

7 October 2019

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Tēnā koe Sue

Re: Māori – Expanding access and choice for kaupapa Māori primary mental health and addiction services

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide comment on how the Ministry of Health (MoH) might support kaupapa Māori services to expand access and choice for Māori who need primary mental health and addiction support. Our response is informed by the RANZCP New Zealand National Committee – Tu Te Akaaka Roa, and Te Kaunihera.

We recognise that Māori as individuals do not always experience wellbeing, due to New Zealand's sociohistorical context (1, 2). For this reason we support He Korowai Oranga service implementation being grounded in Te Ao Māori principles and inclusion of the Whānau Ora framework to be used to reinforce and facilitate whanaungatanga (3, 2, 4), on the basis that whānau must be recognised and supported to be key advisors and facilitators of their own health solutions. Involvement of whānau in the co-production of kaupapa Māori services will assist the Ministry to meet its obligations to Māori and provide evidence of accessibility, cultural appropriateness and effectiveness¹.

The RANZCP supports the removal of institutional barriers that compromise health, mental health and wellbeing². While mainstream services and Maori services will be able to enter into a procurement process to expand existing programmes, we advocate for processes that recognise and uphold whakapapa so that kaupapa Māori primary mental health and addiction services can retain their identity within the contracting and procurement process. Te Kaunihera considers a Māori lens provides guidance in the development of effective kaupapa Māori Mental Health and Addiction Services. It considers kaupapa Māori services

¹ Maori Health Strategy – He Korowai Oranga, Waitangi Tribunal Claim WAI2575.

² MoH will provide, free access, remove entry criteria and age limits, provide a choice of settings, enable easy access, better information, work with individuals/whānau/groups, and facilitate national consistency with, local identity, better coordination and collaboration.

are different to biomedical models and that Te Ao Māori approaches are integral to achieving improvements in mental and physical health outcomes for Māori.

Key points:

1. Strengthen primary care relationships – focus on equity

If equity is to be the focus of the health system, where health professionals, community providers and whānau worked together, they need to be supported by a Workforce Strategy, reliable data to inform integrated systems, co-designed services funded to support need, composition, and spread of Māori populations.

Contracts must facilitate care across a system and enable whānau who are more qualified to address wider determinants, take on an advocacy role for tangata whaiora, and work more closely with a range of providers in community mental health services.

Embed equity:

- Develop a MoH Workforce Strategy and Plan that prioritises Te Ao Māori insight at all levels across the mental health system.
- Maintain kaupapa Māori services through appropriate funding.
- Recognise and build on Whānau Ora as an existing evidence-based pathway to improve service responsiveness.
- Recognise and increase utilisation of Whānau Ora navigators to facilitate relationships with Māori and improve engagement.

2. Grow a Māori psychiatrist workforce and strengthen understanding of Te Ao Māori

Strengthen understanding of the connection between Te Ao Māori, equity and demonstration of cultural competence by the mental health and addiction workforce. We also support recent work by the Medical Council of New Zealand to influence improvements in the direction and practice of, cultural competence, partnership and health equity (5).

- Tailored initiatives to support Māori medical students throughout 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.

3. Integration

Most psychiatrists already work with tangata whaiora and their whānau, to provide holistic and preventative care. The RANZCP suggests that the Ministry of Health enables and broadens the scope for psychiatrists to integrate Te Ao Māori knowledge and care beyond clinical settings, to community, regional, and societal levels (4, 6, 7).

4. Co-design – develop what works best for Māori

The RANZCP supports use of Māori evidence and voices informing best practice. We also support development of a quality system, for mental health and addiction which includes feedback loops and active involvement of Māori and whānau in communicating concerns, ideas and design features.

- Māori voices and experiences inform the design of a quality system
- Māori develop solutions that best meet their needs.
- Māori whānau communicate their experience of service delivery.

5. Build on existing strengths to support kaupapa Māori services

The RANZCP supports the need to increase resources for Kaupapa Māori services to enable them reach their full potential. Continued investment to understand the strengths and knowledge base of kaupapa Māori programmes, such as Whānau Ora (8), would inform new pathways to support Māori with lived experience of mental health from disengaging with clinical services that are not working for them. More appropriate services which include access to funding, technical support, equipment, therapies and advice when needed would also increase the clinical, cultural and whānau ability to deliver for Māori.

In Conclusion

The RANZCP fully supports tino rangatiratanga through utilisation of Kaupapa Māori therapeutic approaches (3), and strongly supports approaches that increase the ability of whānau in working with others within the mental health and addiction system.

We would appreciate meeting with you to discuss the issues raised in this letter. The National Manager, New Zealand, Ms Rosemary Matthews who supports Tu Te Akaaka Roa and Te Kaunihera Committees will be in contact with you shortly to arrange a meeting. In the meantime, if you require further information please contact Rosemary on 04 4727 265 or by email rosemary.matthews@ranzcp.org.

Ngā mihi nui



Dr Claire Paterson, FRANZCP
Chair, Te Kaunihera



Dr Mark Lawrence, FRANZCP
Chair, New Zealand National Committee
Tu Te Akaaka Roa

References

1. Elder, H. He pūāwaitanga harakeke, he rito whakakīnga whāruarua: Gaps are filled by the flowering harakeke. *Australian Psychiatry*. 2019; Vol; 27(4): 332-333. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/31328986> DOI:10.1177/1039856219859483
2. NiaNia W, Bush A, Epston D (2019) Huarahi Oranga: an introduction to Māori concepts informing Māori health and psychiatry partnership. *Australian Psychiatry*. 2019 Vol; 27(4): 334-336. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/31328986> DOI:10.1177/1039856219859483

3. Kopua D. Factors that facilitate and constrain the utilisation of a Kaupapa Māori therapeutic approach with Mahi-a-Atua. *Australian Psychiatry*. 2019; Vol; 27 (4): 341-347. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/31328986> DOI:10.1177/1039856218810158
4. The Royal Australian and New Zealand College of Psychiatrists. Mā te āhuetanga o mua E arataki te huarahi Hei haere whakamua - By the lessons of the past we are guided into the future. Submission to the Department of Internal Affairs – Inquiry into Mental Health and Addiction. 2018 Available from: <https://www.ranzcp.org/files/resources/submissions/2019-04-04-april-he-ara-oranga-response-to-moh.aspx>
5. The Medical Council of New Zealand. Cultural competence, partnership and health equity – Consultation on revised documents. 2019 MCNZ. Available at: <https://www.mcnz.org.nz/about-us/consultations/cultural-competence-partnership-and-health-equity-consultation-on-revised-documents/>
6. Bhui K and Dinos S. Preventive psychiatry: A paradigm to improve population mental health and wellbeing. *British Journal of Psychiatry*, 2011; 198 (6): 417-419.
7. Mulder R. The heart of the matter: Social and cultural factors impacting mental health. *Australian & New Zealand Journal of Psychiatry* 2017; 51(2): 113 – 114.
8. Te Puni Kokiri (2018b) *Whānau Ora Review. Tipu Matoro kit e Ao*. Final Report to the Minister for Whānau Ora. Available at: <https://www.tpk.govt.nz/docs/tpk-wo-review-2019.pdf>