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INTRODUCTION

“It’s about walking alongside people so that you give them the courage and the strength to be able to resolve their own issues without you stepping in and having to do it for them. That is Whānau Ora.”

(Kaimahi, West Auckland mental health provider)

The establishment of the Waipareira mental health framework has its own whakapapa – its own journey, which lies within the journey of the West Auckland Māori community. This journey has its roots in the early experiences of urbanisation for Māori, the point in time when whānau from all around Aotearoa embarked on voyages from their traditional rohe, to new lives in New Zealand cities. The stories that unfolded from this movement - stories of displacement, of barriers and challenges, of new allegiances, hope and resilience - have shaped the West Auckland that we know today: A place that is known for the over-representation of suburban high-deprivation indexes, of complex social problems and communities that experience real struggles, every day. Yet, this is also a place that is vibrant, full of colour and diversity, a place of growth and hope. It is here that our kaumatua banded together to call for the kind of services that this newly emerging community needed. It is here also that our kaumatua went one step further than merely advocating for the things that were needed in West Auckland, and instead went to work to construct the services that were lacking, to address the needs that were unmet. This, is the story of how Te Whānau o Waipareira evolved – a strong, and self-determined approach to community need; which is also the story of how this new mental health framework has evolved.

In 2014, kaimahi and leadership within Te Whānau o Waipareira started a conversation to see if existing services in the community of West Auckland were providing for the mental health and wellbeing needs of Māori whānau. Anecdotal evidence at that time delivered a picture of contract-driven, inappropriate and siloed approaches, which saw many whānau in need of mental health services fall through the gap. For Te Whānau o Waipareira the larger question of “what kind of service would best cater for the needs of West Auckland whānau?” remained unanswered.

With the launch of Wai Research, the Waipareira research unit, at the end of 2014, the need to gather evidence around the issue of mental health service delivery drove the development of the first internal research project. With funding from a New Zealand Health Research Council Māori Health Research summer studentship, Wai Research produced a literature review that focused on Kaupapa Māori models of therapy and mental health services. Completed in 2016, the literature review delivered a first, targeted insight for Te Whānau o Waipareira, on models, frameworks and practices that focus on kaupapa Māori - or Māori centred - mental health delivery.
The findings from the literature review provided the basis for shaping the next research project, which was a qualitative exploration of the practices, models and relevance of kaupapa Māori service delivery of a range of services in West Auckland. Kimihia Te Hauora Hinengaro – Pathways to Mental Health became an 18-month exploration of mental health service experience and delivery within West Auckland, and was funded by the New Zealand Health Research Council. Interviews with tangata whaiora, whānau and service providers resulted in new knowledge around the understanding, application and relevance of kaupapa Māori mental health approaches – it provided us with new, previously unheard voices, which told stories of navigating a system that does not always match tangata whaiora or whānau needs, or mirror them for who they are as Urban Māori. It revealed complexities and diversity, and the foremost message that a “one-size fits all” system will not work, no matter how steeped in kaupapa Māori it may be.

The findings from Kimihia Te Hauora Hinengaro were disseminated back to the providers and kaimahi, with the aim of highlighting themes that crossed over between service providers, to build bridges of commonality. For Te Whanau o Waipareira this established a springboard for engaging our own frontline kaimahi - not just in the sense of feeding back the that research they contributed to, but moreover to work together to map out the way forward from theory to practice, or from research to implementation.

To enable this, the next stage of the framework development centred around the engagement of Waipareira kaimahi with the research findings from Kimihia Te Hauora Hinengaro, in the form of a workshop with all frontline, led by Emeritus Professor Sir Mason Durie, one of the most influential and experienced thinkers and writers around Māori models of health and wellbeing. During this session kaimahi worked through establishing values, aims and catalysts that they see as foundational for delivering mental health “the Waipareira Way.” The resulting framework provides our roadmap for operationalising our own, evidence informed kaupapa Māori approach, where kaimahi are the key to work out how we can apply our framework “on the ground” to our community.

This publication represents an example of translational research in action. For Wai Research and Te Whanau o Waipareira, translational research means that all research has to be steeped in the interests and participation of the community that we serve. Translational research has to give voice to the community, and those that are at the forefront of working within the community. It has to be research that ultimately results – as quickly as possible – in outcomes that are in accord with the aspirations of the community, and the increased well-being of the community. The process of getting to the stage where we have our own, foundational mental health and wellbeing framework is how research can contribute to best outcomes in our community, but always with our community and driven by their agenda, rather than irrelevant research agendas.
THE RESEARCH

KAUPAPA MĀORI MODELS OF PSYCHOLOGICAL THERAPY AND MENTAL HEALTH SERVICES, 2016

The aim of this research project was to gain understanding of what current kaupapa Māori models and approaches have been documented in literature and in practice, in order to provide a base of knowledge from which to start thinking about the context of mental health provision.

The review focused on published literature specific to Māori and international indigenous peoples and mental health, and the findings were thematically organised.

A number of key findings were taken from the review, which informed the Waipareira thinking of what would be needed going forward to designing a mental health service for the Māori West Auckland community:

1. There is a statistically supported imperative to develop a ‘fit-for-purpose’ service, as seen in the alarming rates of mental illness prevalence and low utilisation of services by Māori

2. The literature suggests that a main reason for the ongoing poor mental health for Māori is the lack of therapies and services that cater for cultural contexts that differ from the norm

3. Despite the existence of Māori frameworks of health, there is still a predominance of the Biomedical Western approach to assessment and treatment of mental health for Māori, and where Māori models are taken into account, there is friction between the clinical and cultural approaches

4. There is a critical deficit of a culturally safe workforce, in that Māori health professionals in the mental health field are disproportionately low to the need of the Māori population.

5. There is a gap in current research around the efficacy of therapies provided by kaupapa Māori services.
KIMIHIA TE HAUORA HINENGARO - PATHWAYS TO MENTAL HEALTH, 2018

The second research project around Maori mental health was scoped in response to the findings from the literature review, and aimed to provide a community-relevant exploration of what Maori elements were incorporated into therapeutic services within West Auckland, and how they addressed the needs of tangata whaiora and their whanau. Four West Auckland service providers participated in this project, and 45 interviews were conducted with kaimahi, tangata whaiora and their whanau. The resulting korero was thematically organised and enabled us to see the perspectives and needs across the community – from tangata whaiora to their supporting whanau, and the frontline health workers.

The resulting analysis highlighted a diversity of approaches and needs, which is matched to the urban multi-cultural context of the West Auckland community. The research identified key issues:

1. A focus for the individual needs of tangata whaiora is critical; rather than a focus on adhering to rigid models or mechanisms of provision.

2. Merging of the cultural clinical interface: For maximum best outcomes the clinical and cultural components of service delivery need to work holistically and in partnership.

3. The application of culture to a mental health setting is neither consistent, nor well understood across the services.

4. Cultural and ethnic diversity: It cannot be assumed that all Maori will embrace the same level of cultural therapy or that their Maori culture will take precedence over other cultures they may embody.

5. Environmental drivers: Mental health services alone will not be enough to improve the mental health status of the West Auckland community. The role of socio-economic, educational and behavioural factors must be considered in any approach.

6. Resourcing: A lack of resourcing throughout services is a common theme, with severe limitations on service delivery and staff capacity and capability.

7. Integration: Given the size and diversity of the urban environment and the complexity of needs of tangata whaiora, integration across social services is needed to provide holistic, wrap-around service delivery.

8. Urban realities: There is a lack of understanding of the implications of the urban environment on cultural identity.
### KIMIHIA TE HAUORA HINENGARO
### RESEARCH PROJECT:
### What Are The Opportunities For West-Auckland Kaupapa Māori Service Delivery?

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
<th>Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Whaiora Focus</strong></td>
<td>Ensuring that services focus on the needs and expectations of tāngata whaiora</td>
<td>Health outcomes meet the expectations of tāngata whaiora</td>
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<tr>
<td><strong>Cultural/Clinical Interface</strong></td>
<td>Ensuring that both cultural and clinical options for care are available</td>
<td>Comprehensive care is provided</td>
</tr>
<tr>
<td><strong>Culturally Inspired Interventions</strong></td>
<td>Appreciating that cultural modes of care will vary</td>
<td>Innovative and bespoke cultural models are developed</td>
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<tr>
<td><strong>Cultural and Ethnic Diversity</strong></td>
<td>Increasing cultural and ethnic diversity will impact the mode and method of service delivery to Māori</td>
<td>Cultural and ethnic diversity is considered as part of treatment and care plans</td>
</tr>
<tr>
<td><strong>Environmental Drivers</strong></td>
<td>Services alone are unlikely to impact rates of disease</td>
<td>Consideration as to the broader drivers of mental ill health</td>
</tr>
<tr>
<td><strong>Resourcing</strong></td>
<td>Adequate and sustainable resourcing is required</td>
<td>Resourcing to maximise health outcomes</td>
</tr>
<tr>
<td><strong>Integration</strong></td>
<td>Integration with other social services providers is imperative</td>
<td>Addressing broader social issues as a means of promoting mental health outcomes</td>
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<tr>
<td><strong>Urban Māori Realities</strong></td>
<td>Urban realities are drivers of Urban Māori culture</td>
<td>Using urban culture as a driver of mental health outcomes</td>
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TE WHĀNAU O WAIPAREIRA
KOKIRITIA I ROTO I TE KOTAHITANGA
Progressively Act in Unity