16 September 2019

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Tēnā koe Mr Whaanga


Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide comment on the development of the Māori Health Action Plan 2020 – 2025. Our response has been informed by the RANZCP New Zealand National Committee – Tu Te Akaaka Roa, and Te Kaunihera.

The RANZCP recognises that Māori do not experience hauora (wellbeing) as individuals, due to New Zealand’s sociohistorical context which has compromised their health, mental health and wellbeing (3, 8). To facilitate improvements for Māori we support implementation of kaupapa Māori approaches which include whānau as key advisors in their health solutions. We support He Korowai Oranga being grounded in Te Ao Māori principles and that the Whānau Ora framework is used to reinforce and facilitate whanaungatanga (5, 8, 10). We also consider involvement of whānau is critical for informing service accessibility, cultural appropriateness and effectiveness.

Supporting kaupapa Māori services is integral to achieving high quality mental and physical health outcomes for Māori. The RANZCP facilitates this by training and supporting a growing Māori psychiatrist workforce. We support the psychiatric mental health workforce in New Zealand to strengthen their understanding of Te Ao Māori and demonstrate cultural competence. We also participated in recent work by the Medical Council of New Zealand to influence improvements in the direction and practice of, cultural competence, partnership and health equity (9).

The RANZCP integrates cultural competence and understanding of the role of Te Tiriti o Waitangi into psychiatry training. Its core principles of participation, partnership and protection within mental health services are translated through our continuing professional development programmes, in which practical learning activities such as peer review and audit, require demonstration of competence (11).
The RANZCP suggests that the Ministry of Health broadens and enables the scope for psychiatrists to integrate care beyond the clinical setting, through leadership at a community, regional, and societal level (2, 6, 12). We note that most psychiatrists already work with tangata whaiora and their whānau, to provide holistic and preventative approaches to meet their needs. This includes addressing the wider determinants of a person's presentation, taking on roles as advocates for tangata whaiora and working with leaders in community mental health.

**Feedback on Specific Consultation Areas**

**Satisfaction as a measure**

We question the use of satisfaction as a measure throughout the Māori Health Action Plan. We advocate for the use of more objective measures of quality to inform improvement and engage Māori and whānau in the process. The RANZCP notes widespread concern that although customer satisfaction may be a foundation for building strong customer relationships (rational), it is a poor indicator of engagement or relationships (emotional) or guiding changes in practice (4).

**Priority area 1: Māori/Crown relationships**

Te Kaunihera highlight in inability of the Privacy Act to enable Whānau, Hapu, Iwi involvement in care, to have a voice or contribute to the healing experience of tangata whaiora.

*Suggested measure: Levels of satisfaction with Māori-Crown relationships.*

The RANZCP considers levels of ‘satisfaction’ is a poor measure of Māori-Crown relationships, e.g. Whānau or services may report satisfaction but may not translate to understanding whether the relationship has been effective to improving health outcomes or, whether engagement occurred across Māoridom. We recommend a more tangible measure is established in order to understand the quality and effectiveness of Māori-Crown relationships for whānau.

**Priority area 2: Māori Health Development**

*Suggested actions: Developing a fair methodology for assessing historical underfunding of Māori PHOs (Wai 2575 finding).*

The RANZCP suggests an outcome focused measure be developed to understand whether historical issues are *addressed*, rather than *assessed*. We note that this principle is based on the Wai finding and we propose that greater emphasis be placed on developing a PHO contracting and funding model for future services to improve outcomes for Māori.

*Suggested actions: Commissioning organisations.*

The RANZCP notes the intent to move away from commissioning models. We suggest this is also an opportunity to include effectiveness measures that guide understanding about whether equity for Māori is being achieved.

*Suggested measures: Include reporting.*

To understand the impact of funding for kaupapa Māori services, and inform gaps in equity for Māori mental and physical health:

- Utilise prevalence data in reporting and assessment processes.
- Funding is allocated for training of healers nominated by their respective Hapu and Iwi.
Priority area 3: Māori leadership
Reducing ongoing harm to intergenerational mental health is a key activity for Māori leaders who are reclaiming and reorienting knowledge systems by leading and determining mental health research and action (3).

Suggested measures:
- Māori representation on DHB and PHO Boards promote Māori health research to inform best practice approaches for Māori.
- Māori research supports Māori leadership and their decision making.
- The experience of successful tangata whaiora who have led others to a recovery informs decision making.

Priority area 4: Accountability frameworks

Suggested measures:
Support effectiveness and accountability to Māori and their whānau:
- Hauora Māori have been involved in the creation of measures.
- Incorporate Hauora Māori frameworks which are applied by Maori quality experts.

Priority area 5: Cross-sector action

Suggested measures:
- Recognise Māori and their whānau as local experts and include as partners to co-produce solutions.

Priority area 6: Workforce

The RANZCP considers a Workforce Strategy and reliable data capability and reporting is needed to inform planning and to project workforce needs, composition and spread. We support the view that all doctors, and other health professionals practising in New Zealand should understand the impact of their care on Māori and work towards improving their awareness and practice of cultural safety.

Specifically:
- That the Ministry of Health Workforce Strategy and Plan prioritises Māori insight at all levels across the mental health system to facilitate improved service experience and influence outcomes for Māori.
- Build on Whānau Ora as an existing evidence-based pathway to improve service responsiveness and increase utilisation of Whānau Ora navigators to engage with Māori.
- Kaupapa Māori services are maintained through appropriate funding.
- Tailored initiatives to support Māori medical students throughout the entirety of their training.
- Encourage Māori into a career in psychiatry to increase equity for tangata whaiora.
- Fund national scholarships and mentoring programmes for Māori medical students.
- Funded peer support is available to Māori medical students.

Build on existing strengths to support the workforce
The RANZCP supports building on the strengths of the knowledge base and programmes that exist in New Zealand, including Whānau Ora to develop the practice of cultural competency across the health and community workforce. We acknowledge organisations such as, The Werry Institute, Te Pou, Te Ao, TAS, MCNZ, Te Ora and others, who could work collectively with the health sector to develop a culturally competent workforce.
**Suggested measures: DHBs with implemented cultural competence policies.**
Improved outcomes for Māori will not be achieved by DHBs working in isolation. Connecting to different perspectives and approaches, cultural contexts, diverging value systems and health beliefs by working within world views that are different to their own, is known to improve the impact of care and reduce health inequities (7). The RANZCP advocates for approaches that increase participation in integrated models of clinical, primary and community care (1). We advocate that DHBs take on the role of actively supporting the practice of cultural safety by investing in and supporting activities which enable health providers and peer workers to work across different settings.

- Multidisciplinary teams include whānau and collaborate with community services.
- There is evidence of improved practice and increased commitment to addressing equity as a result of multidisciplinary team collaboration.

**Suggested measures:**
Currently, the inability to build pathways across the range of people and professions working in the health system hinders development of a resilient New Zealand workforce.

- Data informs workforce gaps or opportunities,
- Data is used to understand where the workforce could work across a system.

**Priority area 7: Quality Systems reflect good practice**
The RANZCP supports the work of the Health Quality and Safety Commission in guiding improvement in the health system. We support feedback loops which enable active involvement of Māori and whānau to communicate their concerns and inform change. Collective leadership by the HQSC, Ministry of Health and ACC in providing system direction would be beneficial in raising expectations of improvement or redesign.

**Suggested measures: Meeting standards and increased trust and confidence.**
Measures of increased trust and confidence alone will not deliver better care or services to Māori and their whānau.

- Māori voices and experiences inform the design of a quality system
- Māori are actively involved in developing solutions to meet their needs.
- Māori and whānau are able to communicate their experience of outcomes resulting from service delivery.

**Priority area 8: Clear evidence of performance**
Because of the overwhelming mental health inequities for Māori, the RANZCP advocates for increased exposure to New Zealand indigenous health research to influence changes in practice and address Māori mental health needs. Indigenous models are also essential for conveying the importance of links with whānau and wairua (3).

**Suggested measures: Māori provider satisfaction with access to data.**
The RANZCP is concerned that measures of satisfaction are subjective and market driven. We advocate for the inclusion of specific, objective measures which provide more useful information for improvement, e.g. Māori providers are able to access data, provides better baseline data for further qualitative exploration, and enables us to discover; if not why not. Quality issues are easier to solve if the right questions are asked.
In conclusion, we look forward to being involved in continuing sector discussion to progress the Māori Health Action Plan.

If you have any queries relating to this submission, please contact The National Manager, New Zealand, Ms Rosemary Matthews who supports the New Zealand based Committees. Rosemary may be contacted on 04 4727 265 or by email rosemary.matthews@ranzcp.org.

Ngā mihi nui

Dr Mark Lawrence, FRANZCP  
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*Tu Te Akaaka Roa*

Dr Claire Paterson, FRANZCP  
Chair, Te Kaunihera

References


11. The Royal Australian and New Zealand College of Psychiatrists. Consultation on proposed changes to the accreditation standards for New Zealand vocational training and recertification providers. 2019.