, by shifting to indigenous best practice contracting models;
- Invest in building a rigorous evidence base of the effectiveness of Kaupapa Māori MHA services in alignment with the holistic context of Pae Ora and in conjunction with the Tumu Whakarae ten Power Principles.



DEVELOP OUR TANGATA WHENUA AND NON-MĀORI PAE ORA WORKFORCE

We need a Pae Ora system that invests in and develops our Pae Ora leaders and workforce.

Establish a Pae Ora workforce development plan and programmes that support tangata whenua to:

- be valued and strengthened as leaders, practitioners and healers of a Pae Ora system;
- be high performing and adequately resourced across all components and levels of a Pae Ora system;
- act as champions and change agents for transformation towards a Pae Ora system;
- share expertise and build a critical mass of Pae Ora leaders, practitioners and healers;
- engage in education and employment pathways that amplify indigenous intelligence within the Health and MHA systems (similar to the Teach NZ model).

Establish a Pae Ora workforce development plan and programmes that support the entire health system workforce to:

- understand that whānau must define, determine and decide their own Pae Ora pathways;
- complete a series of compulsory Pae Ora training opportunities as designed by tangata whenua across the entire health system workforce pipeline to ensure that Pae Ora is embedded and expected in the practice of all health professionals;
- have access to and be inspired by Kaupapa Māori approaches, tools and strategies that support all health professionals to reorient their practice towards a Pae Ora system that focuses on holistic wellbeing and wellness, as opposed to illness;
- have regular opportunities to connect, grow and enhance their practice through local, regional, national and international knowledge exchanges that support a Pae Ora and global indigenous health agenda;
- be held accountable for tangata whenua population level outcomes and service performance accountability¹³ in order to drive high performance and excellence.



LOVE OUR WHĀNAU

We need a Pae Ora system that is entrenched in aroha.

Establish a Pae Ora system with Pae Ora as both the vision and mission, and aroha as a foundational enabler of Pae Ora pathways. Design and deliver services that authentically operate with aroha and:

- provide meaningful interaction and engagement with the person and their whānau (rather than the label, addiction, illness or judgement);
- cater for the needs and aspirations of whānau across the lifecourse, beginning pre-conception;

¹³ This requires instantaneous feedback loop mechanisms that empower whānau to determine the quality of their care, experience and outcomes.

- best respond to the spectrum of mental distress by focusing on preventative, upstream interventions and approaches;
- provide guidance, training, and useful tools to empower whānau to support their loved ones who are impacted by mental illness and addiction;
- effectively respond to whānau in crisis by ensuring that health services are adequately engaged at any time of the day (rather than whānau being pushed towards Police intervention which can further harm our people). This requires greater investment from the MHA system to be proactive in collaborating with whānau and the Police to work in aroha with whānau Māori in distress, both in crisis situations and within the context of the criminal justice system;
- review exclusion criteria, service rationing and referral deference that push whānau into gaps and prevent them from accessing the MHA services they require.



WHAKAMANA OUR WHĀNAU

We need a Pae Ora system that strengthens and enables our whānau from pre-conception.

- Uphold the mana and mauri of whānau, empowering them to lead and be active agents of Pae Ora pathways that they co-design to engineer their own sustainable solutions, shifting from states of kahupō to wairua ora (rather than prescriptive, directive and dismissive approaches);
- Establish Kawa Oranga to guide and underpin the development of Pae Ora pathways for whānau across the lifecourse continuum, premised on the understanding that Kawa Oranga are integral rites that look after all aspects of wellness while leading through the most powerful element of re-indigenisation which is Wairua Ora, a core determinant of Pae Ora;
- Embed Kawa Oranga within clinical settings in order to uphold and value tangata whenua ways of knowing, being and doing;
- Acknowledge the birth rights of tangata whenua by investing pre-conception to protect the most potent point of early intervention (before the first breath of life) to ensure that tangata whenua rights to Pae Ora are upheld, nurtured and protected throughout the entire lifecourse;
- Establish te reo me ōna tikanga as essential elements of a Pae Ora system that empower our whānau.
- Whakamana whānau to lead their recovery and to realise their potential as tangata whenua.



GROW INDIGENOUS INTELLIGENCE AND EXPOSE THE WORLD TO TE AO MĀORI

We want a world that values Te Ao Māori and tangata whenua intelligence.

- Partner with whānau, hapū and iwi to invest in and establish systems for the restoration of tangata whenua intelligence for current and future generations in alignment with Māori aspirations and contributions¹⁴;
- Establish Pae Ora pathways to support whānau to be connected to Te Ao Māori¹⁵ and their marae, with opportunities for intergenerational knowledge transmission drawing from Māori epistemologies and grounded in Wairua Ora;
- Support tangata whenua to grow and prosper in Aotearoa, confident and secure in their identity and immersed in ancestral wisdom;
- Embrace and embed tangata whenua and indigenous intelligence into the education system and curriculum for all, by making 'Tangata whenua history and society' and 'Te reo me ōna tikanga' (as defined and determined by tangata whenua), core subjects in primary, secondary and tertiary curricula;
- Support tangata whenua to work in partnership with other indigenous peoples to establish a global indigenous health agenda to enable indigenous knowledge exchange and innovation, and to gain traction on the realisation of the UN Declaration on the Rights of Indigenous Peoples.

¹⁴ Direction One of He Korowai Oranga.

¹⁵ Refer to: <http://archive.stats.govt.nz/~media/Statistics/Browse%20for%20stats/TeKupenga/HOTP13/TeKupenga13HOTP.pdf>

OUR SUBMISSION

WHAT SORT OF SOCIETY WOULD BE BEST FOR THE MENTAL HEALTH OF ALL OUR PEOPLE?

Tumu Whakarae envision a New Zealand society that gives absolute effect to the enactment of the Māori version of Te Tiriti o Waitangi to ensure the best outcomes for all people in Aotearoa.

KO TE TUATAHI

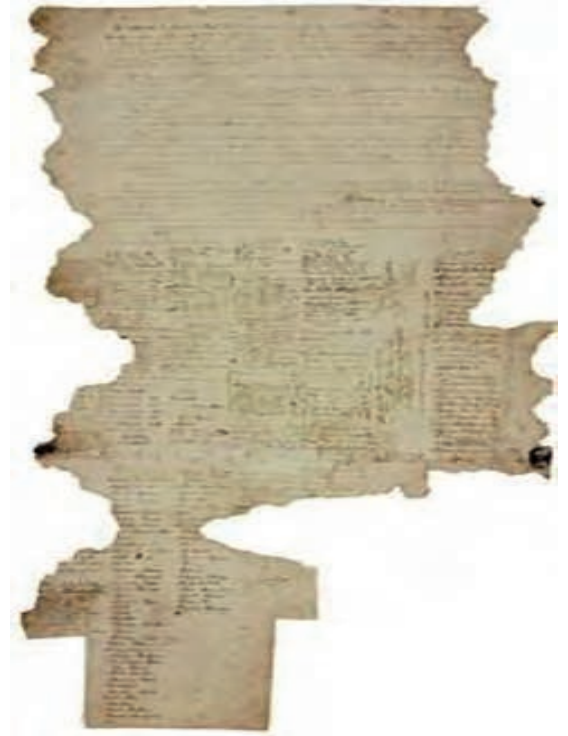
Ko ngā Rangatira o te wakaminenga me ngā Rangatira katoa hoki ki hai i uru ki taua wakaminenga ka tuku rawa atu ki te Kuini o Ingarani ake tonu atu – te Kawanatanga katoa o o ratou wenua.

KO TE TUARUA

Ko te Kuini o Ingarani ka wakarite ka wakaae ki nga Rangatira ki nga hapu – ki nga tangata katoa o Nū Tirani te tino rangatiratanga o o ratou whenua o ratou kainga me o ratou taonga katoa. Otiia ko nga Rangatira o te wakaminenga me nga Rangatira katoa atu ka tuku ki te Kuini te hokonga o era wahi wenua e pai ai te tangata nona te Wenua – ki te ritenga o te utu e wakaritea ai e ratou ko te kai hoko e meatia nei e te Kuini hei kai hoko mona.

KO TE TUATORU

Hei wakaritenga mai hoki tenei mo te wakaetanga ki te Kawanatanga o te Kuini – Ka tiakina e te Kuini o Ingarani ngā tangata Māori katoa o Nū Tirani ka tukua ki a ratou nga tikanga katoa rite tahi ki ana mea ki nga tangata o Ingarani.



Dame Rangimarie Glavish does not believe that our ancestors would have signed Te Tiriti o Waitangi had they understood the full extent of the British Empires' colonial agenda to secure absolute sovereignty of Aotearoa; and the subsequent and enduring oppression and devastation of our people across seven generations. The prevalence of MHA issues that tangata whenua experience can be largely attributed to the ongoing effects of colonisation, with mental illness and addictions posing one of the greatest threats to our people in the 21st century.

As the direct descendants of our iwi leaders that signed Te Tiriti o Waitangi in 1840, we have a responsibility to ensure that our people have the opportunity to exercise our tino rangatiratanga. This submission is an assertion of our collective determination to ensure that Te Tiriti o Waitangi is upheld.

OUR ASPIRATIONS

The following section provides powerful imagery of what we as strategic Māori leaders aspire to achieve in Aotearoa. The visuals aim to conceptualise tangata whenua aspirations, illuminating the wairua of our people, and in turn, giving greater meaning and voice to our whānau.



Imagine a future in Aotearoa where our babies are treasured from before their first breath...and for all of the days of their lives.



Imagine a future in Aotearoa where Te Tiriti o Waitangi is given full effect and tangata whenua are exercising Rangatiratanga

*Imagine a future in
Aotearoa where
our whānau are the
healthiest
people in the
world*



*Imagine a future
in Aotearoa
where we all
love and value
te reo me ōna
tikanga*



Imagine a future in Aotearoa where all of our rangatahi are excelling



Imagine a future in Aotearoa where our whānau are living in wellness and prosperity



*Imagine a future in Aotearoa where we are
warriors and way finders for oranga*



*Imagine a future in Aotearoa where tangata whenua
live and breathe kawa oranga*



*Imagine a future in
Aotearoa
where we all understand
how our actions today will
echo for eternity*

*Imagine a future
where tangata whenua
are leading indigenous
world health*



He Kuaka Mārangaranga

WHAT'S WORKING WELL?

As tangata whenua we acknowledge that we have essential strengths derived from our ancestors; and in turn a level of resilience from our experiences as a colonised peoples. Tumu Whakarāe acknowledge that our people are our core enabler of Pae Ora and that our collective strengths lie in:

- The resilience of our people:
 - our whānau who are suffering due to mental illness and addiction;
 - our whānau who are healing from mental illness and addiction;
 - our whānau who are supporting their ill family members on a daily basis; and
 - our whānau who are grieving because of the impacts and loss of loved ones from mental illness and addiction.
- The greatness of our tūpunaour ancestors who were prominent leaders, activists, warriors, way-finders, orators, nurturers, gardeners and builders who laid the pathways for us today.
- The advancement of our iwi, who are going from strength to strength and becoming increasingly influential across the fabric of Aotearoa. We know that our collective success and unity will in turn aid those iwi who are yet to find their feet; for our people are our greatest asset.
- Post-Treaty settlements for our iwi, for it is in many ways positive that historical claims through the Waitangi Tribunal have been largely settled and iwi are now in stronger positions to transform the prosperity of our people.
- Tangata whenua leadership in Government, acknowledging that at present we have the highest number of Māori MPs in parliament ever.
- Visionary Māori leaders (past and present)¹⁶ such as Sir Apirana Ngata, Whina Cooper,
- Ahorangi Tā Mason Durie, Rangimarie Rose Pere, Moana and Syd Jackson, Margaret Mutu, Dr Ranginui Walker, Whatarangi Winiata, Kāterina Mataira, Tariana Turia and others.
- Exceptional Māori health leaders such as Dr Dale Bramley, Hayden Wano, Wikepa Keelan, John Tamihere, Kahurangi Naida Glavish, Moe Milne, John Whaanga and others.
- Inspired tangata whenua leadership in MHA, including:
 - Astute tangata whenua leaders with institutional knowledge working within Crown leadership and governance roles in MHA such as Nicola Ehau, Phyllis Tangitu and Materoa Mar.
 - Tangata whenua psychiatrists such as Ahorangi Tā Mason Durie, Dr Rees Tapsell, Dr Diana Kopua and Dr Kiri Prentice.
 - Tangata whenua psychiatric nurses who pushed the envelope in the 80s & early 90s and carried on to do great things such as Bob Mingi Elliott, Wikepa Keelan, Paul Love, Mere Balzer, Bobby Keelan, Ronald Baker and Mere Hammond.
 - Tangata whenua psychologists and allied health professionals such as social workers, Pou Kōkiri, managers, community health workers and so on, all of whom contribute to a skilled, driven and committed Pae Ora workforce.
 - Rongoa Māori and traditional healing practitioners that facilitate Pae Ora. We have respected Tohunga in leadership roles within MHA services such as Wiremu Nia Nia and Mark Kopua.

¹⁶ Refer to the following website for profiles of Māori Leaders: Te Rau Matatini. (2018). 100 Māori Leaders. Retrieved from <https://100Māorileaders.com/>

- Strong Pou whānau and consumer advocates such as Dean Rangihuna and Mike King.
 - Te Rau Matatini, our National Centre for Māori MHA, Māori MHA Workforce Development and Excellence which was conceived of and grown principally by Ahorangi Tā Mason Durie with Kirsty Maxwell-Crawford and in recent years Maria Baker and others.
 - Specialist and committed Kaupapa Māori MHA leaders, services, and providers who are instrumental in achieving whānau ora such as Haydon Wano, Simon Phillips, Kirsty Maxwell Crawford, Ian Linton, Micheal Naera, Hingatu Thompson and many others.
- Tangata whenua determined research demonstrates a growing critical mass of researchers, academics and activists asserting the rights of tangata whenua to rangatiratanga such as Ahorangi Tā Mason Durie, Tā Eddie Durie, Moana Jackson, Annette Sykes, Professor Linda Tuhiwai Smith, Professor Graham Smith, Associate Professor Leonie Pihama, Associate Professor Sue Crengle, Professor Papaarangi Reid, Dr Fiona Cram, Dr Matire Harwood, Associate Professor Joanne Baxter, Professor Te Kani Kingi, Tā Joe Williams and others.

As tangata whenua, we acknowledge that alongside our people as core enablers, there are additional key system enablers that contribute towards the realisation of Pae Ora:

- He Korowai Oranga provides a strong framework for Māori health development.
- Hua Oranga¹⁷, an indigenous Māori mental health outcome tool that provides a foundation for continuous improvement.
- A strong legislative and judicial framework in comparison with other Western democracies.
- A growing body of Māori Health Literature that provides evidence and models that conceptualise Māori health from a Māori worldview (many have been written by Ahorangi Tā Mason Durie).
- A growing contingent of a non-Māori Pae Ora workforce in the MHA and broader health system who are committed to, and, taking action to improve tangata whenua equity.
- An increasing number of Tiriti-led non-Māori organisations' that are committing to Te Tiriti o Waitangi and equity for Māori i.e. Massey University. At the same time there are indications of growing acknowledgement of Te Tiriti and an affinity for te ao Māori amongst the general population.
- The imminent national Māori settlement of the Wai 2575 Health Services and Outcomes Kaupapa Inquiry, which will enable the Waitangi Tribunal to provide strong recommendations towards resetting the Health and Disability system.
- Indigenous knowledge exchange and collaboration is an important enabler to facilitate learning from, sharing our experience, and, working together improve Pae Ora outcomes for tangata whenua and other indigenous peoples.
- Western treatment models, when used appropriately within a Kaupapa Māori holistic approach can be a powerful enabler of wellness.

There are many exemplars of Kaupapa Māori services making a genuine difference to whānau who are impacted by mental health and addictions issues. Here, we profile an exciting and innovative tangata whenua driven approach that is shifting the paradigm for MHA toward the realisation of Pae Ora.

17 Refer to: Kingi, Te K. R. & Durie, M. H. (2000). Hua Oranga – A Māori Measure of Mental Health Outcome. School of Māori Studies, Massey University. Palmerston North; and McClintock, K.K., Mellso, G.W. & Kingi Te K. R. (2011): Development of a culturally attuned psychiatric outcome measure for an indigenous population, International Journal of Culture and Mental Health, DOI:10.1080/17542863.2010.537484; and McClintock, K., Sokratov, A., Mellso, G., Kingi, Te K. R. (2013). Hua Oranga: Service Utility Pilot of a Mental Health Outcome Measurement for an Indigenous Population. The International Indigenous Policy Journal, 4(3). Retrieved from: <http://ir.lib.uwo.ca/iipj/vol4/iss3/7>.



*He waka eke noa
We are all this together*

TE KŪWATAWATA

Te Kūwatawata (Hauora Tairāwhiti DHB) is a tangata whenua led initiative that demonstrates a unique and ground-breaking response to Māori MHA in the Gisborne region. Founded and championed by Dr Diana Kopua and Mark Kopua, this mahi shows that investment in tangata whenua led ventures (from the Ministry of Health with their “Fit for Future” Innovation) can improve effectiveness of approaches and transform lives.

Te Kūwatawata has drawn together many different providers committed to a different way of operating through indigenous mātauranga in practice. The programme maintains western psychiatric approaches and interweaves with Kaupapa Māori principles. The model is brought to life through the people, drawing from Mataora (tangata whenua intelligence specialists), primary care, local organisations and mental health professionals, all of whom have gained knowledge of Mahi a Atua, drawing from pūrākau to look at all the characteristics of Māori Atua and how they interact with each other, providing a paradigm for how we view the world. This approach also helps people to understand their own interactions and behaviours.

The service has been designed to drastically improve prompt access to mental health services through a single-entry point. Te Kūwatawata employs a wānanga method where groups of clinicians work with people and their whānau to facilitate early recovery and lessen the need for hospital admission. Improved long-term

outcomes are more likely when whānau are supported to be a core part of the Pae Ora pathways for their loved ones that are in distress. An interim evaluation report¹⁸ has been produced following eight months of service delivery. The report shows promising early indications for the service.

Stakeholders identified strengths particularly in regard to greater access for whānau, increased whānau engagement, cultural resonance of the service and multi-disciplinary integration within the team. Quantitative data shows that the service afforded significantly improved access with two thirds more Māori, and one quarter more non-Māori accessing the service compared to the previous 8-month period. Wait times were significantly shortened, comparing favourably with other DHBs. Whānau member involvement was 50% higher than for the Tairāwhiti DHBs secondary services, and there was a steady decline of Compulsory Treatment orders over the period of the service starting. Based on stakeholder and whānau feedback, the indications are the service is effective, with clear evidence of ease of access, quicker response times, and persistent follow ups. Opportunities for improvement were identified in the report which have been embraced by Te Kūwatawata leadership.

STRENGTHENING OUR EVIDENCE BASE FOR SUCCESS

Tumu Whakarae acknowledge that despite our considerable strengths as tangata whenua and current key enablers of a Pae Ora system, when we search for what is working well for whānau Māori in practice within the MHA system there is a dearth of evidence.

It is most evident when profiling Māori mental health and addictions outcomes across a range of indicators that the MHA system is failing tangata whenua.¹⁹ While having greater access to research and evaluation resources, Kaupapa Pākehā services have not demonstrated positive Pae Ora tangata whenua outcomes. Frustratingly, evidence demonstrates a significant investment in Pasifika MHA.²⁰ As a result, tangata whenua are disadvantaged when decision-makers require justification to redirect resources toward Kaupapa Māori approaches when a limited evidence base exists. This is one of many examples of institutional racism at play.

A level of urgency is required for the Minister of Health to invest in strengthening the Kaupapa Māori evidence base to improve tangata whenua experiences and outcomes in MHA; this should begin with meaningful and immediate investment into a Pae Ora MHA research agenda.

¹⁸ Evaluation of Te Kūwatawata – Interim Report 30 June 2018 (unpublished).

¹⁹ Refer to 'What's not working well' section of this submission.

²⁰ Refer to: Ataera-Minster, J. and Trowland, H. (2018). Te Kaveinga – Mental health and wellbeing of Pacific peoples: Results from the New Zealand Mental Health Monitor and Health and Lifestyles Survey. Wellington: Health Promotion Agency; and Le Va. (2017). Kato Fetu: Review of the Pacific mental health and addiction research agenda. Auckland, New Zealand: Le Va.



*‘Tirohia atu i te au o tō Kanohi Māori.
Looking through the pupil of your eye (lens) that is Māori.*

*While others may have written books about Māori they will
never be able to look through the pupil of the eye that is
Māori...*

...and in that pupil is Māori intelligence...’

Dame Rangimarie Glavish
Ngāti Whātua
Chief-Advisor Tikanga ADHB/WDHB

WHAT'S NOT WORKING WELL?

MENTAL HEALTH AND ADDICTIONS IS IN A STATE OF EMERGENCY FOR TANGATA WHENUA

The following data highlights the state of emergency for tangata whenua impacted by mental illness and addiction within a context of poor service delivery and correspondingly poor outcomes.

- In 2016/17, Māori made up approximately 16% of New Zealand’s population, and accounted for 27% of all mental health service users. The ratio for Māori accessing services was 6.2% compared to an overall population access rate of 3.7%.²¹
- Māori suicide rates are the highest in New Zealand. Māori males are 1.7 times more likely to die by suicide than non-Māori males, and Māori females are 2.4 times more likely to die by suicide than non-Māori females.²²
- In 2012, the death rate for Māori youth (15-24 years) was 48.0 per 100,000 - compared with the non-Māori youth rate of 16.9 per 100,000.²³
- In 2016, Māori were 3.6 times more likely than non-Māori to be subject to a community treatment order, and 3.4 times more likely to be subject to an inpatient treatment order.²⁴

21 Allan, K. (2018). The monitoring and advocacy report of the Mental Health Commissioner. Wellington: Health and Disability Commissioner.

22 Ministry of Health. (2017). Suicide Facts: 2015 data. Retrieved from: <https://www.health.govt.nz/publication/suicide-facts-2015-data>.

23 Ministry of Social Development. (2016). *The Social Report 2016*. Wellington: Ministry of Social Development.

24 Ministry of Health (2017). Office of the Director of Mental Health Annual Report 2016. Wellington: Ministry of Health.

- Māori have a lifetime prevalence of substance use disorders (26.5%) twice that of the total population (12.3%).²⁵
- Māori have the highest rates of seclusion, in Aotearoa at double the rates of non-Māori.²⁶
- Māori experience of trauma is distinct in ways that are linked to the experience of colonisation, racism and discrimination, negative stereotyping and subsequent unequal rates of violence, poverty, and ill health.²⁷
- Tangata whenua make up 50% of the prison population, which is equivalent to 5,322 Māori people.²⁸
- In 2000, a survey of 247 psychiatrists - who answered anonymously – showed a majority of European New Zealand-born male psychiatrists (with more than 10 years' experience) had racist attitudes toward Māori experiencing mental illness. Less experienced males and females did not ascribe to the racist attitudes.²⁹
- Māori experience the highest level of health inequality of all peoples in New Zealand, with substantial inequalities in mortality and morbidity even after controlling for deprivation, access to care, and health needs.³⁰
- Māori have the highest rates of child poverty in Aotearoa. When controlling for childhood poverty reduces differences in psychosocial outcomes, it does not fully explain why the differences between Māori and non-Māori remain.³¹

Findings from the 2018 Monitoring and Advocacy Report of the Mental Health Commissioner³² identified:

- Māori gain access to services later than other groups. Service performance is poorest for Māori across the monitoring questions of the monitoring and advocacy report of the Mental Health Commissioner.
- Māori have the highest prevalence of mental illness and/or addiction issues of any ethnic group in New Zealand. One in three Māori will experience mental illness and/or addiction in a given year, compared to one in five in the general population.
- Māori have the highest rate of suicide of any ethnic group.
- Māori experience the highest prevalence of serious disorders and/or co-existing conditions.
- Māori youth have the highest rates of self-harm, suicide, addiction and mental health issues. This has implications for a greater rate of adverse mental health and psychosocial outcomes that carry on into adulthood, if early intervention, prevention, and treatment are ineffective.
- Māori are less likely to receive a follow-up community mental health contact within seven days following release from an acute inpatient unit than other population groups.

25 Ministry of Health. 2015. Cannabis Use 2012/13: New Zealand Health Survey. Wellington: Ministry of Health.

26 Health Quality and Safety Commission New Zealand. (2018). Zero seclusion infographic: Data on seclusion of Pacific peoples. Retrieved from: <https://www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/publications-and-resources/publication/3362/>

27 Pihama, L., Tuhiwai Smith, L., Evans-Campbell, T., Kohu-Morgan, H., Cameron, N., Mataki, T., ... Southey, K. (2017). Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing* 2(3), 18-31.

28 Department of Corrections. (2018). Prison facts and statistics - March 2018. Retrieved from http://www.corrections.govt.nz/resources/research_and_statistics/quarterly_prison_statistics/prison_stats_march_2018.html#ethnicity.

29 Johnstone, K. and Read, J. (2000). Psychiatrists' recommendations for improving bicultural training and Māori mental health services: a New Zealand survey. *Australian and New Zealand Journal of Psychiatry* 34:135–145.

30 Duncanson, M., Oben, G., Wicken, A., Morris, S., McGee, M., and Simpson, J. (2017) The 2017 Child Poverty Monitor Technical Report. New Zealand Child and Youth Epidemiology Service, University of Otago, Dunedin.

31 Ibid.

32 Allan, K. (2018). The monitoring and advocacy report of the Mental Health Commissioner. Wellington: Health and Disability Commissioner.

- Māori consumers have lower rates of independent accommodation than other consumers of MHA services. Māori have a higher rate of homelessness than other consumers.
- There is stark evidence of disparity for Māori, with Māori experiencing much poorer well-being outcomes and quality of care than other population groups.
- Māori access MHA services at a much higher rate than the overall population, reflecting greater need.

The recent crowdfunded People’s Mental Health Report³³ highlights key issues such as whānau living in severe social and economic distress, with very poor access, treatment options and wait times for MHA services, and entrenched issues within the MHA system including compulsion and an over-burdened workforce. The report identified key recommendations, including an urgent funding increase, independent oversight, and an expedited inquiry review into the MHA system. Furthermore, the report also posits a national education programme regarding mental health and addictions as an important step towards greater health equality for people with mental illness.

ISSUES IN THE MENTAL HEALTH AND ADDICTIONS SYSTEM

The United Nations Declaration on the Rights of Indigenous Peoples is ignored

Although New Zealand signed the United Nations Declaration on the Rights of Indigenous Peoples to ensure that tangata whenua enjoy the highest attainable standard of physical, mental and spiritual health and wellbeing by protecting the rights of Māori to actively develop and determine Pae Ora programmes; to administer and assert their own indigenous institutions; to maintain traditional medicines and health practices – it has failed to implement its commitment and discrimination against Māori remains prolific.³⁴

Te Tiriti o Waitangi is given limited effect in a privileged illness system

Under international law, the Māori text of Te Tiriti o Waitangi affirms Māori sovereignty. However the New Zealand MHA system fails to adequately acknowledge or engender Te Tiriti o Waitangi. Despite the NZ Public Health and Disability Act 2000 affirmation that ‘in order to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Māori, Part 3 provides for mechanisms to enable Māori to contribute to decision-making on and to participate in the delivery of, health and disability services’, this has not been given effect within either the wider health or MHA systems. The privileging of dominant Western concepts of health and illness; intergenerational and historical trauma as a result of colonisation; aggressive assimilation, alienation and cultural dispossession of tangata whenua must not be overlooked when considering the wider scope of why things are not working well for Māori. The evidence

³³ Elliott, M. (2018). *People’s mental health report*. ActionStation. Retrieved from: <https://www.peoplesmentalhealthreport.com>

³⁴ Berghan, G., Came, H., Cameron, K., Chenery, C., Goza, T., Mikahere-Hall, A.,... Wilson, D. (2017). Committee on the Elimination of All Forms of Racial Discrimination Shadow Report - Aotearoa New Zealand. Retrieved from https://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/NZL/INT_CERD_NGO_NZL_28208_E.pdf

base and literature describing the history of Aotearoa, Māori health and modern dynamics is comprehensive³⁵.

Unacknowledged institutional racism and indigenous injustice

Much evidence exists to demonstrate that the New Zealand government has not served or acted in the best interests of tangata whenua. The MHA system as part of the New Zealand Health system is underpinned by unacknowledged institutional racism and indigenous injustices that need to be exposed and addressed. Many injustices occur on a daily basis within the MHA system for our whānau, whereby they experience a lesser quality of service and endure the implications of a privileged Western health system. For example, whānau have difficulty accessing support to counteract the negative impacts of MHA medication which includes the onset of chronic illness.

Although tangata whenua have the highest prevalence, most severe burden of dis-ease, worst experiences of care, and poorer health outcomes across all indicators; whānau struggle to get access to Kaupapa Māori services, and effective Kaupapa Pākehā services. Kaupapa Pākehā services hold the majority of the power and resources, however there is limited accountability towards Pae Ora outcomes, effective models of care or positive experience of care for whānau³⁶.

Lack of Ministerial Māori Health Leadership

It is a substantial gap, and somewhat strategic flaw of the New Zealand government that a tangata whenua has not been appointed as the Minister of Health since Sir Maui Pomare in 1923. Almost 100 years on from this remarkable achievement, tangata whenua continue to struggle to even have representation via the

³⁵ For examples refer to:

- Cram, F. (2011). Poverty. In T. McIntosh & M. Mulholland (Eds.), *Māori and Social Issues*. Wellington: Huia Publishers.
- Cunningham, C., Triggs, S., and Faisandier, S. (2009). *Analysis of the Māori experience: Findings from the New Zealand crime and safety survey 2006*. New Zealand: Ministry of Justice.
- Durie, M. (1998). *Te Mana Te Kāwanatanga: The politics of Māori self-determination*. Auckland: Oxford University Press.
- Durie, M. (1999) Te Pae Mahutonga: A model for Māori health promotion. In Health Promotion Forum of New Zealand Newsletter, 49, p. 2-5. Public Health Association.
- Durie, M. (2000). Beyond Treaty of Waitangi claims: The politics of positive Māori development. In Mikaere, A., & Milroy, S. (Eds.), *Ki Te Ao Mārama: Te Huinga Roia o Aotearoa Tenth Anniversary Hui-ā-tau 1998: Conference Proceedings*, (pp. 11-21). Hamilton: University of Waikato.
- Durie, M. (2001). *Mauri Ora: The dynamics of Māori health*. Auckland: Oxford University Press.
- Durie, M. (2007). *From indigenous exclusion towards full participation: The Māori experience*. Palmerston North: Te Mata o Te Tau.
- Durie, M. (2011). *Ngā Tini Whetū: Navigating Māori futures*. Wellington: Huia Publishers.
- Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., and Pieterse, A. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS ONE*, 10(9), e0138511. doi:10.1371/journal.pone.0138511
- Pihama, L. (2002). *Tihei Mauri Ora: Honouring Our Voices, Mana Wahine as a Kaupapa Māori Theoretical Framework*, Unpublished PhD. Thesis, Auckland: The University of Auckland.
- Poata-Smith, E. (1996). He Pōkēkē Uenuku i tu ai: The Evolution of Contemporary Māori Protest. in P. Spoonley, C. Macpherson & D. Pearson (Eds.) *Ngā pātai: Racism and ethnicity in Aotearoa New Zealand*. Palmerston North: Dunmore Press.
- Rankine, J., Moewaka Barnes, A., McCreanor, T., Borell, B., and Gregory, A. (2014). Content and source analysis of newspaper items about Māori issues: Silencing the 'natives' in Aotearoa? *Pacific Journalism Review*, 20(1), 213-234.
- Walker, R. (1990). *Ka Whawhai Tonu Matou: Struggle without end*. Auckland: Penguin.
- ³⁶ Berghan, G., Came, H., Cameron, K., Chenery, C., Goza, T., Mikahere-Hall, A.,... Wilson, D. (2017). Committee on the Elimination of All Forms of Racial Discrimination Shadow Report - Aotearoa New Zealand. Retrieved from https://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/NZL/INT_CERD_NZL_28208_E.pdf

appointment of the Associate Minister of Health positions. This is demonstrated in the myriad of MPs both prior to and since the appointment of Dame Tariana Turia, many of whom have not demonstrated an unwavering commitment to a Māori health agenda. The matter of tangata whenua representation therefore raises concerns for the indigenous rights and protection of tangata whenua interests, needs and aspirations.

Unmanaged performance to realise Pae Ora and uphold tangata whenua rights

There is no proactive and independent monitoring of progress or performance towards Pae Ora that demonstrates system and service outcomes for tangata whenua in the MHA system. Although He Korowai Oranga is in place as the Government's Māori Health Strategy, it is evident that limited investment in Direction One: Māori aspirations and contributions within this policy framework has contributed to its failings for tangata whenua. The limited availability of high quality Kaupapa Māori services in the MHA system is an indication of the problematic nature of what the strategy implies, and what the Government affords in terms of investment and resource allocation. Furthermore, current performance indicators are based on measures of illness i.e. seclusion rates and compulsory treatment orders. Greater investment and comprehensive performance monitoring and management of Pae Ora as a whole of health system approach is therefore urgently required in order to improve tangata whenua outcomes.

Limited capacity and capability building for Kaupapa Māori MHA services

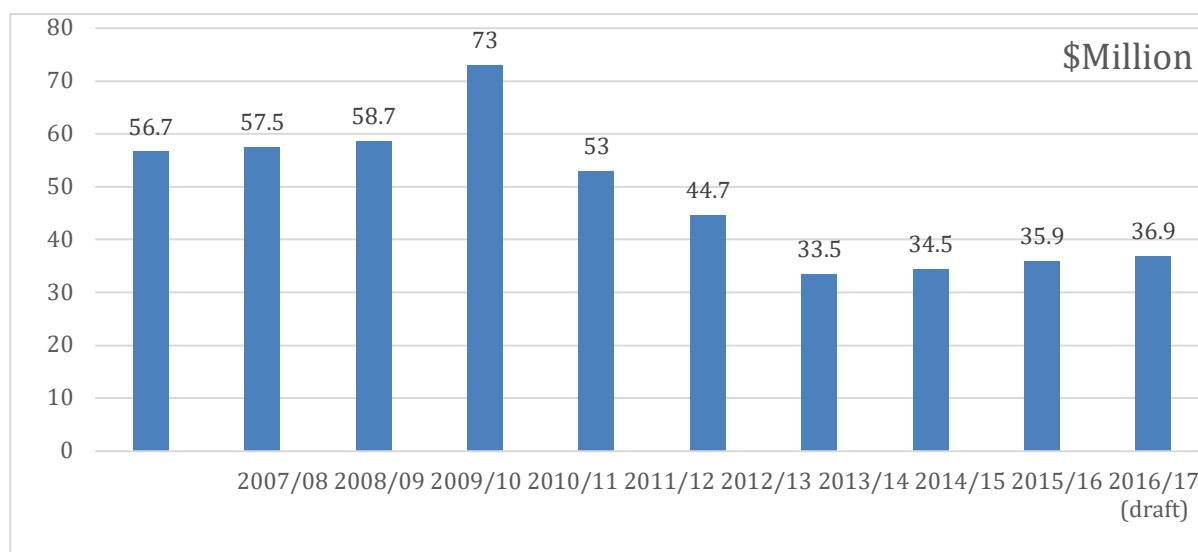
There are many issues related to the contracting arrangements between funders and Māori health providers. These issues include the lack of genuine tangata whenua service specifications, issues with prescribed 'level' of service required e.g. number of Māori FTEs; issues with meaningful reporting systems and a lack of data intelligence on service impact and effectiveness for tangata whenua; devaluing of tangata whenua approaches and modalities; mismatch of service specifications with Kaupapa Māori; and a lack of Kaupapa Māori standards or continuous quality approaches for services. As mentioned earlier there has been a lack of resources applied to research and evaluation for Māori health providers, hampering evidence based development and limiting capacity and capability building.

Undervaluing and dis-investment in Kaupapa Māori over time

The establishment of DHBs in 2001 has seen large scale dis-investment in Kaupapa Māori services across the board. In particular, Kaupapa Māori MHA services have been reduced significantly under the leadership of DHBs, as previous arrangements under the Ministry of Health had stronger intent in terms of Te Tiriti o Waitangi and greater investment and support for Kaupapa Māori MHA services. The elimination of Te Kete Hauora (the Māori health directorate) and the disbandment of the entire Māori health workforce, including Māori Mental Health roles within the Ministry of Health has significantly reduced tangata whenua capacity,

capability and leadership. Kaupapa Māori MHA investment, has decreased from a high of \$73m in 2010 to \$36.9m in 2017 (Refer to Figure 1).³⁷ At the same time the ringfenced budget applied to MHA services has increased by a third, from \$1.1 billion in 2008/09 to approximately \$1.4 billion in 2015/16³⁸ demonstrating that although funding for Kaupapa Māori services is decreasing, health spend in other areas is increasing. Similarly, when examining VOTE health investment, it is evident that although funding has increased in total for health services generally, investment in funding direct to Māori health providers has decreased from 1.93 percent in 2011/2012 to 1.86 percent in 2015/2016.³⁹

Figure 1: Mental Health and Addictions Kaupapa Māori Expenditure 2007 - 2017



MHA services lacking in Aroha

Over time the approach to service delivery has become increasingly transactional within MHA services. As a result, tangata whenua do not just fall into gaps, they are pushed into gaps by MHA service exclusion criteria, service rationing and transactional thinking. MHA service models have disadvantaged whānau by hampering their participation in their critical role of supporting and caring for their ill members as part of their recovery; correspondingly, services lack a foundational premise of values such as aroha and manaaki. With the ever-increasing prevalence of mental illness and addictions among tangata whenua and non-Māori alike, compassionate MHA services are required in order to best respond to the spectrum of mental distress. Our people impacted by mental illness and addiction require relational approaches that are Pae Ora based. This requires services to be mana enhancing and whānau led rather than prescriptive, directive and dismissive.

³⁷ Ministry of Health Mental Health and Addictions Expenditure Report, as cited in Health Quality and Safety Commission. (2018). Submission to the Government Inquiry into the Mental Health and Addiction System. [Note: Expenditure for purchase unit codes with description containing “Kaupapa”]

³⁸ Ministry of Health (2017). *Office of the Director of Mental Health Annual Report 2016*. Wellington: Ministry of Health.

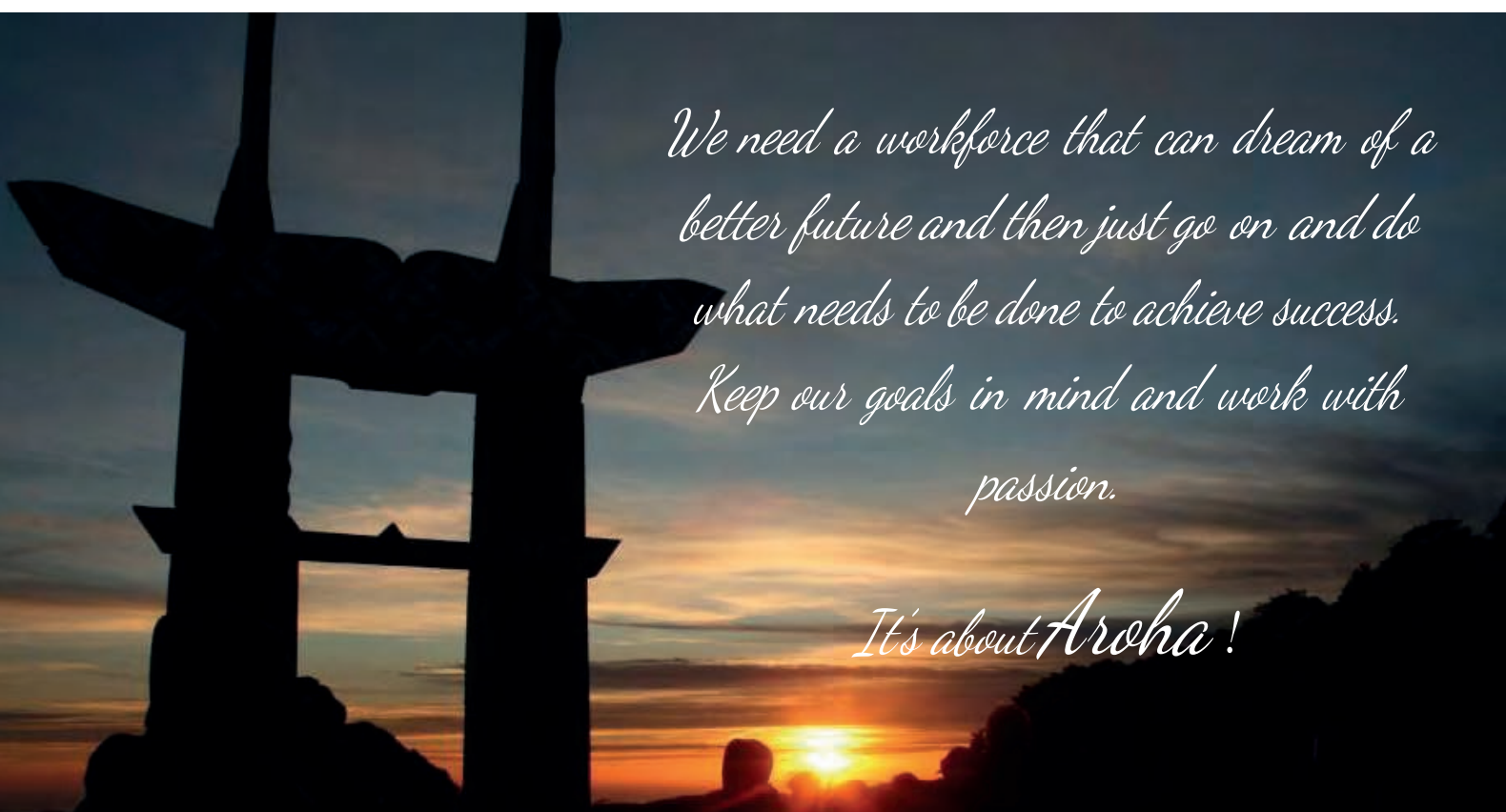
³⁹ Ministry of Health. (2017). *Funding to Māori health providers by the Ministry of Health and District Health Boards, 2011/12 to 2015/16*. HP6646 Retrieved from: <https://www.health.govt.nz/system/files/documents/publications/funding-to-maori-health-providersv2.pdf>.

Services do not engage in a whānau ora determinants of Pae Ora approach

This means that our people do not receive the necessary support to improve their situation or address emergencies with regard to housing, social supports, income, employment and education opportunities, parenting skills, communication and counselling etc. There are significant inequalities that exist for tangata whenua who are the most highly represented ethnic group across all indices of health and deprivation. Rather than perpetuating clinically-centred models of care, our people need whānau ora based support in order to deal with their lived realities within a Pae Ora paradigm. It's about providing pathways for our whānau to enjoy wellness even in the presence of mental illness or distress.

Lack of Pae Ora Pathways embedded into the MHA system

Whānau who experience MHA issues have limited access to wellness approaches in community care and almost no access in primary and secondary care. They are not supported with Pae Ora pathways to shift from states of kahupō to wairua ora, or empowered to realise their potential as tangata whenua. Kaupapa Pākehā services do not support our people to re-engage with Kawa Oranga and therefore, by the very nature of assimilation, tangata whenua ways of knowing, being and doing continue to be eroded through processes of cultural devastation. Significant shifts need to occur in order to reset the MHA system to orient towards a Pae Ora paradigm. MHA services do not successfully engage our people toward Pae Ora pathways of indigenous wellness across the lifecourse.



We need a workforce that can dream of a better future and then just go on and do what needs to be done to achieve success. Keep our goals in mind and work with passion.

It's about Aroha!

*Wikepa Keelan
Ngāti Porou, Ngāti Kahungunu*

Dual diagnosis services are severely limited

Whānau experience significant harm as a result of MHA issues, even more so when mental illness is coupled with addiction, presenting whānau who often have high and very complex needs. Often these very whānau who are most in need are viewed by the system as service user's that reject services, are non-compliant with treatment, and appear criminal and aggressive.⁴⁰ Reorienting the MHA system so that it places whānau at the centre within the context of a Pae Ora paradigm is imperative in shifting the view of the workforce from whānau being the problem – to the MHA system facilitating Pae Ora pathways as identified by the whānau who should be empowered to engineer their own sustainable solutions.

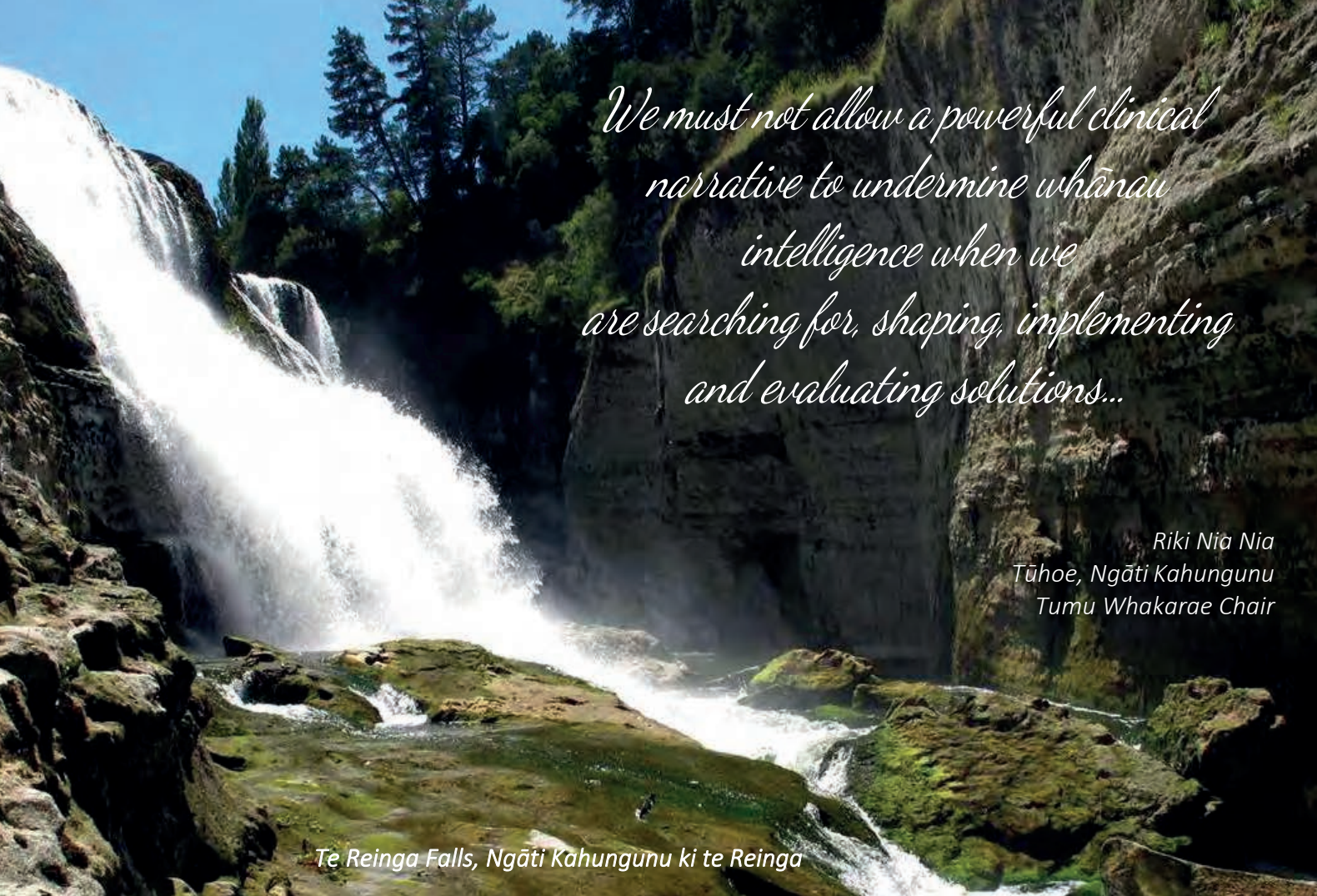
Sedation, seclusion, criminalisation and incarceration – Strategies of a flawed MHA system

Harm to whānau is exacerbated through the criminal justice system taking an enforcement approach to MHA. Strategies that further marginalise tangata whenua in attempts to rid the system of problematic service users exacerbate poor health and wellbeing outcomes across the lifecourse for whānau intergenerationally. There is a pressing need for effective dual diagnosis services for tangata whenua in the area of MHA, including significant shifts in the justice system from a model of criminalisation and discrimination, to a Pae Ora paradigm that focuses on intervention, healing and recovery.

Limited investment in tangata whenua leadership and Pae Ora workforce development

At present, the tangata whenua MHA workforce is under-resourced, with little professional development opportunities and limited investment from government. These undesirable conditions place greater pressure on our Pae Ora workforce to operate within an illness system that does not regard them as credible and valued leaders, practitioners and healers. Tangata whenua intelligence is not valued including models, knowledge, experience and learning. Growing the potential and intelligence of tangata whenua as a necessary means of urgently addressing the severity of burden, deprivation and dis-ease our whānau experience must be made a priority of the rebuilding of the MHA system. MHA practitioners generally train within an education system that privileges a Western paradigm, therefore the system itself continues to produce a pipeline of graduates that perpetuate an illness approach. There is little opportunity for the Pae Ora workforce to connect, grow and enhance their practice, and in particular for the building of a critical mass of Pae Ora practitioners. Greater investment should also be targeted to grow indigenous intelligence, with regular opportunities for the Pae Ora workforce to engage in knowledge exchanges that support a global indigenous health agenda. Tangata whenua have the ability to lead an indigenous global health consortium, one that has teeth and the power to influence and give effect to the United Nations Declaration on the Rights of Indigenous Peoples.

40 Kidd, J., and Lampshire, D. (2010). Services under challenge: critical success factors in meeting high and complex needs of people in mental health care. Wellington: Mental Health Commission.



We must not allow a powerful clinical narrative to undermine whānau intelligence when we are searching for, shaping, implementing and evaluating solutions...

*Riki Nīa Nīa
Tūhoe, Ngāti Kahungunu
Tumu Whakarae Chair*

Te Reinga Falls, Ngāti Kahungunu ki te Reinga

WHAT COULD BE DONE BETTER?

Tumu Whakarae acknowledge that there is much that can be done to improve the current MHA system. We strongly assert that a ‘Pae Ora system’, that is a whole of health systems approach, driven by a shared vision of Pae Ora and led together in partnership by tangata whenua and the Crown will be integral to our collective success. We consider that if ever there was an opportunity for Aotearoa to see a tangata whenua led, Kaupapa Māori based Pae Ora model of care that would guarantee improved health outcomes for all, it would be in the MHA system.

Notably, tangata whenua are the predominant MHA service users across Aotearoa, therefore, the entire MHA system should be designed with this in mind. Furthermore, similar to the submission of the Health Quality and Safety Commission⁴¹, we envisage that a Pae Ora system should be the preferred service model for all families – on the basis that if you get it right for tangata whenua you get it right for everyone.

We propose the following ten Power Principles to guide the rebuilding of the MHA System toward better outcomes and experiences of care for tangata whenua:

⁴¹ Health Quality and Safety Commission. (2018). Submission to the Government Inquiry into the Mental Health and Addiction System.

OUR POWER PRINCIPLES



UPHOLD INDIGENOUS RIGHTS AND TE TIRITI O WAITANGI

We want to see legislation and structural arrangements for iwi leadership in positions of decision-making to give effect to Te Tiriti o Waitangi in the MHA sector. This can and should take the shape of genuine partnership arrangements in Parliament that enable iwi governance, including direct decision-making relationships with the Minister of Health, Ministry of Health, DHBs and PHOs. This requires leading together to determine the solutions that best meet the needs and aspirations of our people.

We need a Pae Ora system that partners with tangata whenua leaders as Tiriti partners.



ACTION DELIBERATE POLICY TO DRIVE TOWARD PAE ORA

Aotearoa needs to adopt a shared national policy vision for a true 'whole of system' approach, one that guides every single strategy, policy and procedure in this country. What is required is a deliberate national Pae Ora policy framework with a commitment to Te Tiriti; the equity, growth and development of Kaupapa Māori approaches and services; the advancement of the Māori mental health workforce; and ultimately the protection of healthy futures for tangata whenua.

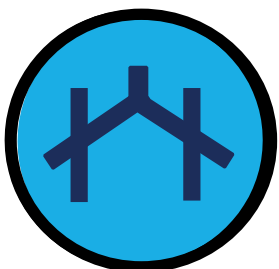
We need a Pae Ora system that drives towards the vision and mission of Pae Ora.



PERFORMANCE MANAGE WITH INTENT

We know that the health system is poorly delivering to our people, yet there are no consequences or incentives to immediately address these failures. This includes greater access to Kaupapa Māori models of caring across the whole system and the use of proven performance improvement mechanisms including structural arrangements, performance scorecards, evaluation, annual employment contracts, KPIs with 'at risk' funding, contracting for outcomes, effective and meaningful impact reporting, tangata whenua and Kaupapa Māori service specifications and so on.

We need a Pae Ora system that drives high performance for tangata whenua.



EMBRACE A TANGATA WHENUA WORLDVIEW OF PAE ORA

We want to live in a world where our 'mental health' is not separate from our holistic wellbeing. We believe that all four dimensions of our taha wairua, taha hinengaro, taha tinana and taha whānau (Te Whare Tapa Whā) must be in alignment and supported so that our whānau may flourish. Our entire system should be integrated, seamless and responsive to whānau across multiple sites and entry points.

We need a Pae Ora system that is focused on our holistic wellbeing.



VALUE TANGATA WHENUA INTELLIGENCE

We know that Kaupapa Māori services and models of care work best for our people and their whānau. Greater value needs to be placed on tangata whenua intelligence and praxis to ensure that these methods are normalised and easily accessible for whānau within the system. This includes development of an evidence base about the effectiveness of Kaupapa Māori services.

We need a Pae Ora system that values tangata whenua intelligence.



TRANSFORM TO A MODEL OF CARING THAT IS CO-DESIGNED WITH WHĀNAU

We know that our whānau must be part of the solution and that a co-design process of our Pae Ora system that embraces innovation and leads from the ground up will realise long-term, transformational change and greater outcomes for tangata whenua. We need to influence environmental factors and empower our people to live well across the lifecourse e.g. prevent illness developing and have services that engage whānau at the right time and in the right ways. A Pae Ora MHA research agenda is needed to inform evidence based policy development and resource allocation.

We need a Pae Ora system that is co-designed from the ground up and leverages whānau intelligence.



DEVELOP OUR TANGATA WHENUA AND NON-MĀORI PAE ORA WORKFORCE

We want to grow and develop both our Māori and non-Māori MHA workforce. We all have a part to play in the re-imagining of MHA as a Tiriti-led, Pae Ora driven sector in Aotearoa New Zealand. Finding our way together will require shared transformational leadership, investment in re-indigenising our Māori workforce and equipping our entire Pae Ora workforce to lead and work within tangata whenua models of care that are co-designed with whānau.

We need a Pae Ora system that invests in and develops our Pae Ora leaders and workforce.



LOVE OUR WHĀNAU

We know that connection is the enabler to overcome addiction and live well with mental illness. We want our whānau that experience mental health or addictions to know that they are valued members of our society. We want them to enjoy meaningful interaction with a Pae Ora system that authentically operates with aroha. We acknowledge that love heals. We want to work with and empower whānau to support their loved ones who are impacted by mental illness and addiction in aroha.

We need a Pae Ora system that is entrenched in aroha.



WHAKAMANA OUR WHĀNAU

We can whakamana our whānau by restoring and returning to our indigeneity as imbued through Kawa Oranga - integral rites across the lifecourse continuum and te reo me ōna tikanga that instil deep connections to the natural and spiritual worlds. We want to start with both current and future generations, acknowledging that the most potent point of early intervention is at pre-conception before the first breath of life. We want to create a world where a babies' birth right as tangata whenua is upheld, nurtured and protected all the days of their lives.

We need a Pae Ora system that strengthens and enables our whānau from pre-conception.



GROW INDIGENOUS INTELLIGENCE AND EXPOSE THE WORLD TO TE AO MĀORI

We want tangata whenua to grow and prosper in Aotearoa, confident and secure in their identity and immersed in our ancestral intelligence. We want to see current and future generations connected to Te Ao Māori and their marae, with opportunities to learn direct from their elders, drawing on Māori epistemologies and grounded in wairua. We want to see tangata whenua and indigenous intelligence embraced by the Government and embedded into our education system and all relevant curricula for all families. We acknowledge that growing indigenous intelligence will require proactive investment and support of a global indigenous health agenda that enables indigenous knowledge exchange and innovation.

We want a world that values Te Ao Māori and tangata whenua intelligence.

CONCLUSION

Ultimately, our New Zealand MHA system is in a state of emergency. The burden and prevalence of mental illness and addictions continues to increase relentlessly for tangata whenua, driven by the ongoing impacts of colonisation, intergenerational loss and trauma, and the pressures of deprivation and poverty. It is evident that the current 1.4 billion dollar MHA system disregards tangata whenua wellness, when a mere 2.5% of the mental health budget is spent on Kaupapa Māori approaches. This further demonstrates the institutional racism that exists when there is no scale or intensity applied to reduce health inequities, proportionate to the level of disadvantage that tangata whenua experience. The evidence points to critical flaws within the MHA system and underlines serious concerns for the future of whānau in Aotearoa.

We need to support whānau into Pae Ora pathways and disrupt illness trajectories. This submission has set out clear recommendations for the transformation of the MHA system, positing ten power principles and actions for change as the guiding framework for consideration by the Hon. Dr David Clarke, Minister of Health. Several of these recommendations are targeted at the wider health system becoming Te Tiriti led and Pae Ora driven in order to demonstrate how we can effect real change for tangata whenua outcomes. It is naive to think that accelerated improvements in MHA will occur at the service level alone. We hope that collectively we can begin to have direct and meaningful conversations; returning to the articles of Te Tiriti o Waitangi (te reo version) and working in a genuine partnership to revolutionise MHA services to achieve a vision of Pae Ora. The best sort of society for the mental health of all people is a society based on the best of what tangata whenua as the indigenous people of Aotearoa can offer, in partnership with what Tauīwi as Te Tiriti based partners can provide.

We acknowledge the Panel for traversing the country to listen in person and in spirit to the voice of the people, which is both a position of privilege and of pain. The trauma that many of our whānau have felt across generations can only be addressed if we begin to restore the mana of tangata whenua in Aotearoa. Tumu Whakarae are committed to leading national and regional systems and service changes that aim to give effect to our recommendations as posited in this submission. It is hoped that the MHA Inquiry Panel give serious consideration to the aspirations, issues identified and opportunities expressed within this document. Tumu Whakarae request that the panel provide this submission, in its entirety, direct to the Minister of Health.

As members of Tumu Whakarae, we have high hopes and expectations for this process, alongside significant opportunities such as the review of the Health and Disability system and the WAI 2575 Health services and outcomes Kaupapa Inquiry. Please accept our submission to the Mental Health and Addiction Inquiry. We look forward to a courageous and transformational response that will enable a Pae Ora system. Tumu Whakarae remains committed to supporting this important kaupapa moving forward.



Riki Nia Nia
Chair - Te Tumu Whakarae
Ngāti Kahungunu, Tūhoe



Tricia Keelan
Submission Lead & Author
Ngāti Porou, Te Aupouri, Ngāti Kahungunu, Rongomaiwahine

A sunset over a coastal landscape. The sky is filled with soft, orange and yellow clouds. In the foreground, the silhouettes of a hill and several trees are visible against the bright horizon. The ocean stretches across the middle ground, with a small island or headland visible in the distance.

Kia whakairia te tapu

Kia wātea ai te ara

Kia turuki whakataha ai Kia

turuki whakataha ai

Haumie. Hui e. Tāiki e!

ACKNOWLEDGEMENTS

Tumu Whakarae extend their acknowledgements to Tricia Keelan as the Executive Lead on behalf of our collective for the development of this submission. We also thank Tricia Keelan and Jodi Porter as the lead authors of this submission.

PHOTO ACKNOWLEDGEMENTS

We would also like to acknowledge those who provided images for use in the report. This powerful imagery reflects our collective spirit and connectedness with our natural world. We would like to acknowledge all of the beautiful tangata whenua that appear throughout this document and their unique contribution towards creating the wairua of this submission and our vision for Pae Ora for all of Aotearoa.

Acknowledgements to the following for the utilisation of these photographs:

Treaty Grounds	https://www.eventfinda.co.nz/venue/waitangi-treaty-grounds-paihia
Te Tiriti o Waitangi	http://archives.govt.nz/provenance-of-power/te-tiriti-o-waitangi/view-te-tiriti-o-waitangi-online
Hikurangi Maunga	https://ngatiporou.com/article/hikurangi-maunga-dawn-ceremony-2017
Leader Profile Pictures	All sourced online via public profiles.
Hei tiki	Permission provided from Francois Tumahai, Chair of Ngāti Waewae Rūnaka.
He Kuaka Mārangaranga	Permission provided from He Kuaka Mārangaranga L to R: Te Huia Taylor, Rangipare Belshaw - Ngaropo, Te Waikamihī Lambert, Waimirirangi Koopu – Stone.
Dr Diana Kopua & Mark Kopua	http://www.maorihealthspecialists.co.nz/#carousel-diana
Dame Rangimarie Glavish	https://www.stuff.co.nz/national/100106952/author-joy-cowley-joins-select-group-of-onz-annette-king-a-dame-bryan-williams-a-sir
Tūhuru Whareniui	Permission provided from Francois Tumahai, Chair of Ngāti Waewae Rūnaka.
Te Reinga Falls	https://nzfrenzynorth.files.wordpress.com/2013/01/scramble-down-to-get-up-close-with-te-reinga.jpg

Suggested Citation: Keelan, T. & Porter, J. (2018). *Tumu Whakarae submission to the government inquiry into mental health and addiction*.

APPENDICES

APPENDIX ONE | TUMU WHAKARAE SUBMISSION MEMBERS

The Tumu Whakarae National DHB GM Māori Strategic Reference Group is utilised as a term in this document that reflects the endorsement of only the members as listed in table below.

DHB	ROLE	NAME
Auckland & Waitemata	GM Māori Health (Tumu Whakarae Chair)	Riki Nia Nia
Auckland & Waitemata	Chief Advisor Tikanga	Dame Rangimarie Glavish
Bay of Plenty	GM Māori Health Gains & Development	Tricia Keelan
Canterbury	Executive Director Māori and Pacific Health	Hector Matthews
Capital and Coast	Director Māori Health Services	Arawhetu Gray
Hawkes Bay	GM Māori Health	Patrick LeGeyt
Hutt Valley	Director Māori Health	Kerry Dougall
Lakes	GM Māori Health	Phyllis Tangitu
Mid Central	Director of Māori Health and Pacific Health	Stephanie Turner
Nelson Marlborough	GM Māori Health	Ditre Tamatea
South Canterbury	Director of Māori Health	Ruth Garvin
Tairāwhiti	Pouwhakahaere Hauora Māori	Peter Brown
Taranaki	Chief Advisor Māori Health	Ngawai Henare
Waikato	Executive Director of Māori Health	Lorraine Elliot
West Coast	GM Māori Health	Gary Coghlan
Whanganui	Director of Māori Health	Rowena Kui

APPENDIX TWO | GLOSSARY

The following glossary is provided as a guide to provide contextual meaning of the Māori words utilised within this submission. Please note that the definitions provided have been simplified to aid in understanding, however it must be noted that these terms should not be viewed exclusively from a non-Māori lens, but rather appreciated from a Māori worldview with all its richness, depth and meaning.

Ahorangi	Professor
Aroha	Love, it is a verb and should be expressed through genuine concern, compassion and empathy for all of humanity.
Aotearoa	New Zealand
Hapū	Sub-tribe of a Māori iwi collective
He Kōrero Whakataki	Introduction
He Korowai Oranga	The Māori Health Strategy
He Kuaka Mārangaranga	A Māori youth movement
Hua Oranga	An indigenous Māori mental health outcome tool that provides a foundation for continuous improvement.
Iwi	A Māori tribal grouping
Kahupō	A state of spiritual blindness
Kaumātua	Elders
Kaupapa Māori	A Māori philosophical doctrine, incorporating the knowledge, skills, attitudes and values of a Māori society, with application of Māori approaches towards a Māori determined agenda
Kaupapa Pākehā	A Western philosophical doctrine, incorporating the knowledge, skills, attitudes and values of a Western society, with application of Western approaches towards a Western determined agenda
Kawa Oranga	For the purpose of this document can be described as a philosophical foundation for optimal tangata whenua wellness, inclusive of wisdom, intelligence, values, and key concepts. Brought to life through the practice of traditional kawa rites throughout a lifetime. Such as betrothal rites, birth rites etc.
Kia whakairia te tapu...	A Māori prayer that aims to move restrictions and give life.
Mahi a Atua	The deeds, learnings and teachings of Māori deities.
Mana	A non-ordinary, a non-everyday 'power' that comes from this spirit world and expresses itself in our everyday world and the Atua are particular expressions of mana in the world. ⁴²
Manaaki	Mana enhancing and mana protecting practice. ⁴³
Māori	The indigenous peoples of Aotearoa, New Zealand.
Māori Atua	Māori deities
Marae	A Māori ancestral gathering place associated with whānau, hapū and iwi.
Mataora	A role in Te Kūwatawata that identifies indigenous intelligence specialists that act as agents of change.
Mātauranga	Māori knowledge, intelligence and understanding.
Mauri	The life force and vital essence of a being or entity.
Mauri ora	Healthy individuals, a component of Pae Ora as articulated in He Korowai Oranga.
O rā	Of the sun, the life giving rays of the sun.

⁴² Refer to <http://www.charles-royal.nz/wananga/>

⁴³ Refer to <http://www.charles-royal.nz/wananga/>

Ora	<ol style="list-style-type: none"> 1. (verb) to be alive, well, safe, cured, recovered, healthy, fit, healed 2. (verb) to survive, escape 3. (verb) to be satisfied with food, satiated, replete 4. (verb) to recover, revive 5. (modifier) healthy, fit, well, alive - in a state of wellbeing or just being alive 6. (noun) life, health, vitality
Oranga	The optimal expression of holistic wellbeing.
Pae Ora	The Government's vision for healthy Māori futures, an holistic concept that encompasses Mauri Ora, Whānau Ora, and Wai Ora (He Korowai Oranga).
Pou Kōkiri	Consumer advocates
Pou Whānau	Family advocates
Pūrākau	Stories
Rangatahi	Māori youth
Rangatira	Leaders
Rongoa Māori	Māori medicinal practices utilising natural plants
Tā	Sir
Taha hinengaro	Mental dimension of Te Whare Tapa Whā, a Māori model of health
Taha tinana	Physical dimension of Te Whare Tapa Whā, a Māori model of health
Taha wairua	Spiritual dimension of Te Whare Tapa Whā, a Māori model of health
Taha whānau	Family dimension of Te Whare Tapa Whā, a Māori model of health
Tangata whenua	Māori, the indigenous peoples of Aotearoa, New Zealand
Te Ao Māori	The Māori world
Te au o te kanohi Māori	A term used by Dame Rangimarie Glavish that asserts the uniqueness of a tangata whenua worldview and Māori intelligence, seen only through the lens of tangata whenua themselves.
Te Kūwatawata	A tangata whenua led initiative in partnership with Hauora Tairāwhiti DHB that demonstrates a unique and ground-breaking response to Māori MHA in Gisborne.
Te reo me ōna tikanga	The Māori language and associated customary practices.
Te Tiriti o Waitangi	The Treaty of Waitangi
Te Whare Tapa Whā	Ahorangi Tā Mason Durie's Māori model of health
Tino Rangatiratanga /rangatiratanga	The absolute expression and demonstration of Māori self-determination, sovereignty, autonomy and self-governance.
Tiriti	Treaty
Tohunga	Expert practitioners and knowledge keepers
Tumu Whakarae	The National DHB GM Māori Strategic Reference Group.
Tūpuna	Ancestors that have passed on.
Wai ora	Healthy environments, a component of Pae Ora as articulated in He Korowai Oranga.
Wairua	The spiritual essence of a person.
Wairua Ora	The spiritual connectedness and wellbeing of all living things, both past, present and future; and inclusive of tangible and intangible elements of our life force.
Whakamana Whānau	To empower, enable and encourage families.
Whakataka te hau ki te uru...	This is a karakia that acknowledges the natural environment in preparing for a new day.
Whānau	A term used that encompasses both immediate and extended family members, including sub-tribes and tribes and encompassing the living and the dead. Distinct from the Pākehā word family that refers to a couple and their children as a nuclear social unit.
Whānau ora	Healthy families, a component of Pae Ora as articulated in He Korowai Oranga.