

## Feedback from the Mental Health Foundation of New Zealand on a Māori Health Action Plan to implement He Korowai Oranga 2020 – 2025

11 September 2019

### Introduction

Thank you for the opportunity to make a submission as part of the development of the Māori Health Action Plan 2020 – 2025 (the Action Plan). The Mental Health Foundation (MHF) attended three of the four wānanga held in August 2019 and this submission summarises the main themes of our kōrero.

We appreciate that the Action Plan framework and priority areas developed by the Ministry is based on considerable previous Government consultation with Māori and that at this stage it does not represent a final government position.

The MHF is a non-government organisation that works towards creating a society where all people can flourish – that is, feel good and function well most of the time. **The MHF is committed to improving outcomes for Māori** (please see our attached Agenda for Change, 2017). We believe that New Zealand’s approach to mental health and wellbeing must reflect and address the disproportionate burden of distress and suicide experienced by Tangata Whenua, the Māori-specific responses required to address this, and the Crown’s responsibilities under Te Tiriti o Waitangi.

### Feedback on the Action Plan

We are pleased to see the draft framework acknowledges the importance of addressing inequity, of Te Tiriti O Waitangi and the Crown’s responsibility to uphold and protect Māori wellbeing under it, the need to address racism and discrimination in all its forms, and cultural competence in practitioners and embedded cultural safety. The priorities areas are well considered, and we support the aspirational nature of the framework.

A history of poor performance for Māori by mainstream agencies has undermined confidence that this Action Plan will be able to deliver discernibly different outcomes for Māori. It is vital that Māori have confidence in genuine partnership and that there is a clear and committed responsiveness based firmly on the Treaty.

**The high-level goals of the framework must be translated into tangible health gains for Māori, both through the actions identified in the plan as well as how progress on actions will be monitored and the extent to which cross-government agencies are held accountable.** The actions will need to be specific, action oriented (eg “will establish...” rather than “further consider”), be the responsibility of an identified agency, and be adequately resourced. We question the utility of including existing initiatives in the Plan as it then becomes a stock-take of the status quo. We suggest focusing on new and innovative solutions, and actions that will make *significant changes* to the current systems and processes that undermine Māori achieving health and wellbeing.

In addition, the measures for action areas must include kaupapa Māori frameworks for evaluating and monitoring and not solely rely on the quantitative measures (e.g. whether the number and type of kaupapa Māori services increases).

#### *Māori self-determination*

Government agencies will need to significantly strengthen their partnership approaches and build enduring relationships with Māori in order to engage in shared decision-making in the development and implementation of the Action Plan. Bicultural leadership should be prioritised at all levels – from political decision-making, to leadership of organisations and other implementation structures, to involvement in co-design any new health systems or processes.

**It is vital that Māori are able to self-determine the implementation of their strategy and Action Plan.** We support the aspirations of Māori leaders that a specific kaupapa Māori entity and structure be developed to drive kaupapa Māori service commissioning and provide oversight to ensure all health services improve the quality of care to Māori. We agree with the aspirations expressed in the Māori Manifesto<sup>1</sup> submission to the He Ara Oranga that specific by-Māori for-Māori approaches must be empowered, and that institutional racism in health services must be removed to ensure that actions are responsive to and appropriate for Māori.

#### *Collective ownership and clear accountability*

**There must be political, community and individual will to tackle the social and economic determinants of health that can contribute to poor health outcomes for Māori.** This requires a joined-up government and community response to issues such as institutional racism, misuse of alcohol and other drugs, poverty, unemployment, homelessness and housing pressures, child abuse and family violence, and legacy of colonisation and intergenerational trauma.

All government agencies therefore have a responsibility to ensure that Māori experience equitable outcomes on health and wellbeing. **The action plan must clearly represent cross-government commitment rather than being a health sector Action Plan.** Other responsible government agencies (such as Corrections, Police, Education, Work and Income, Oranga Tamariki, Te Puni Kōiri etc) and their specific commitments and responsibilities need to be named, their progress monitored, and their senior leadership held accountable over time.

#### *Mental health and wellbeing actions*

**The ongoing inequities in mental health outcomes for Māori, including higher rates of psychological distress and suicide, are unacceptable. We strongly advocate for the inclusion of specific actions that address Māori mental health and wellbeing.** For example, there should be actions to eliminate the disproportionately high rates of seclusion and restraint methods experiences by Māori in mental health services (in 2017 Māori were 4.4 times more likely to be secluded in adult inpatient services than non-Māori) and reduce the rate of coercive treatment, which Māori are 3.9 times more likely to be subjected to compared to non-Māori.<sup>2</sup>

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<sup>1</sup> Te Rau Matatini. (2018). Māori Manifesto: a framework for change. Submission to the Mental Health Inquiry Panel 13th June 2018. Wellington: Te Rau Matatini <https://www.mentalhealth.org.nz/assets/News/MHFFinal-MHF-response-to-the-Inquiry-on-Mental-Health-and-Addiction-report-He-Ara-Oranga-28022019.pdf>

<sup>2</sup> Office of the Director of Mental Health and Addiction Services Annual report (2017). <https://www.health.govt.nz/publication/office-director-mental-health-and-addiction-services-annual-report-2017>

The Action Plan will need to clearly link with the Government's forthcoming suicide prevention strategy and action plan. We suggest that the two action plans provide a dual mechanism to monitor progress of actions that aim to prevent suicide for Māori. This is particularly pertinent given the recently released Chief Coroner's provisional suicide statistics show an increase in suicide numbers for Māori.<sup>3</sup>

The MHF has previously called for a national response to mental health and wellbeing, away from a clinically-led paradigm to a whole-community response that addresses the determinants of poor mental health, health promotion, early support, social and community-based support services and innovation in support models. This approach has been largely supported in the recommendations of He Ara Oranga, the report of the Inquiry into Mental Health and Addiction, and the Government's response to that report.

In line with this we suggest that specific actions are included covering the following areas:

- increasing capacity of whānau and communities to build health and wellbeing, and support people and whānau
- Māori health promotion and prevention initiatives rooted in a kaupapa Māori framework
- early intervention/primary care approaches and innovative community-based models of service for Māori.<sup>4</sup>

Finally, the language of the Action Plan must reflect Māori concepts of the whānau collective and wellbeing rather than the individual and ill-being.

#### About the MHF

The MHF is a non-government organisation that works towards creating a society where all people can flourish – that is, feel good and function well most of the time.

Since our establishment in the late 1970s, the MHF has worked to build understanding of mental health and wellbeing, improve the quality of services and supports available for people experiencing mental distress, and help people develop skills and behaviours to support their mental health.

The MHF is committed to ensuring that Te Tiriti o Waitangi and its Articles are honoured, enacted, upheld and incorporated into our work and the MHF Board has made clear its commitment to Māori development through our Māori Development Strategy. We are proud that Sir Mason Durie is a MHF patron.

The MHF takes a public health approach to our work, which includes working with communities and professionals to support safe and effective suicide prevention activities, create support and social inclusion for people experiencing distress, and develop positive mental health and wellbeing. Our positive mental health programmes include Farmstrong (for farmers and growers), All Right? (supporting psychosocial recovery in Canterbury, Kaikōura and Hurunui), Pink Shirt Day (challenging bullying by developing positive school, workplace and community environments), Open Minds (encouraging workplaces to start conversations about mental health) and Tāne Ora (working with tāne Māori and their whānau to build wellbeing skills). Our campaigns reach tens of thousands of New Zealanders each week with information to support their wellbeing and help guide them through distress and recovery.

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<sup>3</sup> The number of Māori dying by suicide increased from 142 to 169 – the suicide rate has increased from 23.72 to 28.23. <https://coronialservices.justice.govt.nz/assets/Documents/Publications/Provisional-Figures-August-2019.pdf>

<sup>4</sup> For example, innovative primary care models such as ProCare's Te Tumu Waiora.