ME HAERE NGĀTAHI TĀTOU

Shared Journeys — Voices of the Lived Experience Community

NŌKU TE AO

Disclaimer

Contents

Karakia

Mental Health Foundation karakia — Mauri tū! mauri ora!
Nā Thomas Strickland

Te Reo Māori

Manawa mai te mauri nuku,
Manawa mai te mauri rangi,
Kia mahara ki te whakaaro,
Kia mahara ki te aroha,
Kia matau, kia pākari,
Kia aroha tētahi, ki tētahi,
Hei oranga wairua,
Hei oranga hinengaro,
Hei oranga tinana,
Hei oranga whānau,
Kia mauri tū, Kia mauri ora
Haumi e, hui e, taiki e.

English transliteration

Embrace the life force of the earth
Embrace the life force of the sky
Reflect on the energy of thought
Reflect on the energy of compassion
To grow in knowledge
To build character
To have compassion for one another
For the wellbeing of the spirit
Mind
Body
And those we hold dearest
For the purpose of good health
and wellbeing

Join, gather, unite.

Preface

On behalf of Nōku te Ao, it gives me great pleasure to support this report into Māori and Pacific peoples' experiences of mental distress and discrimination. The progression of Like Minds, Like Mine to Nōku te Ao drew a line in the sand saying, 'we need to do better'. This was centred on the 2018 *He Ara Oranga* report that laid down the wero to urgently improve mental wellbeing in Aotearoa, specifically for those affected most disproportionately – Māori and Pacific peoples.

As such, Nōku te Ao evolved into a kaupapa Māori-principled programme, centred on key accountabilities: Te Tiriti o Waitangi, lived experience, and human rights. These foundations focus the programme on needs-based inequities, and indigenous rights-based inequities across mental health discrimination, stigma, and prejudice.

Nōku te Ao has a mission to end prejudice and discrimination and increase inclusion for our lived experience communities across Aotearoa. Elevating the kōrero of all those with lived experience is fundamental to achieving this mission, particularly within our most disproportionately affected priority groups that have often been without a voice — Māori, and Pacific peoples.

Mā te whakarongo, ka mōhio; mā te mōhio, ka mārama; mā te mārama, ka matau; mā te matau, ka ora. Through listening, comes knowledge; through knowledge, comes understanding; through understanding, comes wisdom; through wisdom, comes wellbeing.

It is the grassroots of our movement, ensuring we as Nōku te Ao are led by lived experience voices throughout our programme. This report has been pivotal in collecting the essential kōrero of Māori and Pacific whānau with lived experience from across the motu; drawing from their deep intellectual wells and highlighting community insights, understandings, and perspectives.

As a result, this report enables further understanding of how we can best aid and facilitate an Aotearoa that upholds the mana and human rights of people with experiences of mental distress. It is my hope that the whakaaro, knowledge and wisdom within this report will educate and reconstruct societal beliefs and public attitudes, so that Māori, Pacific peoples, and everyone throughout Aotearoa can experience improvements to their social inclusion and the landscapes in which they dwell.

Tū pakari, tū taha.
Ko te kotahitanga
o tō tātou kaupapa.
Nōku te Ao.
Stand proud. Stand alongside.
We are united by our purpose.
This is my world.

Shaquille Graham
Tainui, Te Arawa
Programme Lead - Nōku te Ao
Health Promotion

Mihi/Acknowledgements

We deeply thank the many people who openly shared their wairua and their whakaaro in person at our nationwide hui, and online. Without your manaakitanga and generous story sharing there simply would be no report. Human connection comes from kōrero, and we believe your stories of hope, despair, and clear vision for the future will create the seeds to grow the Social Movement for years to come. The report embodies our shared value of pakiwaitara; we will tell the stories of the kaupapa and honour them.

Executive summary

Why was the research conducted?

The prevalence of prejudice and discrimination against individuals with experience of mental distress, particularly among Māori and Pacific people in Aotearoa New Zealand, emphasises the importance of initiatives like Nōku te Ao. Launched on 6 July 2021, this national programme aims to combat such biases and aligns with the 2022 New Zealand health system reforms.

Alarmingly, Māori and Pacific peoples are disproportionately affected, experiencing higher rates of discrimination, and facing significant barriers to wellbeing. In Aotearoa New Zealand one in five New Zealanders will experience mental distress, which increases for Pacific to one in four; however, for Māori this rate is even higher at one in three.[1]

The urgency to address this issue is highlighted by statistics showing elevated rates of mental distress among Māori and Pacific peoples, emphasising the need for tailored interventions to mitigate discrimination and nurture inclusive environments conducive to mental wellbeing.

Further background information on why the report was written can be found on page 16.

Engagement

Community engagement to share stories, and collect data was conducted between January 2022 and December 2023 through various approaches, including:

- An online survey for those in the lived experience community, with a total of 2,986 responses.
- 32 face-to-face hui and workshops across Aotearoa New Zealand.
- Oral contributions from those in the lived experience community during one-on-one and group engagements.

Engagements were conducted at the availability of the individuals or the groups and were held in spaces that were comfortable for participants.

Participant interactions represented a range of people's voices, including those of the Deaf community, the rainbow community, youth, elderly, all levels of employment and various ethnic groups alongside Māori and Pacific.

Method

A kaupapa Māori approach and talanoa methodology were undertaken to understand and engage with lived experience communities, and draw key insights that informed the recommendations section (page 62).

At its core, the kaupapa Māori principles of Nōku te Ao – taonga tuku iho, mātauranga and tino rangatiratanga – underpin this report – it's by Māori, for Māori and with Māori. This philosophical framework grounded in the cultural values and worldview of Māori, can be summarised by Wikaire et al.[2], who state that **"Kaupapa Māori provides the theoretical foundations, themes, values, assumptions, and beliefs of the Māori world view."**

Wikaire et al.[2] identified three key strands integral to a culturally responsive mental health approach for Māori:

- The four elements of Te Whare Tapa Whā.
- Māori ways of knowing, being and doing – mātauranga, whakapapa and tikanga.
- Kaupapa Māori principles as defined by Graham Smith.

An in-depth dive into the kaupapa Māori philosophical underpinnings of this report can be found on page 29.

Placing Māori at the forefront of Nōku te Ao will tackle the disparities within the current mental health system. The kaupapa Māori principles emphasise that this initiative must be guided and managed by Māori throughout its entirety. Embracing kaupapa Māori methodologies is crucial to address mental distress-related disparities, because these methodologies enable us to discern diverse approaches, and identify those best suited for Māori in the lived experience community.

In addition, the talanoa method served as the primary means of engagement with Pacific groups and individuals. Talanoa is a widely recognised method and methodology, and involves informal and formal discussions, exchanges of ideas, and sharing thoughts. Typically conducted face-to-face, talanoa aligns well with Pacific cultural perspectives of knowledge exchange, relationship building, and the concepts of time (tā) and space (vā).

According to Vaioleti (2016), talanoa entails **"a personal encounter where people story their issues, their realities, and aspirations,"** nurturing a deeper level of truth sharing compared to data obtained through other research methods.

In this report, engagements with both Māori and Pacific peoples used a kaupapa Māori approach alongside talanoa, ensuring respectful interactions that honoured their mana (authority) and worldviews. This approach created a conducive environment for discussing sensitive topics such as mental distress.

A note on data and intersectionality

It's important to note that while the talanoa method and kaupapa Māori approach were instrumental in engaging with Māori and Pacific participants, the data used in this report included a broader spectrum of perspectives. While these cultural frameworks provided invaluable insights and facilitated respectful engagement, the findings and conclusions drawn in this report incorporate a diverse range of voices and experiences beyond Māori and Pacific participants.

While we have drawn on Māori and Pacific voices, we acknowledge the intersectionality of participants of Pākehā, non-Pacific and non-Māori descent, and that individuals who face one form of discrimination based on their mental distress experiences may also experience other forms of discrimination. This can lead to compounding negative effects in their lives.

This report acknowledges this intersectionality and prioritises Māori and Pacific people with lived experience of mental distress. This recognition emphasises the complexity of identities and experiences within this report's scope.

Author's positionality

As a researcher delving into the discourse surrounding mental health initiatives, particularly within the context of Aotearoa New Zealand, my positionality is influenced by ontological and epistemological beliefs rooted in a commitment to social justice and cultural sensitivity. Recognising the profound impact of historical and systemic factors on mental health outcomes, my worldview is shaped by a critical lens that acknowledges the interconnectedness of Pacific culture, identity, and dimensions of wellbeing.

The emergence of initiatives like Nōku te Ao reflect not only a strategic response to contemporary challenges but also a broader acknowledgment of the historical injustices that have disproportionately affected marginalised communities, including Māori and Pacific peoples. Within this discussion, it is important to situate myself as a researcher who values and respects indigenous knowledge systems (such as kaupapa Māori principles) as foundational frameworks for understanding and addressing mental distress discrimination.

I am committed to highlighting marginalised voices and perspectives, particularly those of Māori and Pacific communities, whose experiences and insights are often marginalised within dominant discourses. By centring indigenous knowledge and perspectives, I aim to nurture more inclusive and equitable approaches to mental health research and advocacy in my community.

Furthermore, my positionality is informed by an understanding of the importance of reflexivity and humility in research practice. As a Tongan researcher, I recognise the limitations of my own perspective and the need to continuously engage in critical self-reflection and dialogue with communities I engage with to ensure that my work is ethical, respectful, and culturally appropriate.

By acknowledging the ontological and epistemological foundations that underpin my worldview, I aim to contribute to a more inclusive and equitable discourse surrounding mental health in Aotearoa New Zealand — one that honours the diverse experiences and knowledge systems of all individuals and communities, particularly Māori and Pacific people.

Anau Mesui-Henry
Researcher, founder of Four Shells Kava Lounge and PhD Student

The foundation of this report rests on the pre-colonial relationship between Māori and Pacific, both being from Polynesia. Exploring mental distress and discrimination within Māori and Pacific communities gains value when considering this historical context. The interconnectedness of whakapapa (genealogies) in sharing common ancestors like Māui and Tangaroa (Tangaloa in Tonga, Tagaloa in Samoa) serves as a reminder of the special tuākana teina, ta'okete-tehina relationship between Māori and Pacific. This intrinsic bond, embedded in historical narratives and cultural legends, transcends national boundaries and legal frameworks.[3]

While the report addresses both Māori and Pacific ethnic groups simultaneously, it acknowledges Māori as tangata whenua of Aotearoa New Zealand. Additionally, it acknowledges the unique ties between Pacific peoples and Māori, emphasising historical and current vā (spaces) held by entities like the Kīngitanga and various Pacific leaders, such as the House of Tupou, the royal family of Tonga.[4]

Introduction

> " *Solesolevaki sa itakele ni duavata –*
> *Solidarity is the cornerstone of unity.*
> **Fijian proverb** "

Although Aotearoa New Zealand's Māori and Pacific communities are distinct Indigenous groups, they share interconnectedness through ancestral genealogies and cultural ties within the context of te Moana-nui-a-Kiwa (greater Oceania).

More of this unique relationship is discussed in the **Te Tiriti and human rights frameworks section (page 17).** Acknowledging the profound ancestral connections and shared genealogy between Māori and Pacific, this report aims to unite these two groups to collectively address the challenges of mental distress discrimination. This solidarity is particularly crucial given the statistical impact of mental distress discrimination on Māori and Pacific communities, which surpasses that of any other ethnic groups in Aotearoa New Zealand.[5] By leveraging their shared ancestry and deep historical connection, this report proposes a collaborative approach to provide comprehensive support and navigate the unique challenges faced by these communities. This aligns with the broader goals of promoting mental wellbeing and equity within Aotearoa New Zealand.[6]

Key terms used in this report

Mental distress
"Mental distress" describes distressing thoughts, feelings and behaviours that a person experiences. These may persist over a period of time and disrupt daily life. Nōku te Ao prefers using 'distress' over 'illness' to remain inclusive of the variety of language preferences that exist within our lived experience community.

Mental illness
"Mental illness" refers to a wide range of diagnosed mental health conditions that affect mood, thinking and behaviour.

Mental health
We all have mental health. The World Health Organization[49] defines "good mental health" as: "a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community."

Pacific peoples
The term "Pacific peoples" is an umbrella term used to categorise islands in the Pacific Ocean. These terms are used in reference to the islands of Melanesia, Micronesia, and Polynesia in particular. "Pacific peoples" may be recent migrants, long settled in Aotearoa New Zealand, or New Zealand-born.

Lived experience community
"Lived experience community" refers to a community of people who have first-hand experience of living with mental distress or illness.

Nōku te Ao
Nōku te Ao means: the world is mine, yours, and ours. The Nōku te Ao kaupapa is a public awareness programme that aims to increase social inclusion and end discrimination towards people with experience of mental distress or illness.

Social movement
A "social movement" is a collective action taken by a group of people with a shared identity or common purpose. The Nōku te Ao Social Movement puts people's lived experience voices at the heart of solutions to end mental distress discrimination.

Tangata Whenua
Tangata Whenua refers to the Indigenous Māori people of Aotearoa New Zealand.

Social Action Grants
The Nōku te Ao Social Action Grants provide pūtea or funding to individuals and community, iwi and hapū groups and organisations who want to challenge mental distress judgements and discrimination through projects they design.

Wānanga
To meet and discuss, deliberate or consider.

Hui
To gather, congregate, assemble or meet.

Talanoa
Talanoa refers to a conversation, chat, or sharing of ideas. Talanoa is also a Pacific-specific qualitative approach to data collection. It is culturally-based and involves creating a space for people to express their past experiences, issues, realities, and aspirations.

Stigma
Mental distress "stigma" refers to the negative attitudes, beliefs, and stereotypes surrounding mental distress.

Prejudice
"Prejudice" refers to a negative belief about a person or group of people. The terms "prejudice" and "stigma" are used interchangeably throughout the programme.

Discrimination
Mental distress "discrimination" involves unfair treatment or actions directed towards people based on their mental health condition or mental distress experiences. It often results in social exclusion, avoidance, or coercion.

Why this insights report?

Kua tuwhera te tomokanga a Hina – Hina's door is open.
We start with the fundamentals – Māori whakataukī.

On 1 July, 2021, the long-running anti-discrimination initiative, Like Minds, Like Mine, evolved into Nōku te Ao: Like Minds, adopting a focused te ao Māori approach guided by a kaupapa Māori strategy. Acknowledging the role of Te Whatu Ora as the funders, kaumātua (elders) at Te Whatu Ora made the decision in 2023 to exclusively use the 'Nōku te Ao' term.

Nōku te Ao stands as a nationwide programme dedicated to eliminating prejudice and discrimination against individuals with lived experience of mental distress. This initiative comprises various impactful work streams, including Education, Social Action Grants, Evaluation, Media Education, and the Social Movement. This report aims to delve into the strategic shift, elucidating the motivations, goals, and significance of Nōku te Ao.

At the heart of Nōku te Ao lies the Social Movement, serving as the core pou (pillar). Its primary objective is to eliminate mental distress discrimination while upholding the mana and human rights of individuals with lived experiences of mental distress — aligning with the overarching mission of the Nōku te Ao programme.[7]

Inspired by earlier non-government funded lived experience movements like the Psychiatric Survivor and Mad Pride movements, the Nōku te Ao Social Movement distinguishes itself by adopting a pronounced te ao Māori focus, grounded in the programme's innovative kaupapa Māori framework.[8]

To determine the focus of the movement, addressing the 'what, where, and how,' health promoters from Hāpai te Hauora and the Mental Health Foundation (MHF) engaged in kanohi-ki-te-kanohi (face-to-face) and online hui with lived experience communities throughout the motu (country). Some facilitation was conducted by Te Kete Pounamu[9] and Ngā Hau e Whā.[10]

The hui aimed to gather source material for an insights report. This report serves to weave the gathered insights into thematic narratives, shedding light on the desired prejudice and discrimination reduction activities identified by Māori and Pacific lived experience communities. The purpose of this report is to share the stories of these lived experience communities, set out recommendations, and guide the direction of the Social Movement activities — while ensuring they remain closely aligned to the aspirations and needs of those it aims to serve.

To determine a deeper understanding of the key focus areas and involve the voices of the Māori and Pacific lived experience community, the following questions were asked during a series of nationwide community engagements:

1. Who are we as a community of people with lived experience of mental distress? What is our whakapapa (our history, our connections)? What are our strengths and our values?
2. What are our best practice ways of working together as a community to uphold our rights? How do we include our whānau, and our wider communities in this work? What will convince the people who don't understand our issues?
3. What is already happening with regards to upholding our rights as people with lived experience? What knowledge do we already have? What knowledge do we need? How do we build on this?
4. What are we still experiencing in the way of prejudice and discrimination that still needs to be tackled? What are our priority issues?
5. What do we need to create to continue to do this mahi of upholding our rights? Trainings? Networks? Meetings? Champions?

Te Tiriti and human rights frameworks

The mental health context in Aotearoa New Zealand is unique, informed by both Te Tiriti o Waitangi (Te Tiriti) and international and domestic human rights frameworks.

Te Tiriti o Waitangi

In 2014 the Waitangi Tribunal affirmed that Te Tiriti provided for co-existing systems of governance authority – Crown kāwanatanga authority and iwi and hapū rangatiratanga. They found that those who signed Te Tiriti envisaged a sharing of power and authority and a partnership of equals, where each would have different roles and "spheres of influence". The detail of how the relationship would work in practice remained to be negotiated over time on a case-by-case basis.

Te Tiriti established a continual and ongoing relationship between Tangata Whenua and the Crown. It affirmed the status of whānau, hapū and iwi as Tangata Whenua and recognised their pre-existing rangatiratanga. Te Tiriti requires government to work in partnership, and share decision-making, with its Te Tiriti partners, and to respect and support the rangatiratanga authority of Tangata Whenua.

Te Tiriti is a source of rights and responsibilities for both Māori and the Crown (now meaning the New Zealand government). It is also Aotearoa New Zealand's own unique statement of human rights and includes both universal human rights and Indigenous rights (see section on human rights on page 20). International human rights instruments affirm the customary rights of Indigenous peoples as central to the realisation of their human rights. In Aotearoa New Zealand, Māori customary rights are formed by whakapapa (genealogy), tikanga (customary law), and mātauranga (traditional knowledge). Exercised collectively, these rights and responsibilities existed prior to colonial contact and continue today.

Te Tiriti and Pacific peoples

Given the focus on Pacific peoples as well as Māori in this report, it is important to consider the relationship and positioning of Pacific peoples in respect of Te Tiriti.

Te Tiriti does not explicitly refer to Pacific peoples and while they have links across Te Moana-nui-a-Kiwa to Māori, they are not Tangata Whenua in Aotearoa New Zealand.

However, Māori and Pacific peoples have whakapapa connections that go back centuries and pre-date Te Tiriti. In a 2021 article Moana Jackson commented on these relationships: "the tīpuna never forgot that, as much as whakapapa tied us to this land, it also tied us to the Pacific Ocean that we call Te Moana-nui-a-Kiwa."[11] Hirini Moko Mead has noted that: "there is honour in being part of the peoples of Polynesia and knowing we have relatives spread across the great Pacific Ocean."[12] Alice Te Punga Somerville notes further in her book *Once Were Pacific* that these

are not only historic links but also "ongoing connections between 'relatives'".[13] While the Pacific peoples who became Māori did so in Aotearoa New Zealand, they retained their links to their homelands, consolidating these Pacific origins as "Hawaiki" and memorialising their waka traditions. Te Punga-Somerville comments on the doubled position of Māori and the Pacific:

> *Although Māori are ethnically Polynesian and Aotearoa is clearly part of the Pacific region, within the New Zealand national space, Māori and Pacific colloquially refer to two distinct communities: Māori are Indigenous, whereas Pacific refers to those migrant communities from elsewhere in the region.*

Researcher Kaitlin Abbot describes Pacific peoples as "tauiwi" and as "cooperating in the settler colonial project"[14], but is careful to locate this participation within the context of capitalist colonialism in the Pacific, including Aotearoa New Zealand's annexation of Sāmoa, the Cook Islands, Niue and Tokelau in the early twentieth century (which, in turn, informs Aotearoa New Zealand's constitutional responsibilities to Pacific people)[15] and the broader impacts of colonialism which extracted resources and increased disparities, causing Aotearoa New Zealand to become a destination for economic migrants.[16]

However, the position of Pacific peoples in relation to Te Tiriti is not quite as simple as saying Māori and Pacific peoples had a pre-colonial relationship that existed in the past, but now Pacific peoples are only Tangata Tiriti (or tauiwi) through economic migration to Aotearoa New Zealand in the post-war period. Te Punga-Somerville notes that Pacific peoples have a distinct relationship with Māori, existing "in a space between Māori and Pākehā".[17] Both Abbot and Sereana Naepi have conceived of this relationship as a tuākana-tēina relationship.[18] As Abbott identifies:

> *A tuākana-tēina method of relationality between Māori and Pacific tauiwi is a valuable strategy for Te Tiriti engagement, for decentering the New Zealand nation state in our relationships, and for nurturing our whakapapa connections and responsibilities to one another.[19]*

Where Pacific peoples are positioned in relation to Māori and to Te Tiriti is therefore a current and ongoing kōrero between Pacific peoples and Māori. The research outlined in this section shows that this conversation centres on historical and contemporary relationships as much as on Te Tiriti and it remains to be fully worked through.

The international human rights frameworks

The international human rights framework initiated by the Universal Declaration of Human Rights 1948 (UDHR) further supports and upholds the rights and responsibilities that are outlined in Te Tiriti. The first article of the UDHR states that: "All human beings are born free and equal in dignity and rights."[20] This foundational principle is fundamental to the protection of the rights of persons with mental distress, emphasising the inherent value and equality of every individual, regardless of their mental health status. As a member of the United Nations (UN), Aotearoa New Zealand supports the UDHR, the UN Charter and the international human rights framework which they have established.

Internationally, human rights institutions have developed the Human Rights Approach, which sets out key elements by which human rights can be realised. These elements include:
- Linking **decision-making** at every level to human rights standards set out in the relevant Covenants and Conventions;
- **Non-discrimination** among individuals and groups through equal enjoyment of rights and obligations by all;
- Identifying all relevant human rights and **balancing** rights where necessary, to prioritise the rights of the most vulnerable people and maximise respect for all rights and rights-holders;
- Emphasising the importance of **participation** by individuals and groups in decision-making that affects them;
- **Empowering** individuals and groups to use their rights as leverage for action, and to legitimise their voices in decision-making; and
- **Accountability** for actions and decisions enabling individuals and groups to complain about decisions adversely affecting them.[21]

In 2010, Aotearoa New Zealand ratified the United Nations' Declaration on the Rights of Indigenous Peoples affirmed by the UN in 2007 (UNDRIP). UNDRIP includes the right of Indigenous Peoples to self-determination, reinforcing the guarantee of tino rangatiratanga in Article 2 of Te Tiriti. It then unpacks what that right means for the specific situation of Indigenous Peoples. Self-determination for Indigenous Peoples as expressed in UNDRIP, includes:
- The right to practice and revitalise their cultural traditions and customs (Article 11);
- The right to participate in decision-making in matters that affect them (Article 18); and
- The right to traditional medicines and to maintain their health practices; and an equal right to the enjoyment of the highest standards of physical and mental health (Article 24).[22]

UNDRIP also outlines the responsibilities and duties that states or governments have towards Indigenous Peoples.

The domestic human rights context
The New Zealand Bill of Rights Act 1990 (NZBORA) has brought some of the rights set out in the UN human rights treaties into the domestic legislative framework: the rights to culture and language, as well as religion, and the protection of the rights of "ethnic, religious or linguistic" minorities.[23]

While Te Tiriti is Aotearoa New Zealand's foundational document, it is generally only legally enforceable to the extent it is incorporated in domestic legislation. Several laws specifically reference the principles of Te Tiriti, including the Pae Ora (Healthy Futures) Act 2022, which has a

substantial Te Tiriti section that, among other things, established the Māori Health Authority. The Supreme Court stated in 2021 that "the constitutional significance of the Treaty means that Treaty clauses will be generously construed."[24] It stated further that "[t]he courts will not easily read statutory language as excluding consideration of Treaty principles [even] if a statute is silent on the question."[25]

In 2021 Te Kāhui Tika Tangata | The New Zealand Human Rights Commission outlined what a Te Tiriti and human rights-based approach to health matters – including mental health – for Māori should include. In addition to the human rights principles of proportionality, legality and necessity, tino rangatiratanga, kāwanatanga (partnership and active protection) and social cohesion were included.[26] This advice was summarised into key messages to support Māori:

- Ensure Māori voices are heard.
- Ensure Māori as Te Tiriti partners are part of decision-making.
- Ensure Māori are able to exercise self-determination and lead solutions.
- Recognise and respond to Māori rights as articulated in the UNDRIP.
- Centre equity for Māori: at the very minimum, agencies must make specific and explicit plans for equity of outcomes for Māori as part of their approach.[27]

The Commission makes clear that a solely equity-based approach is not sufficient to be consistent with Te Tiriti:

> " *A Tiriti-based approach means upholding and addressing Te Tiriti as a whole. As Waitangi Tribunal reports have made clear, efforts to address disparities affecting Māori are unlikely to be effective if they fail to enact real partnership, or to uphold Māori self-determination. Effective measures are those that are: by tangata whenua for tangata whenua, premised on the exercising of Indigenous rights.[28]* "

Regarding their specific historical and cultural contexts, a Te Tiriti and human rights-based approach to mental health matters for Pacific peoples should similarly include:

- Pacific peoples participation in decision-making and Pacific-led solutions, giving effect to their right to self-determination;
- Pacific peoples' rights to their culture and languages should be integral, including holistic, strengths-based, family and community-centred approaches;
- Centring equity for Pacific peoples, including equity of outcomes;
- Upholding the right to be free from discrimination; and
- Prioritising the most vulnerable within Pacific communities (e.g.,children and young people).

In the context of mental health, this means partnering with Māori and Pacific peoples in the development, implementation, and evaluation of mental health policies and services for their respective communities; and that Māori-led and Pacific-led solutions are prioritised, adequately resourced and set up to succeed.

Human rights recommendations on protection of persons with mental illness

Protecting the human rights of people with mental distress is a crucial aspect of fostering an inclusive and equitable society. To address the unique challenges faced by Māori and Pacific peoples with mental distress in Aotearoa New Zealand, it is crucial to implement culturally sensitive mental health policies and services. This may involve incorporating traditional healing practices; involving community leaders in mental health initiatives; and addressing the social determinants of mental health, such as housing, employment, education, and persistent pay gaps between Māori and Pacific workers and Pākehā workers.

This is important when considering the context of Māori and Pacific peoples in Aotearoa New Zealand, as cultural nuances and historical factors can impact the experience and treatment of mental distress within these communities. Nōku te Ao researchers Wikaire et al. comment, for example, that:

> " *Discrimination associated with mental distress has many causative factors including colonisation, racism, socioeconomic deprivation, different perspectives on 'mental distress', historic separation of mental health from other health problems, and the longstanding societal disregard for people who experience mental distress.[29]* "

Both the Waitangi Tribunal and UN human rights treaty bodies have made recommendations to Aotearoa New Zealand's government concerning mental distress, and addressing systemic discrimination for Māori and Pacific peoples.

In 2019, the Waitangi Tribunal released a pre-publication version of its Hauora report looking at the provision of health and disability services. In its inquiry into these services, it considered a claim made by Māori mental health workers concerning mental health services, among others. In making its interim recommendations, the Tribunal found multiple Treaty breaches in the legislation governing primary health care and disability services, as well as its administration, funding and monitoring.

It found that:

> *The primary health care framework has failed to recognise and properly provide for tino rangatiratanga and mana motuhake of hauora Māori. This failure has manifestly contributed to the inequitable health status of Māori, who, on average, continue to have the poorest health status of any ethnic group in New Zealand.[30]*

To address these breaches, the Tribunal recommended the Government amend the governing legislation and its associated strategies and plans to take account of Treaty principles. They called for a health sector that "genuinely empowers tino rangatiratanga – which...means nothing less than Māori having decision-making power over their affairs, including hauora Māori". They further recommended that the Government consider a standalone Māori Health Authority and review its current partnership arrangements with Māori at all levels of the primary health sector.[31]

In its 2023 published version of the report they cautiously welcomed the health system reforms introduced in 2022, of which Nōku te Ao is part, and expressed uncertainty about whether the necessary legislative and policy were in place to ensure the reforms succeeded. They again called on the Government to "keep working with Māori to ensure a tino rangatiratanga-compliant health care

system is realised in practice." It should be noted that the National-led coalition Government disestablished the Māori Health Authority under urgency in February 2024, before the Waitangi Tribunal could conduct an inquiry.[33]

The Universal Periodic Review (UPR) is a unique mechanism of the Human Rights Council (HRC) aimed at improving human rights situations on the ground in each of the 193 United Nations (UN) member states. The UN tasks member states to examine each other's policies to provide feedback and recommendations. Two committees have made mental health-related recommendations to the Aotearoa New Zealand government: the UN Committee on Economic, Social and Cultural Rights (CESCR), and the Committee on Rights of Persons with Disabilities (CRPD).

Noting unconscious bias and inequities experienced by Māori in a range of services, including health, in 2018 the CESCR recommended that the Government "introduce a government-wide strategy to ensure that the nature and impact of unconscious bias is understood...at all levels". They further recommended that the Government use this strategy to address procurement procedures, support comprehensive training and education, and monitor the impact of the strategy.[34] In respect of the right to health more broadly, the CESCR expressed its concern at the "persistent gaps" and "worse health outcomes" experienced by Māori and Pacific peoples. They were particularly concerned that "Māori have higher rates of chronic diseases, experience higher disability rates and are negatively over-represented in suicide and mental health statistics".

Considering these concerns, the CESCR recommended that the Government "intensify its efforts" to close the gaps in health outcomes "in collaboration with the groups concerned". In particular, the CESCR recommended that the Government:

> *reinstate the Māori health plans, increase its investment in customary Māori public health systems and ensure that the groups concerned are represented and empowered in decision-making processes in health and disability policy, design, planning and delivery.[35]*

On the specific subject of mental health, the CESCR noted the Government's planned inquiry into mental health and addiction services. Expressing concern that mental health services were "insufficiently responsive", the CESCR recommended that the Government "take steps to ensure the availability and appropriate provision of mental health services, including community-based care, for those members of society who need them, including prison inmates".[36]

In 2022, the Government's performance came under scrutiny by the CRPD. The CRPD noted its concern that new mental health legislation:

> *may still allow for involuntary detention and compulsory treatment and may not actively involve the participation of persons with disabilities, particularly persons with psychosocial disabilities through their representative organisations in the development process.*

The Committee further expressed its concern about the continued use of solitary confinement (seclusion); physical, chemical and other restraints; and other restrictive practices on people with disabilities (including those with psychosocial disabilities) while in detention. It recommended that the Government "take immediate action" to eliminate these practices.[37]

Properly protecting the human rights of people with mental distress, particularly in the context of the experiences of Māori and Pacific peoples in Aotearoa New Zealand, requires a comprehensive approach that aligns with both domestic and international human rights standards and recommendations. Upholding and implementing Te Tiriti and the UN human rights treaties that Aotearoa New Zealand has ratified is essential for fostering a society that upholds the dignity, equality, and autonomy of all individuals, regardless of their mental health status or cultural background.

Whakapapa/
Background
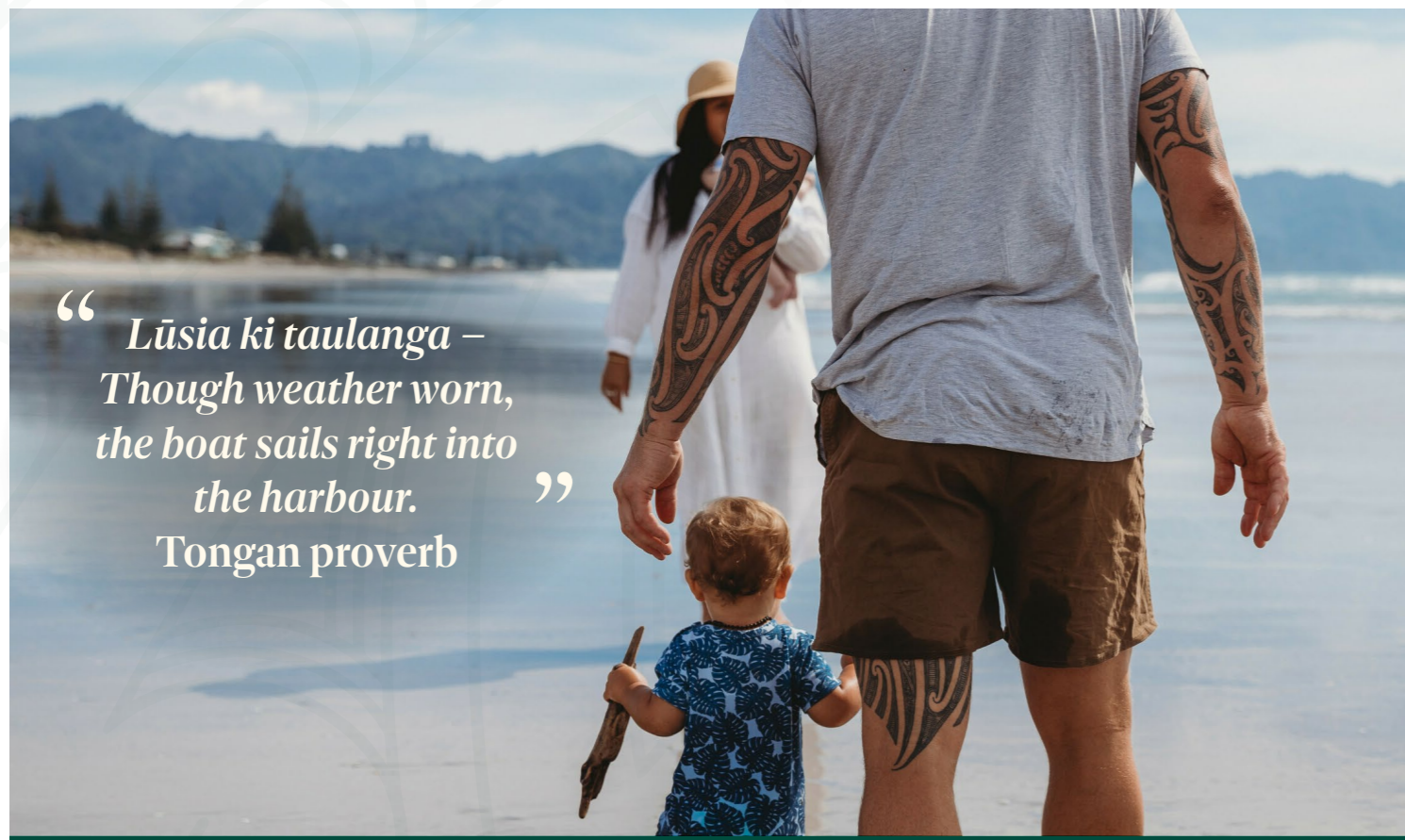
> ❝ *Lūsia ki taulanga –*
> *Though weather worn,*
> *the boat sails right into*
> *the harbour.* ❞
> Tongan proverb

NŌKU TE AO

What is Nōku te Ao?

Launched in 2021, Nōku te Ao is a transformative initiative aimed at eliminating prejudice and discrimination against individuals with lived experience of mental distress in Aotearoa New Zealand. This programme sets a new direction for the former Like Minds, Like Mine initiative and aligns itself with the 2022 health system reforms.

The history of mental health in Aotearoa New Zealand provides context for the emergence of programmes such as Like Minds, Like Mine and Nōku te Ao.

From the late nineteenth century, colonial medical authority was established over Tangata Whenua. In 1907, the Tohunga Suppression Act outlawed traditional Māori healing practices, but despite this and other measures, Māori psychiatric admissions remained low until the 1950s. Between the 1950s and 1970s, as Māori migrated to urban areas in high numbers, rates of Māori psychiatric admissions and incarceration rose significantly, overtaking those of Pākehā by the late 1970s, particularly among youth aged 20-29. Several 'mental asylums' operated and these institutions were not a supportive place for Māori experiencing mental distress. Governed by Pākehā psychiatry, mental health patients experienced serious harm and trauma, including via methods such as solitary confinement, electro-convulsive therapy (ECT), restraints and over-medication. Several reviews and inquiries found serious problems with these methods and the general approach taken towards treating people with mental distress.[38]

The Like Minds, Like Mine programme was established in 1997 to address those inquiries' recommendations, and help end the prejudice and discrimination people with mental distress experienced. Over the subsequent 25 years, Like Minds, Like Mine evolved to partner with Māori and Pacific communities with lived experience of mental distress. Despite this, Māori still experience significantly higher rates of discrimination from the Police[50], as well as higher rates of compulsory mental health treatment and solitary confinement.[39]

The 2019 report of the Government's Inquiry into mental health and addiction, *He Ara Oranga*, found that "discrimination continued to be present, common, and widespread in Aotearoa and within the mental health system." It further found that "the intersectionality of discrimination of peoples by gender, ethnicity, age, sexual orientation, and mental state was... inseparable and amplified".[40]

The Government responded to the Inquiry's report by establishing a new strategic direction to help end mental distress prejudice and discrimination in 2021. Called Nōku te Ao, the strategy emphasises the need to uphold human rights and eliminate discrimination against people experiencing mental distress. The philosophy underpinning Nōku te Ao is based on five key principles found in te ao Māori: tino rangatiratanga; taonga tuku iho, mātauranga Māori, whānau and mana tāngata. These five key principles are outlined in a research report commissioned by Te Whatu Ora, called *Nōku te Ao: Sovereignty of the Māori Mind.*[41]

Kaupapa Māori principles

Nōku te Ao's direction to address mental distress discrimination in Aotearoa New Zealand continues. Among the initiative's unique characteristics is a focus on 'lived experience' and on the embedding of kaupapa Māori principles.

Kaupapa Māori is a philosophical framework grounded in the cultural values and worldview of Māori. Linda Tuhiwai Smith summarises that research done in a kaupapa Māori way, for example, is research 'by Māori, for Māori and with Māori.'[42] At its core, kaupapa Māori emphasises self-determination, cultural authenticity, and collective wellbeing.

In *Nōku te Ao: Sovereignty of the Māori Mind,* Wikaire et al. state that "kaupapa Māori provides the theoretical foundations, themes, values, assumptions, and beliefs of the Māori worldview." Drawing on the work of Pihama et al. (2020), they describe kaupapa Māori as "a way of framing and structuring how we think about ideas and practices". They note, however, that "kaupapa Māori principles are applied differently depending on the kaupapa or nature of the issue", ensuring that flexibility and responsiveness to each particular situation is maintained.[43]

Wikaire et al. identified three key strands integral to a culturally responsive mental health approach for Māori:

- The four elements of Te Whare Tapa Whā.
- Māori ways of knowing, being and doing – mātauranga, whakapapa and tikanga.
- Kaupapa Māori principles as defined by Graham Smith.[44]

Wikaire et al. summarise tikanga as Māori cultural ethics, which ensure that "processes, protocols and actions are aligned with Māori cultural values, principles and aspirations". Tikanga ensures that things are 'tika' or 'true and correct'. They include a set of questions, originally developed by Linda Tuhiwai Smith, to assess whether a mental health intervention is tika and aligns with kaupapa Māori principles. Questions include those concerning who will carry out the work, how it will be done, how it will be considered worthwhile, who will own the work, and who will benefit from it.[45]

Wikaire et al. state that prioritising Māori within Nōku te Ao will address the inequities in the existing mental health system and in doing so, must be Māori-led and controlled at all stages. To realise this, kaupapa Māori approaches to address mental distress discrimination are important "because they help us differentiate between the different types of approaches and those most suitable for/to Māori."[46]

Weaving in te ao Pacific

Developing culturally appropriate wellbeing strategies and values for Pacific peoples requires a culturally specific and multi-faceted approach. Research by Monique Faleafa in 2020 found that there were six core elements essential to optimal provision of primary Pacific mental health and addiction services. It's important to note that this is a framework developed by Faleafa based on government reports relevant to Pacific mental health and addiction service delivery. There is no indication that engagement with the lived experience community was conducted when developing this framework.

The six core elements of the framework are: Pacific-led; family-centred; holistic; clinical-cultural integration; community-based; and connected.[47] Faleafa notes that these core elements align with the vision and principles of *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025.* This action plan has a specific focus area and associated actions to improve mental health and wellbeing outcomes for Pacific communities.

The plan's vision that "Pacific families are thriving in Aotearoa New Zealand" is guided by the following principles:

- Pacific Wellbeing – Mo'ui lelei (Tonga), Ola Manuia (Tuvalu)
- Respectful Relationships – Va fealoa'i (Sāmoa)
- Valuing Families – Magafaoa fakahele (Niue), Lomana na vuvale (Fiji)
- High-Quality Care – Lelei katoa te tautua (Tokelau).[48]

These frameworks emphasise the importance of culturally specific approaches and the involvement of Pacific communities in the design and delivery of mental health services. Faleafa's framework provides a practical guide for implementing these principles, ensuring that mental health services are tailored to the unique needs and contexts of Pacific peoples.

The *Ola Manuia* plan recognises the need to improve mental health and wellbeing outcomes for Pacific communities, echoing the call for increased research support and the development of a culturally competent workforce within the mental health sector.

There is a pressing need to better understand Pacific peoples' experiences of mental health service provision. Increasing support for Pacific research capacity, capability and subject matter expertise within the mental health sphere is essential to supporting Pacific peoples with lived experience in a meaningful and systematic manner.

Research support can focus on areas such as Pacific peoples' perceptions of mental distress, prevention, and intervention. This involves encouraging and supporting more Pacific researchers to contribute to mental health studies, ensuring a more nuanced understanding of Pacific narratives and experiences. Such research should use research methods that are culturally appropriate, incorporating a considered and holistic approach. Using qualitative methods, such as talanoa, alongside quantitative data can provide richer, more contextual information about Pacific peoples' mental distress experiences.

Furthermore, there is an urgent need to grow the Pacific workforce in mental health service delivery. This involves prioritising initiatives that support the recruitment, training, and retention of Pacific individuals within mental health professions. By developing a diverse and culturally competent workforce, we can ensure that mental health services are accessible and tailored to the needs of Pacific communities.

This dual approach of research capacity building and workforce development will not only deepen our understanding of Pacific peoples' mental distress experiences but also enhance the delivery of mental health services within Pacific communities.

The development of an evidence-based, culturally appropriate, inclusive Pacific mental health framework that reflects the diversity of service teams and users is essential. Developing such a framework – drawing on the work of Faleafa and others – involves incorporating Pacific lived experience voices; including Pacific lifestyles and worldviews into mental health services; considering elements like identity, spirituality, languages, connectedness, nutrition, physical activity, and healthy relationships; and factoring in the intersectionality of Pacific individuals.

Stories shared by
lived experience
communities

The insights gained from the hui, online surveys, and various kōrero/talanoa with the lived experience community are outlined in this section.

As referenced in the introduction, the kōrero/talanoa with the community revolved around exploring the following focus questions:

1. Who are we as a community of people with lived experience of mental distress? What is our whakapapa (our history, our connections)? What are our strengths and our values?
2. What are our best practice ways of working together as a community to uphold our rights? How do we include our whānau, and our wider communities in this work? What will convince the people who don't understand our issues?
3. What is already happening with regards to upholding our rights as people with lived experience? What knowledge do we already have? What knowledge do we need? How do we build on this?
4. What are we still experiencing in the way of prejudice and discrimination that still needs to be tackled? What are your priority issues?
5. What do we need to create to continue to do this mahi of upholding our rights? Trainings? Networks? Meetings? Champions?

Taking these focus questions into consideration alongside the data collected, we grouped the voices of Māori and Pacific participants with lived experience into the following five key themes:

1. Identities: Understanding the whānau and community dynamics.
2. Focused actions: Community perspectives on navigating mental health challenges.
3. Empowering change: Proposed solutions for cultural tools and resources for wellbeing.
4. Strategic outreach and government support for cultural mental health advocacy.
5. Unity for impact: Partnering and building mana tāngata in the Social Movement.

01

Identities: Understanding the whānau and community dynamics

In this section, we delve into myriad narratives from within Māori and Pacific lived experience communities, as the key target groups the Social Movement will be focused on.

These intersecting narratives are broken into the following sub-themes:

- Resilience and strength defines the community.
- Community and support.
- Cultural identity and connection.
- Advocacy and empowerment.

By exploring these key sub-themes, we aim to gain deeper insights into the lived experiences of Māori and Pacific peoples navigating mental health challenges, while honouring their cultural heritage. Through this exploration, we shed light on the strengths and dynamics within these communities, providing valuable insights.

At the heart of Theme 1: "Identities: Understanding the whānau and community dynamics", we seek to understand the fundamental question: Who are we as a community of people with lived experience of mental distress?

Resilience and strength defines the community

Through the data collection we uncovered how resilient and strong Māori and Pacific individuals living with mental distress are, and how they harness their resilience to navigate challenges and discover new power in their journey towards wellbeing.

Resilience, empathy, and a profound sense of interconnectedness were revealed as pou that sustain individuals through their mental health journeys. The insights from the data showcase these strengths and the capacity of the community to support, uplift, and empower its members.

As one respondent shared:

> " *our resilience is a beacon in the storm of mental distress. We draw strength from each other, creating a community that supports, uplifts, and empowers.* "

At the heart of the community is a resilience that transcends the boundaries of adversity, echoing the sentiments of one participant who commented that: **"we are people who have discovered our superhero powers of resilience and love life, and share this."**

Their words reverberate through the narratives of individuals who have weathered the storms of mental distress, finding strength in the face of challenges that threatened to define them.

Others shared how they refused to be constrained by the limitations imposed by the mental health system, asserting their agency and inherent worth beyond stereotypes. **"We are not a diagnosis or a problem to be fixed".**

Stories are shared that showcase how resilience is more than a mere word — it transforms into a way of life. As one participant expressed, **"In our community, we draw strength from each other's stories and triumphs, shaping resilience into a collective force that propels us forward."**

Another participant emphasised the power of empathy within the lived experience community, recognising it as a superpower that fosters genuine support and understanding among us all.

> " *Empathy is our superpower. We understand each other in ways others might not, creating a space of genuine support and understanding.* "

This deep empathy and solidarity underpin the shared journey of resilience, where there is a bond and understanding amongst the community. **"We don't have to explain things to each other – we just get it."**

Amidst the struggles, there emerges a glimmer of light. One participant shared that: **"my illness is my strength – I don't want anything to pass on to my whānau"**, embodying a profound strength found during their mental health journey. However, not all may find this strength.

Through resilience, adversity is transformed into a source of empowerment, fuelling the determination of Māori and Pacific peoples with lived experience to protect and uplift one another.

Community and support

Here, we explore the role of community and support networks in the lives of Māori and Pacific peoples navigating mental distress. From the embrace of diverse lived experience communities to the unwavering support of whānau, we highlight how these connections provide a sense of belonging and nurture growth amidst adversity.

Many participants touched on how diverse the lived experience community was. This highlights the inclusive and supportive nature of the community, where individuals find acceptance and understanding regardless of their backgrounds. **"We are a diverse group of people who are non-judgemental and supportive of one another."**

Another participant reflected that: **"we are a place to belong."** This highlights the idea of community as a source of belonging and validation, providing individuals with a sense of identity and purpose.

The importance of empathy and respect for the diverse experiences of the community fosters a culture of inclusivity and support. As one participant shared: **"everyone's journey is different, we value each other."**

Yet many in the lived experience community commented on receiving a lack of support from some agencies, reducing them to feel like animals. The following story was shared by a participant: **"I had a manic episode and the police took me to the ward – they put handcuffs on, [I was] taken through the back (via the washing and rubbish) — I didn't feel like a sick person – I felt like an animal and a criminal as a punishment for getting sick. The handcuffs hurt my wrists."**

"Why are you handcuffing me?" [I said].

"For your protection so you don't hit us."

"I won't hurt anyone."

"[I was] handcuffed at the back of the police car – so traumatic – way more traumatic than the trauma that was going on in my life at the time, and the previous trauma I live with… ".

Experiences like these often left participants **"feeling alienated from people in the community"**.

While the support of the community was crucial, so too was the role of supportive whānau. **"Having a family that is loving, supportive, and understanding has been my greatest source of strength,"** shared a participant.

One participant summed up the collective support that the lived experience community provide one another with, with this story: **"we're almost like mountaineers. We're all at different stages, whether we've kind of struggled climbing up that mountain, whether we're up at the top of the mountain, or we're slipping down the rubble a bit. Having mental distress is pretty sh*te, and it's a very dark place to be; however, all of us collectively have made it through. Only people who have really been in that dark space, and [know] what that kind of looks like, and have made it through, can really empathise, and understand."**

Cultural identity and connection

Māori and Pacific individuals shared stories that highlighted the importance of cultural identity and connection to ancestral lineage for navigating mental distress. The data uncovered how cultural heritage and the degrees of connection people experience shape levels of resilience, healing, and a sense of belonging within the community.

Within the lived experience community, cultural heritage serves as a pillar of strength amidst the challenges of mental distress. **"Whakapapa – gifts from [my] tūpuna,"** shared an anonymous individual.

For many, cultural heritage is a source of strength during challenging times. **"Being Māori is my biggest strength,"** one participant shared.

Another participant commented that: **"our cultural identity is our anchor, providing strength and resilience in times of distress."**

Many participants drew on the teachings of their ancestors to find strength, reminding them of the resilience embedded in their cultural identity: **"we draw wisdom from our ancestors, finding solace and guidance in their teachings."**

Others found healing and belonging in their culture: **"tikanga/kawa, te reo; our cultural practices sustain us, fostering healing and belonging."**

Not only did people find healing in their culture, but also notes of resilience and hope. **"Through the wisdom of our tūpuna, we find resilience and hope, reclaiming our strength in times of struggle."**

Several people shared that knowing who you are and where you come from is a catalyst for healing.

" *Understanding my whakapapa has been a profound part of my healing journey. It connects me to my ancestors and gives me strength to face the challenges of mental distress.* "

Another said that **"working within a kaupapa [Māori] space"** was what upheld their mana.
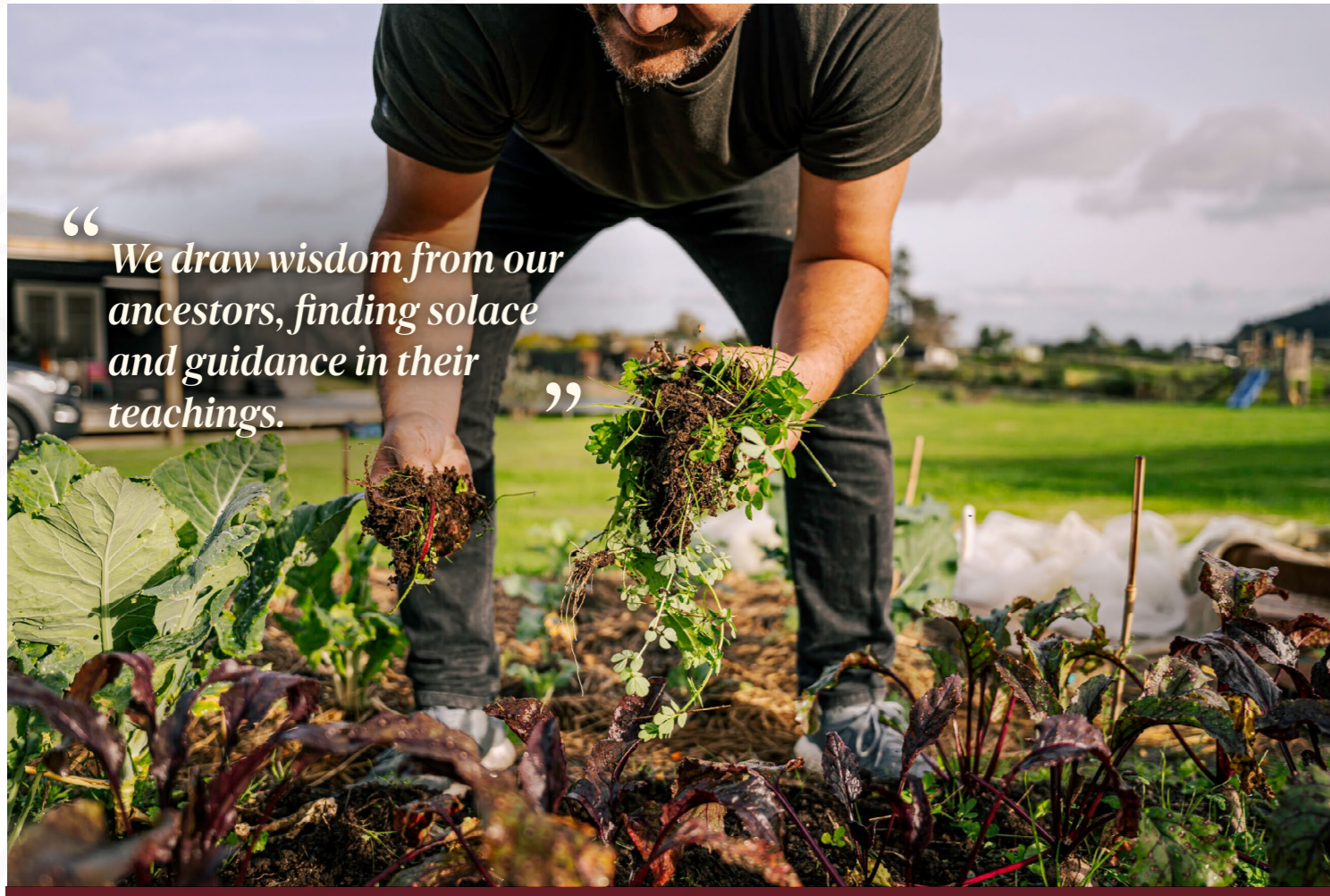
> " *We draw wisdom from our ancestors, finding solace and guidance in their teachings.* "

In essence, cultural identity and connection to whakapapa serve as pillars of strength, and a grounding influence. One participant shared that: **"our whakapapa grounds us, reminding us of our place in the world and guiding us through adversity."**

Advocacy and empowerment

Several participants shared stories illustrating their journey within the community advocating for empowerment. These stories ranged from fighting for fair treatment to taking back control in decision-making processes. They showed how self-advocacy, working together, and a shift within the mental health agencies to include the wider whānau in an individual's lived experience journey, can be empowering.

Many participants talked about the courage needed to advocate for one's beliefs and desires: **"courage to stand strong in who we are, what we believe in and what we want".**

Numerous participants talked about channelling their experience into positive change, not only for themselves but also for their families and communities. **"Channelling our pain into making change to us, our whānau and our community".**

A few participants commented that the mental health system needed to prioritise caring for and protecting individuals experiencing mental distress. One participant stated that: **"they should be there to care for us and protect us — at the moment I feel that we are left out a bit".**

Other participants advocated for a shift towards a more compassionate and empathetic approach to mental health care: **"a bit more protection — not numbers — we are people. More compassion, more empathy".**

Several respondents advocated for a personalised approach to medication, with one participant sharing that: **"people are kept on meds instead of looking at changing it — keeping people on the same level of meds. Do I need to take this much medication?…I've seen lots of over-medication".**

Participants also advocated for mental health services to involve the whole family in the process of diagnosing. This participant shared the following story:

> " *Tiahomai – whānau meetings – arranged for family to be at this meeting. The day before, I clarified – at the whānau meeting, are my whānau allowed to come? No – only your husband can come. But what about the rest of my whānau? How can they get a picture of me if they only talk to one person? Family had taken time off work so they could attend. They only wanted to involve my husband.* "

This quote highlights the importance of involving whānau when caring for Māori individuals experiencing mental distress.

02

Focused actions: Community perspectives on navigating mental health challenges

Drawing from shared stories and reflections, this section explores the mental distress discrimination experienced by Māori and Pacific individuals. The emphasis is on unravelling the sources of negative judgements, the resultant outcomes, and challenging the misconceptions perpetuated within Māori and Pacific cultural and community contexts. It provides insight into which specific mental distress discrimination issues Nōku te Ao should support.

This section is grouped into the following four sub-themes:
- Work performance and intelligence.
- Being blamed for things beyond their control.
- Dismissal of mental distress experiences as over-reactions.
- Underestimation of capabilities.

At the heart of Theme 2 are these fundamental questions: **What are our best practice ways of working together as a community to uphold our rights? How do we include our whānau, and our wider communities in this work? What will convince the people who don't understand our issues?**

Work performance and intelligence

Respondents expressed frustration with the common misconception that individuals who experience mental health issues and distress at times are less capable of performing in a work environment, or are less intelligent. This assumption not only undermines the abilities of those with mental health challenges but also perpetuates harmful stereotypes. In reality, many individuals living with mental distress excel in their careers and demonstrate high levels of intelligence and competence.

As one respondent commented: **"my mental health condition doesn't define my intelligence or my ability to contribute. It's about understanding and support, not assumptions."**

Another person wrote: **"judging someone's capabilities based on their mental health is as absurd as judging them based on their eye colour. We're more than our diagnoses."**

However, to thrive in the workplace, some participants said they required understanding and support: **"don't underestimate us. Our potential is not limited by our mental health challenges. With the right support, we can achieve great things."**

Another respondent gave the following advice: **"don't judge my capabilities based on your misconceptions about mental distress. With the right support and understanding, I can excel in my career just like anyone else."**

Participants felt that when provided with support, individuals who experience mental health challenges can contribute effectively and excel in their chosen fields. It's crucial to recognise that living with mental distress or illness does not equate to incompetence, a lack of intelligence, or laziness in the workplace — as in the case of one person who shared:

> *I once had a colleague who assumed my missed deadlines were due to laziness, not realising the debilitating effects of my anxiety disorder. Being blamed for something I couldn't control only worsened my anxiety and sense of inadequacy.*

However, amidst these challenges, many participants shared experiences that highlighted their particular skills and protective factors: **"my mental health journey has taught me resilience and adaptability, qualities that enhance my performance in the workplace. It's not about being less capable; it's about leveraging my strengths despite the challenges."**

By challenging the misconception that mental distress hinders professional capabilities, society can create more inclusive and supportive environments where individuals with mental distress can thrive.

Furthermore, the insights highlighted intersectional experiences of mental distress within the Deaf community. Here, participants navigated the dual challenges of living with a disability and grappling with mental health issues when seeking employment. One participant shared that they were: **"being turned away from jobs because of "health and safety" (issues)."**

Another participant commented that: **"Deaf are treated like hazards. There are lists of jobs that Deaf are told they can't do (e.g., electricians)."**

Underestimation of capabilities

A damaging stereotype exists that suggests those with mental distress or illness are inherently less capable. This assumption overlooks the diverse strengths and talents individuals possess regardless of their mental health status.

Numerous participants commented on being judged for their mental distress, and reminded others that they are more than their mental distress experiences: **"don't judge my abilities based on my diagnosis. I am more than my mental distress, and I am capable of achieving great things."**

While many participants had supportive families, some felt system challenges could hold them back from fulfilling their full potential in the workplace or career planning process. This participant reflected that:

> *I wanted to be a teacher - Mum supported and advocated for me but at the time (40+ years ago) there were no channels. [I]think this is less of a challenge now but still see a lot of Deaf trying and failing because systems are not okay for Deaf.*

Despite these challenges, we are reminded that mental distress doesn't make anyone less capable. A participant asserted this sentiment: **"having mental distress doesn't make me any less capable. It's time to challenge the stigma and recognise the diverse talents and strengths within the mental health community."**

Despite many Māori and Pacific peoples living with mental distress or illness, the stories highlighted in this section are a reminder of this community's resilience and determination. As this participant put it: **"my mental health journey has its challenges, but it doesn't define my potential. With support and understanding, I can accomplish anything I set my mind to."**

Being blamed for things beyond their control

A significant number of respondents felt blamed for their mental health issues, despite this being something outside their control. This reflects a fundamental misunderstanding of the complexities surrounding people with lived experience of mental distress.

A key message that came through the data was that living with mental distress is not a choice. Many respondents highlighted this point, with one participant saying: **"punishing someone for their mental health is as unjust as punishing them for having a physical illness. It's important to recognise that mental distress is not a choice."**

Many individuals felt that punishing people for the manifestation of their mental distress only continues to perpetuate stigma: **"punishing someone for their mental health is a failure of empathy and a perpetuation of stigma."**

Additionally, punishing individuals also fails to acknowledge the many factors that contribute to their behaviour. One respondent who was accused of using her bipolar disorder as an excuse for her behaviour felt hurt.

" I once confided in a friend about my struggles with bipolar disorder, only to have them accuse me of using it as an excuse for my behaviour. Their lack of understanding and empathy left me feeling betrayed and invalidated. "

Participants felt it was important people understood that mental distress is not a reflection of someone's character; as this person shared: **"blaming me for my mental health is like blaming someone for being struck by lightning. It's unpredictable, uncontrollable, and certainly not a choice."**

This is especially important in workplace environments where discrimination against people with mental distress experiences occurs and can leave damaging effects:

" After a panic attack at work, instead of offering support, my manager reprimanded me for 'overreacting.' This dismissal of my struggle only deepened my sense of isolation and shame. "

Instead of assigning blame, it's crucial that a more nuanced understanding of mental distress and its implications is adopted. This includes recognising the importance of empathy, support, and access to comprehensive mental health care. By fostering a culture of understanding and compassion, we can create environments that promote healing and wellbeing for individuals living with mental health challenges: **"it's time to shift the narrative from blame to understanding. Mental health challenges are complex, and assigning fault only adds to the burden of those already struggling."**

Dismissal of mental distress experiences as over-reactions

The dismissive notion that individuals with mental health challenges are "just over-reacting" invalidates their experiences. Mental distress is a genuine and often debilitating condition that warrants empathy and understanding, not dismissal or trivialisation. A significant number of participants shared how they would often

be dismissed as 'just over-reacting', or be told to 'calm down', when they shared about their mental distress or had an episode.

One participant shared that: **"during a panic attack, my family member told me to 'calm down' and that I was 'making a big deal out of nothing.' Their lack of understanding only intensified my feelings of panic and isolation."**

Participants shared experiences of being dismissed when they tried to share or seek help, and how being dismissed made them feel. The following quotes highlight that this dismissal occurred with friends; health professionals and in the workplace.

Being dismissed happened with friends, such as the following case:

" When I tried to open up about my anxiety to a friend, they brushed it off, saying I was 'just over-reacting.' It made me feel like my struggles weren't valid or worthy of acknowledgment. "

Doctors and professionals sometimes needed to be more understanding, such as in this case:

" I sought help for my depression, only to be met with scepticism from my doctor, who implied that I was exaggerating my symptoms. Being dismissed like that made me question whether I was truly deserving of help. "

Another participant shared this experience from their workplace: **"after sharing my experiences with OCD, I was told by a co-worker that I should just 'stop worrying so much.' Their dismissal of my struggles left me feeling misunderstood and invalidated."**

Several participants touched on how this type of dismissive behaviour only led to them feeling misunderstood and minimised: **"being told I'm 'over-reacting' invalidates my struggles and makes me feel misunderstood. It's important to listen and offer support, not dismissal."**

Furthermore, being dismissed added to the stigma around mental distress: **"just because you can't see my pain doesn't mean it's not real. Dismissing it as an over-reaction only adds to the stigma surrounding mental health."**

Participants said being dismissed also added to the burden that people with mental distress live with: **"my emotions are valid, and my struggles are real. Dismissing them as 'over-reactions' only adds to the burden of living with mental distress."**

These experiences offer first-hand accounts of individuals who have felt invalidated or trivialised when opening up about their mental health challenges, highlighting the harmful impact of such responses.

03

Empowering change: Proposed solutions for cultural tools and resources for wellbeing

Insights gathered from the hui and talanoa provided valuable information on Māori and Pacific peoples preferences for mental wellbeing tools and resources.

This section details the community's assessment and ranking of culturally relevant and effective tools, guiding the creation and utilisation of resources tailored to their unique needs.

The top three support mechanisms and resources needed by the lived experience community to combat challenges they face are:

- Culturally-embedded support systems.
- Platforms for their voices to be heard.
- Accessible education and awareness resources.

In this section, we explore the key question of what kinds of tools and resources the Social Movement needs to create or use for our priority groups' benefit.

Culturally-embedded support systems

Embedded within the fabric of Māori and Pacific communities is a deep-rooted yearning for support systems that honour cultural identity and foster mutual aid. The call for collaborative and cross-sectoral support systems resounds strongly, echoing the sentiment that tackling mental health challenges necessitates a collective effort across diverse sectors.

One participant reflected that: **"we need local councils, healthcare providers, and community organisations to work together seamlessly to address the complex challenges our communities face."**

Another individual commented on the importance of cultural practices: **"cultural practices and values are a source of strength for our community. We need to embrace and promote them in our support initiatives."**

Other individuals mentioned cultural identity and peer-to-peer connections: **"in our journey towards mental wellness, cultural identity and peer connections play a crucial role in shaping our sense of self and empowerment."**

Many found these Māori and Pacific-led environments culturally safe and adaptable — for example, during Covid-19, these spaces moved online. A participant reflected that in these online environments: **"you can cry and it's not a bad or over-sharing thing"**.

Peer support networks are collective in nature, and thus familiar to Māori and Pacific cultures. One participant commented that: **"peer support networks provide a sense of belonging and understanding that is invaluable for those navigating mental health challenges."**

Additionally, a culturally-embedded support system requires collaborative and cross-sectoral support. One participant shares: **"true progress comes when we break down the barriers between sectors and work collaboratively towards shared goals of mental health and wellbeing for all."**

There were many positive reflections on the idea of cross sector collaborations, with one participant commenting that: **"it's inspiring to see different organisations coming together to pool their resources and expertise for the betterment of our community."**

When asked about what tangible support or resources were needed, one participant simply stated: **"the launch of Puna Pūtea/Social Action Grants."**

This section highlights the importance of weaving cultural practices and values into mental health initiatives, and the need for collaborative, cross-sector support in doing this. Embedding cultural elements into mental health initiatives can create safe spaces for the lived experience community, such as online/digital communities where Māori and Pacific peoples can draw strength from their heritage and find support across various sectors.

Platforms for their voices to be heard

Amidst the chorus of voices seeking understanding and acceptance, the need for platforms amplifying lived experience voices, raising awareness, and advocating for change was raised.

Māori and Pacific communities yearn for spaces where their voices can resonate, and their stories can unfold with less judgement and more understanding.

Creating environments that promote the voices of the lived experience community is crucial. considering the judgement that many feel they endure. Another individual commented that: **"judgement in general is the pre-cursor to any relationship – common courtesy is lost due to preconception."**

Another participant stated that what they needed was: **"less judgement, more understanding".**

Several participants emphasised the importance of having platforms to hero lived experience voices. This is evident in quotes around: **"finding a platform for our voices to be heard".**

Furthermore, many participants voiced the need to build supportive networks and community for those experiencing mental distress.

One participant shed light on what happens in the lived experience community, saying:

> " *People I've experienced mutuality with through the course of the pandemic through our online meet-ups... I'm realising I have friends, and I have lots of them and friendship is this thing here - this community.* "

Another participant commented on building networks for language revitalisation, saying: **"lots of people talking about reo trauma (where the language gets caught in your throat when you try to speak it). We all talk about the need for building supportive networks so that we can build up our reo and not be shamed about where we are at."**

Empowering platforms that elevate lived experience voices serve not only as avenues for self-expression but also as catalysts for societal dialogue, healing, and paving the way for greater empathy, awareness, and inclusivity.

Accessible education and awareness resources

Several Māori and Pacific participants expressed a need for accessible resource materials that can be easily shared with families and friends to increase awareness and understanding of mental health issues.

One individual said that what was needed are: **"resources that are user-friendly and easy to spread to whānau and friends".**

Another participant shared that it needed to go further, that there is a need to: **"implement mental health in the [education] curriculum...teach them before they have preconceived ideas".**

This comment highlighted the importance of education and the dissemination of information in addressing misconceptions and promoting mental health literacy. By equipping communities with user-friendly resources and integrating mental health education into curricula, we pave the way for a more informed, compassionate society.

Other participants commented on the creativity of Māori and Pacific peoples and how this has to be incorporated into the Social Movement. One person said: **"music and arts has to be a part of the Social Movement — our people are so creative".**

Additionally, language classes, cultural events, spaces for the transmission of ancestral knowledge, and traditional healing practices are mentioned as vital for individuals to reclaim their identity, strengthen their sense of belonging, and navigate their journey toward healing and empowerment. This includes initiatives like the Te Reo Hauora Symposium and programmes like Mahi a Atua[51], which provide platforms for cultural learning and engagement.

The impact of such platforms for participants can be life-changing; as one participant shared:

> " *The great thing about this, is that we are all streamed into the event at the level of reo that we are most comfortable with... the event is life-changing and helps me to feel less shame about not being fluent in te reo.* "

The demand for accessible education and awareness resources emerges as a beacon of hope. Māori and Pacific peoples desire resources that transcend barriers, offering pathways for enlightenment and empowerment for both individuals and their wider networks.

04

Strategic outreach and government support for cultural mental health advocacy

This section delves into possible strategic choices for communication channels and engagement avenues, focusing on the cultural platforms and strategies most conducive to mental health advocacy within the Social Movement. An understanding of the community's communication preferences should inform these strategic decisions, so that any mental health initiatives created work for Māori and Pacific peoples with mental distress.

To build and expand upon the culturally-embedded support systems highlighted in Section 3, collaborative partnerships and cross-sector co-operation is essential.

This section elaborates on three strategic points:

- Preferred cultural platforms and work strategies.
- Preferred methods of communication.
- Government support.

Preferred cultural platforms

The community expressed a clear need for a platform that incorporates their cultural practices and values, providing a safe space for sharing experiences and raising awareness about mental distress. One participant emphasised: **"cultural practices and values are a source of strength for our community. We need to embrace and promote them in our support initiatives."**

For many participants creating a safe space to share experiences was crucial, as noted by another participant: **"creating safe spaces where individuals can share their experiences openly without fear of judgement is essential for fostering healing and resilience."**

Establishing culturally sensitive and inclusive platforms encourages open dialogue and promotes mental wellbeing among diverse populations.

A significant number of people commented that these platforms should be focused on educational information around mental distress. One participant shared their thoughts below:

> *We've found a fantastic series of videos created by psychologists that explain various aspects of mental distress in a very accessible and informative way. These videos cover a wide range of topics, from anxiety and depression to PTSD and schizophrenia.*

Education on mental distress emerged as a significant theme, with participants highlighting the value of resources such as educational videos and podcasts. These platforms play a crucial role in increasing understanding and awareness within the community. One participant expressed the following sentiments: **"there's also a podcast series where individuals share their personal stories of living with mental distress. Hearing these real-life experiences can be incredibly powerful and educational for both individuals experiencing mental distress and those seeking to understand and support them."**

Numerous people shared their thoughts about the need for education and resources for schools. One person commented on the positive impact of having an online platform for schools that offers information promoting mental health for students. They said: **"one tool that has been particularly useful for schools is an online platform that offers lesson plans, educational videos, and interactive activities designed to promote mental health awareness and resilience among students. It's been great to see schools incorporating these resources into their curriculum and creating a more supportive environment for students."**

Equally important are educational resources for teachers to support them to recognise signs of mental distress in students: **"additionally, we've been working with local mental health organisations to provide training sessions for teachers and school staff on how to recognise signs of mental distress in students and provide appropriate support.**

These sessions have been very well-received and have equipped school staff with valuable skills and knowledge."

These platforms include both online and offline resources.

Alongside online resources, offline initiatives such as wānanga and talanoa sessions are also essential for fostering open conversations and challenging the stigma that can surround mental distress. Community-led initiatives have proven effective in combating stigma and discrimination.

This person shared about an initiative they were involved in implementing, that incorporates wānanga and talanoa sessions:

> *One of the key initiatives we've implemented is hosting wānanga and talanoa sessions within the community to facilitate open and honest conversations about mental health. These gatherings provide a safe space for people to share their experiences, challenge stereotypes, and work towards ending harmful attitudes and behaviours.*

Another participant commented that they had been advocating for more training sessions and community conversations: **"We've been advocating for more training sessions and community conversations focused on ending stigma and discrimination surrounding mental distress. It's crucial to create a supportive environment where individuals feel comfortable seeking help without fear of judgement or negative repercussions."**

One person shared the impact of these types of platforms on combating stigma and discrimination: **"in our efforts to combat stigma and discrimination, we've seen the power of community-led initiatives like storytelling events and cultural workshops. By sharing personal stories and cultural perspectives, we can foster greater understanding and empathy within the community, ultimately contributing to a more inclusive and supportive environment for everyone."**

While creating more safe platforms for sharing experiences and accessing resources has been highlighted as a top need for the lived experience community, what was also shared by the community is the importance of language when creating platforms, and training/wānanga/talanoa/community conversation engagements. The use of language plays a crucial role in creating inclusive platforms, with participants emphasising the importance of using plain language rather than jargon to enhance understanding and engagement.

One participant shared that the use of plain language is important to not cause confusion and misunderstanding:

"clarity is key in conveying complex issues; explainers in plain language bridge the gap between confusion and understanding."

Another person commented on the language that the Government uses: **"simplifying government speak into plain language elucidates the issues for all, fostering transparency and inclusivity."**

A further participant advised cutting back on jargon is empowering for the community: **"accessible explanations cut through bureaucratic jargon, empowering citizens with the knowledge needed to engage effectively."**

Platforms and training can be based online and include apps and social media platforms.

For online platforms, a respondent suggests the following:

> *Another helpful tool for community groups is a mobile app that provides information on local resources and services related to mental health and emergency response. This app allows users to quickly access helplines, crisis intervention services, and support groups in their area, making it a valuable resource for both community members and first responders.*

Alongside apps and podcasts was also the use of YouTube, as shared by the following respondent: **"using YouTube series as a platform to have our voices heard/local podcasts"**.

Preferred methods of communication

Numerous participants agreed that the most popular method for communication about events and ideas that they are interested in, is through social media.

One person commented on the importance of social media, saying: **"harnessing the power of social media to connect users with events and actionable steps amplifies community involvement and fosters meaningful change."**

Numerous participants agreed that social media posts with links to events that they could attend were a catalyst for change and should be harnessed to engage communities, encourage participation and connect people: **"by sharing links to events and actionable items, social media becomes a catalyst for real-world participation and impact."**

One participant also shared that **"social media posts serve as gateways to engagement, linking users to events and actionable initiatives."**

Communication via emails and newsletters were also noted as effective communication tools.

Government support

In advocating for improvements to the mental health sector, voices from the lived experience community highlighted three critical areas for government action. Firstly, there is a pressing need for culturally relevant services, particularly for Indigenous populations like Māori, to ensure that mental health support respects and aligns with cultural values and traditions. This sentiment is highlighted by a participant who said: **"we need more Māori services that understand our cultural needs and values."**

Others touched on the importance of honouring Te Tiriti. One person stated that: **"honouring Te Tiriti o Waitangi means actively involving Māori as partners in mental health initiatives."**

It was clear many in the Māori and Pacific lived experience community needed the Government to do more, particularly around cultural awareness: **"cultural relevance is crucial for effective mental health support, particularly for indigenous communities."**

One participant noted government support for the lived experience community needed to consider that: **"communities and whānau should be actively involved in mental health support, as they play a critical role in an individual's recovery journey."**

Holistic approaches to healing were seen as essential. One participant shared the following sentiment: **"holistic approaches, addressing mind, body, and soul, are essential for comprehensive mental health care."**

Another participant commented on reinstating Indigenous healing practices: **"reinstating Indigenous healing practices like rongoā Māori can provide a more culturally appropriate and effective approach to mental health treatment."**

Lastly, empowering people to make autonomous decisions about their own mental health treatment, and upholding their dignity in a respectful way during that treatment, was seen as critical.

One person reflects that: **"individuals should be empowered to make their own decisions about their mental health care, reducing coercion and fear-based approaches."**

Numerous participants echoed the same sentiment as this person: **"respectful and dignified treatment is essential for fostering autonomy and empowerment in individuals seeking mental health support."**

Another participant added that: **"every person deserves to be treated with dignity and respect, and their autonomy in mental health decisions should be upheld."**

Participants wanted to ensure the Government considered these key messages from the Māori and Pacific lived experience community, particularly when reforming Aotearoa New Zealand's mental health law.

05

Unity for impact: Partnering and building mana tāngata in the Social Movement

In the ongoing kōrero/talanoa on mental health reform, insights from Māori and Pacific peoples with lived experience are essential. This section examines key themes highlighted by this community, emphasising partnerships with Indigenous groups, the role of community networks and whānau, and collaboration with mental health services. These perspectives shed light on the urgent need for holistic and inclusive approaches to mental health reform, including who the Social Movement needs to work with to support Māori and Pacific peoples with lived experience.

In this section we also propose who the Social Movement will meet and partner with, to ensure that mana tāngata underpins the Social Movement.

The data insights show that the top four potential partners the Social Movement might consider are:

- Indigenous communities and organisations.
- Community support networks and whānau groups.
- Mental health service providers and advocacy organisations.
- Māori and Pacific communities and organisations.

In the pursuit of mental health reform, Māori and Pacific peoples voices resonate with a call for culturally sensitive care. **"We need more Māori services that understand our cultural needs and values,"** shares a participant, emphasising the need for services tailored to Indigenous communities.

These sentiments reflect a deeper imperative: the acknowledgment and integration of Te Tiriti o Waitangi. One participant highlighted the significance of Indigenous partnership in shaping mental health policies: **"honouring Te Tiriti o Waitangi means actively involving Māori as partners in mental health initiatives."**

Moreover, several participants highlighted the crucial role of cultural relevance in effective care provision. One participant expressed that: **"cultural relevance is crucial for effective mental health support, particularly for Indigenous communities."**

This stresses the need for approaches that respect and integrate Indigenous values and traditions into mental health services. Together, these insights advocate for a transformative approach that centres Māori and Pacific peoples' perspectives and values in mental health reform efforts.

A number of participants referenced marae-based services, workshops, and events, indicating a connection to Indigenous Māori communities and cultural spaces. One participant commented that we need: **"more hui and wānanga at marae."**

Another extended this point and commented that there is a need: **"to seek support from kuia and kaumātua, requesting tikanga processes, cultural intervention".**

There was also a novel suggestion from one participant to have a: **"mobile service — marae to marae".**

Partnering with marae communities could provide valuable support, resources, and cultural guidance, aligning with the principles of mana tāngata and collective empowerment within Māori contexts.

Community support networks and whānau groups

Engaging directly with community support networks and whānau groups could provide valuable insights into the lived experiences of individuals and families affected by mental health challenges, helping to ensure that the Social Movement's initiatives are community-driven and inclusive.

The role these networks play in an individual's journey towards recovery is emphasised in this comment by a participant: **"communities and whānau should be actively involved in mental health support."**

By embracing holistic approaches that address the mind, body, and soul, we can ensure comprehensive care that resonates with Māori and Pacific communities.

Many people talked about the need for a well-established and interconnected community network that can collectively address various challenges and issues affecting the community. This highlights the importance of local solutions and collaboration among community members to effectively tackle problems: **"a strong, localised network of community to troubleshoot issues of concern".**

Furthermore, participants acknowledged that there are people in the community who are already actively advocating for causes and driving change: **"local champions — we've already got them".**

These local champions can play a crucial role in supporting the Social Movement and amplifying its message within the community.

Additionally, many emphasised the need for greater involvement and empowerment of whānau groups who have first-hand experience with mental health issues: **"more movement with our lived experience whānau."**

These key points show that the Social Movement should prioritise the inclusion and participation of individuals and families directly affected by mental health challenges, recognising their unique insights, needs, and contributions to the movement's objectives.

Mental health service providers and advocacy organisations

Partnering with mental health service providers and advocacy organisations could facilitate access to resources, expertise, and support networks within the mental health sector, strengthening the Social Movement's ability to advocate for systemic changes and empower individuals seeking mental health support.

Numerous participants commented that Māori and Pacific peoples need to be given agency over their care. This will encourage the shift away from coercive practices and towards a more collaborative and respectful approach to treatment: **"individuals should be empowered to make their own decisions about their mental health care, reducing coercion and fear-based approaches."**

Additionally, participants highlighted the importance of respectful and dignified treatment within mental health services: **"respectful and dignified treatment is essential for fostering autonomy and empowerment in individuals seeking mental health support."**

Upholding these principles is crucial for nurturing individuals' autonomy and empowerment, creating an environment where they feel valued and supported in their recovery journey.

Advocacy groups were very important for numerous people, as one participant reflected:

> *Advocacy groups (should be) lived experienced, fight for voices to be heard, increase them in numbers.*

Another participant commented that: **"there's already things in place, we just need to boost them",** affirming the importance of building upon existing foundations to foster a more inclusive and supportive environment for all.

Interconnected histories: A multi-generational journey through mental health

Gina begins her story by acknowledging the intricate tapestry of her family's history, deeply entwined with mental health challenges spanning generations. Her grandfather, Te Kani Atakirau Poata, known as Tom Porter, hailed from Tokomaru Bay, eventually settling in Auckland for work. Tom's lineage traces back to Tame Poata, a revered Tohunga of Ta Moko, highlighting the rich cultural heritage overshadowed by the spectre of mental distress. She reflects:

> *We are all inextricably linked. I can't tell my story without referencing my Dad's story and my Matua Tīpuna's stories.*

Gina shares poignant memories of her grandmother, Joy Campbell, grappling with significant mental health issues, leading to episodes of distress and separation within the family. Her father, George Porter, navigated a tumultuous childhood marked by instability and trauma, compounded by societal prejudices against his Māori identity, echoing the systemic challenges prevalent in Aotearoa New Zealand's mental health landscape.

Reflecting on her family's journey, Gina sheds light on the pervasive impact of intergenerational trauma, compounded by systemic failures within the mental health system. She recounts her father's harrowing experiences, including involuntary hospitalisations, coercive treatments, and the profound loss of cultural connection, underscoring the urgent need for culturally responsive care.

"The old state hospital system did nothing to maintain a sense of connection... unfortunately, the multi-generational impact of our mental health system continued."

She emphasised the urgent need for culturally responsive care, stating: **"the worst of it — is the disconnection from his culture and his whānau and Māori modes of treatment he should have been getting."**

Despite facing systemic barriers, Gina's family found solace in community support, particularly through the guidance of Titewhai Harawira and the nurturing environment of Whareroa Marae in Mount Maunganui. However, unresolved tensions within the family and the lingering stigma surrounding mental distress continued to strain their collective resilience.

Gina's journey intertwines with her family's legacy, marked by periods of estrangement, loss, and personal upheaval. **"I had no confidence to front in that way,"** she shares, reflecting on her struggle to reconcile her identity amidst societal expectations.

Following a traumatic upbringing and a prolonged period of disconnection from her Māori identity, Gina grappled with her own mental health challenges, navigating the complexities of bipolar disorder and post-traumatic stress disorder.

Her resilience shines through as she shares her path to healing, fuelled by a newfound sense of purpose and cultural reconnection. Transitioning from a career in politics to a role at the Mental Health Foundation, Gina embarked on a transformative journey of self-discovery. **"During my time there, I started to yearn for the opportunity to learn Te Reo. This has sparked a huge passion for wanting to make a difference for my people."**

In her role as the Nōku te Ao: Like Minds Social Movement Programme Lead, Gina harnessed her lived experience and cultural insights to drive tangible change. Embracing tikanga Māori frameworks, Gina endeavoured to dismantle systemic discrimination and foster inclusive spaces for those grappling with mental health challenges.

As she reflects on her journey, Gina remains steadfast in her commitment to advocacy, stating: **"I am committed to sharing the family knowledge I have gained through these experiences to make the system better for all the mokopuna and iramutu who come after me."**

Gina's story serves as a testament to the resilience of the human spirit in the face of adversity. Through the interplay of personal struggles, familial legacies, and cultural reclamation, Gina exemplifies the transformative power of lived experience in driving meaningful change within the mental health landscape. As she continues to champion equity and inclusion, Gina remains a beacon of hope for future generations, committed to building a more compassionate and culturally responsive society for all.

" I am building a Social Movement, and I am doing it using Tikanga Māori frameworks. All of these things are healing me. "

8 key recommendations

This report aims to end mental distress prejudice and discrimination towards Māori and Pacific communities and grow resilience, support, and empowerment among individuals. Key recommendations include the need to:

ONE
Implement the strategic priorities of the 'Pae Tū: Hauora Māori' Strategy

The strategic priorities outlined in the 'Pae Tū: Hauora Māori' Strategy, emphasising community leadership, whole-of-government commitment, workforce growth, culturally safe healthcare, and accountability for Māori health must be implemented.

TWO
Strengthen community support and inclusivity

We recommend strengthening community support and inclusivity through initiatives promoting empathy, respect, and understanding, including establishing diverse support networks and culturally sensitive services.

THREE
Advocate for systemic change in mental health services

We urge collaboration between government agencies and advocacy groups to prioritise culturally appropriate care, community perspectives, and empowerment initiatives.

FOUR
Raise awareness, and challenge misconceptions

Raising awareness and challenging misconceptions about mental distress can be achieved through open conversations, education, and empowering individuals with lived experience to share their stories.

FIVE
Promote culturally-embedded support systems

This can be achieved by fostering partnerships across sectors, and embracing cultural practices to enhance accessibility and effectiveness.

SIX
Amplify voices through dedicated platforms

Māori and Pacific lived experience voices can be amplified through creating dedicated platforms, storytelling events, and community-led initiatives to challenge stigma and foster empowerment.

SEVEN
Ensure accessible education and awareness resources are available

These resources should be tailored to Māori and Pacific communities, and integrated into school curricula. Cultural tools such as traditional healing practices could also be provided.
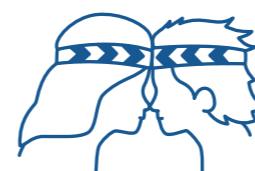
EIGHT
Strengthen partnerships with Māori and Pacific providers

This will ensure culturally sensitive mental health care delivery; the integration of values and traditions into services; and the active involvement of Indigenous communities as partners in delivery.

Detailed recommendations

These detailed recommendations aim to empower stakeholders at various levels to collectively help end mental distress prejudice and discrimination towards Māori and Pacific communities. These recommendations also help build Māori and Pacific community resilience, support and empowerment.

To achieve these aims, we recommend stakeholders:

ONE

Implement the strategic priorities of the 'Pae Tū: Hauora Māori' Strategy

For government agencies and decision-makers to action

Upholding the strategic priorities outlined in the 'Pae Tū: Hauora Māori' Strategy requires governance structures to enable meaningful participation from whānau, hapū, iwi, and Māori community leaders; all government sectors to strengthen their commitment to Māori health; and the Māori health workforce to increase, to better align with community needs (Ministry of Health, 2020). To implement the Strategy, we recommend:

- Enabling whānau, hapū, iwi and Māori community leadership, decision-making and governance at all levels.
- Strengthening whole-of-government commitment to Māori health.
- Growing the Māori health workforce and sector to match community needs.
- Enabling culturally safe, whānau-centred and preventative primary health care.
- Ensuring accountability for system performance for Māori health.

TWO

Strengthen community support and inclusivity

For mental health advocacy and community groups to action

Building a supportive and inclusive community environment is important for developing resilience and wellbeing among Māori and Pacific individuals navigating mental distress. Mental health advocacy and community groups and organisations can prioritise initiatives that promote empathy, respect, and understanding towards diverse experiences within the community. To achieve this, we recommend they focus on:

- Establishing support networks that embrace diversity, and providing non-judgemental online and offline spaces for Māori and Pacific individuals to share their lived experience stories.
- Offering culturally sensitive support services that acknowledge the unique needs and strengths of Māori and Pacific communities.
- Implementing education and awareness campaigns to combat stigma and discrimination within the community, and promote cultures of inclusivity and support.

THREE

Advocate for systemic change in mental health services

For government agencies and mental health advocacy groups to action

Efforts to address systemic issues within mental health services are essential for ensuring equitable access to care and support for Māori and Pacific individuals. Mental health advocacy groups and government agencies should collaborate to advocate for policy changes and reforms that prioritise the following:

- Strengthening whole-of-government support for Māori and Pacific health.
- Incorporating whānau and community perspectives into mental health policies and practices, to ensure culturally appropriate and responsive care.
- Promoting compassionate and empathetic approaches within mental health services, that prioritise the wellbeing and dignity of Māori and Pacific peoples with lived experience
- Enhancing support for self-advocacy and empowerment initiatives within the community, including ensuring meaningful involvement of people with lived experience in decision-making processes.

FOUR
Raising awareness and challenging misconceptions

For government agencies, mental health advocacy groups, communities and families to action

Raising awareness and challenging misconceptions about mental distress are essential strategies to reduce stigma and promote understanding within families and communities. All groups can play a vital role in these efforts by:

- Whānau and communities facilitating open and supportive conversations about mental distress, and encouraging empathy and understanding.
- Government agencies and mental health advocacy groups providing education and resources to dispel myths and misconceptions surrounding mental distress, and promoting positive attitudes towards seeking help and support.
- Empowering Māori and Pacific peoples with lived experience to share their stories and perspectives, fostering empathy and promoting acceptance within the community.

FIVE
Promote culturally-embedded support systems

For government agencies and mental health advocacy groups to action

We recommend government agencies and mental health advocacy groups:

- Foster collaborative partnerships across diverse sectors, including local councils, healthcare providers, and community organisations, to develop culturally-embedded support systems.
- Embrace and promote cultural practices within support initiatives, to enhance accessibility and effectiveness.
- Support creating safe spaces online, in the community and in the mental health system where Māori and Pacific individuals can share their experiences openly without fear of judgement, fostering healing and resilience.

SIX
Amplify voices through dedicated platforms

For community and mental health advocacy groups to action

To amplify Māori and Pacific lived experience voices, we recommend community and mental health advocacy groups:

- Develop platforms that amplify the voices of Māori and Pacific individuals, promoting understanding, acceptance, and advocacy for change.
- Provide safe spaces for sharing personal experiences, while also promoting education and awareness around mental health issues.
- Embrace storytelling events, cultural workshops, and community-led initiatives to facilitate open dialogue, challenge stigma, and foster a sense of belonging and empowerment within the community.

SEVEN
Ensure accessible education and awareness resources are available

For government agencies, community groups and mental health service providers to action

To ensure these resources are made available, we recommend these groups:

- Prioritise the development and dissemination of accessible education and awareness resources on mental health issues tailored to Māori and Pacific communities.
- Incorporate mental health education into school curricula, providing user-friendly resources for families and friends.
- Offer language classes, cultural events, and traditional healing practices to equip communities with knowledge and resources, promoting mental health literacy and reducing stigma.

EIGHT
Strengthen partnerships with Māori and Pacific providers

For government agencies, employers, mental health advocacy groups and mental health service providers to action

To ensure these partnerships are strengthened, we recommend these action groups:

- Nurture and continue building meaningful partnerships with Indigenous communities and organisations, to ensure culturally sensitive mental health care delivery.
- Integrate Māori and Pacific values and traditions into mental health services, acknowledging the significance of Te Tiriti o Waitangi and actively involving Māori and Pacific peoples as partners in mental health initiatives.
- Support employers in the development of their wellbeing strategies, to raise awareness about mental distress and create environments of understanding.

By implementing these recommendations, we can collectively work towards eliminating mental distress discrimination towards Māori and Pacific communities, and promoting holistic wellbeing and resilience for all individuals in the lived experience community.

Conclusion

The insights gathered from the stories shared by lived experience communities emphasise the need for holistic and inclusive approaches that prioritise cultural relevance, community empowerment, and collaborative efforts across sectors. By centring Māori and Pacific perspectives and values, and fostering meaningful partnerships and support networks, the Social Movement can help address the mental health needs of these communities and promote collective wellbeing.

The experiences shared by Māori and Pacific individuals experiencing mental distress provide important insights that call for comprehensive action from policymakers, community members, whānau, mental health organisations, government entities, and employers alike. These discussions highlight the resilience and strength within the lived experience community, emphasising the role of cultural identity, community support, advocacy, and empowerment in navigating mental health challenges.

For policymakers, this emphasises the necessity of revisiting mental health policies to ensure they are culturally responsive, inclusive, and equitable. There is an urgent need to allocate resources and funding for culturally-embedded support systems, accessible education, and awareness initiatives tailored to Māori and Pacific communities. Moreover, strategic government support for cultural mental health advocacy and partnerships with Māori and Pacific communities are vital components of meaningful reform.

Government entities have a significant role to play in implementing policies that promote mental health equity and cultural responsiveness. This entails not only funding and supporting culturally relevant mental health initiatives, but also ensuring that government agencies engage in meaningful consultation with Māori and Pacific communities to inform policy decisions. This emphasises the importance of honouring Te Tiriti o Waitangi, engaging with community support networks and whānau groups, and partnering with mental health service providers and advocacy organisations.

Mental health organisations must prioritise cultural safety, inclusivity, and systemic change in service delivery. Integrating cultural practices and values into mental health initiatives; building collaborative partnerships with Māori and Pacific communities; and providing culturally relevant services are essential to effectively address the mental health needs of these communities.

Employers must recognise and address the impact of mental distress discrimination within the workplace, particularly concerning Māori and Pacific employees. This involves creating supportive environments, implementing policies that promote mental wellbeing, and providing resources for employees to access culturally sensitive mental health support.

Creating a culture of empathy, understanding, and support for people experiencing mental health challenges within Māori and Pacific communities is paramount. Active engagement in de-stigmatising mental distress; amplifying the voices of lived experience; and building inclusive support networks that honour cultural practices and values are crucial steps toward creating a more supportive environment for mental health and wellbeing.

Whānau play a critical role in supporting individuals experiencing mental distress within Māori and Pacific communities. Cultivating open communication, understanding, and acceptance within families can contribute significantly to the wellbeing of individuals facing mental health challenges. Families can also act as advocates, seeking culturally relevant support services and fostering resilience within the family unit.

In conclusion there is an urgent need for collaborative action across all sectors to prioritise cultural relevance, community empowerment, and systemic change in addressing mental health disparities within Māori and Pacific communities. By working together, policymakers, community members, mental health organisations, government entities, and employers can contribute to creating more inclusive and equitable mental health support systems that honour the strengths and resilience of these communities.

Appendices

Appendix One
Nōku te Ao Rautaki/Strategy 2021-2026 summary
https://www.nokuteao.org.nz/about-us/strategy/

Appendix Two
Glossary of terms

Term	*Interpretation*
Manaakitanga	Hospitality, kindness, generosity, showing respect and care for others
Pākehā	Non-Māori European, New Zealander of European descent
Rangatahi	Youth, younger generation
Whānau	Wider family
Kaupapa Māori	Philosophical framework grounded in the cultural values and worldview of Māori
Talanoa	Conversation/discussion/talk
Taonga tuku iho	Knowledge/treasures passed down through the generations
Mātauranga	Traditional Māori knowledge
Tino rangatiratanga	Self-determination. Tino rangatiratanga is about being able to live in accordance with tikanga
Whakapapa	Genealogy
Tikanga	Customary Māori law
Hapū	Subtribe(s) of iwi
Iwi	A larger group composed of multiple Māori subtribes
Tuākana	Elder relative of the same gender
Tēina	Younger relative of the same gender

Ta'okete	Older sibling of the same gender
Tangata Whenua	Indigenous people (people of the land)
Vā	Space (between things or people)
Te Moana-nui-a-Kiwa	The Pacific Ocean
Kanohi-te-kanohi	Face-to-face
Te ao Māori	The Māori world
Tīpuna	Ancestors
Tauiwi	People who are not Māori, foreigners, especially non-Indigenous New Zealanders
Kōrero	To tell, say, speak, read, talk, address
Hauora	Health and wellbeing
Mana tāngata	Acknowledges the inherent power within people, and the need to work in mana-enhancing ways

Ngā tohutoko/References

Abbott, K. (2022). *Tuākana/tēina: Relational responsibilities of Pacific tauiwi to Māori and Te Tiriti o Waitangi* [Thesis, Open Access Te Herenga Waka-Victoria University of Wellington]. https://doi.org/10.26686/wgtn.20514870

Committee on Economic, Social and Cultural Rights (CESCR). (2018, May 1). *Concluding observations on the fourth periodic report of New Zealand* (E/C.12/NZL/CO/4, paras. 10-11, p. 3). Retrieved from https://digitallibrary.un.org/record/1485440?v=pdf

Committee on Rights of Persons with Disabilities (CRPD). (2022). *Article 14 CRPD* (paras. 25-27, p. 21). Retrieved from www.internationaldisabilityalliance.org/sites/default/files/article_14_crpd_2.docx

Fa'avae, D., Jones, A., & Manu'atu, L. (2016). Talanoa'i 'a e talanoa—Talking about talanoa: Some dilemmas of a novice researcher. *AlterNative: An International Journal of Indigenous Peoples*, 12(2), 138–150. https://doi.org/10.20507/AlterNative.2016.12.2.3

Faleafa, M. (2020). *Core elements of Pacific primary mental health and addiction service provision*. Te Whatu Ora. Retrieved from www.tewhatuora.govt.nz/assets/For-the-health-sector/Mental-health-and-addictions/primary-and-community-wellbeing/Core-elements-of-Pacific-primary-mental-health-and-addiction-service-provision-PDF-957-KB.pdf

Hau'Ofa, E. (1995). Our sea of islands. In *Asia/Pacific as space of cultural production* (p. 8). Duke University Press.

Human Rights Commission. (n.d.). *Human Rights Approach Poster*. Retrieved from www.yumpu.com/en/document/view/29215841/human-rights-approach-pdf-human-rights-commission

Jackson, Moana. (2021, May 9). Decolonisation and the stories in the land. *e-Tangata*. e-tangata.co.nz/comment-and-analysis/moana-jackson-decolonisation-and-the-stories-in-the-land/

Mahi a Atua. (n.d.). *Mahi a Atua*. Retrieved from www.mahiaatua.com

Matika, C. M., Manuela, S., Houkamau, C. A., & Sibley, C. G. (2021). Māori and Pasifika language, identity, and wellbeing in Aotearoa New Zealand. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 16(2), 396–418. https://doi.org/10.1080/1177083X.2021.1900298

Mead, Hirini Moko. (2012). Cited in A. Te Punga-Somerville, *Once Were Pacific: Māori Connections to Oceania* (p. xvi). University of Minnesota Press.

Ministry for Pacific Peoples. (2018). *Pacific Aotearoa: Lalanga fou*. www.mpp.govt.nz/assets/Reports/Pacific-Aotearoa-Lalanga-Fou-Report.pdf

Ministry of Health. (2023a). *New Zealand health survey: Annual data explorer*. Ministry of Health. https://minhealthnz.shinyapps.io/nz-health-survey-2022-23-annual-data-explorer/_w_5511d209/#!/key-indicators

Ministry of Health. (2023b). *Pae tū: Hauora Māori strategy*. www.health.govt.nz/publication/pae-tu-hauora-maori-strategy

Ministry of Health. (2023c). *Setting the direction for our new health system*. Ministry of Health. www.health.govt.nz/new-zealand-health-system/setting-direction-our-new-health-system

Ministry of Health. (2023d). *Te mana ola: The Pacific health strategy*. www.health.govt.nz/publication/te-mana-ola-pacific-health-strategy

Ministry of Justice, & Ministry of Pacific Island Affairs. (2000). *Pacific peoples' constitution report*. Ministry of Justice and Ministry of Pacific Island Affairs.

Naepi, S. (2015). Navigating the currents of Kaupapa Māori and Pan-Pacific research methodologies in Aotearoa New Zealand. *MAI Journal*, 4(1), 71-84. Retrieved from www.journal.mai.ac.nz/system/files/MAIJrnl_V4Iss1_Naepi.pdf

Nōku Te Ao. (n.d.). *About us*. Retrieved June 26, 2024, from www.nokuteao.org.nz/about-us/

Office of the Chief Justice. (2021). *Trans-Tasman Resources Limited v Taranaki Whanganui Conservation Board, SC 28/2020 2021 NZSC 127, para 296*. Retrieved from www.courtsofnz.govt.nz/assets/cases/2021/2021-NZSC-127.pdf

Parliamentary Counsel Office. (1990). *New Zealand Bill of Rights Act 1990* (Version as at 30 August 2022). Ministry of Justice. Retrieved from www.legislation.govt.nz/act/public/1990/0109/latest/whole.html#DLM225521

Radio New Zealand. (2024, January 21). Urgent inquiry granted into plans to end Māori Health Authority. Retrieved from www.rnz.co.nz/news/political/507163/urgent-inquiry-granted-into-plans-to-end-maori-health-authority

Smith, Linda Tuhiwai. (n.d.). *Kaupapa Māori Research – Some Kaupapa Māori Principles*. Retrieved from https://researchcommons.waikato.ac.nz/bitstream/handle/10289/12026/Kaupapa%20Maori%20Research.pdf

Te Kāhui Tika Tangata. (2021, November). *He tika tangata me Te Tiriti o Waitangi rārangi arowhai kaupapahere mō COVID-19 | A human rights and Te Tiriti of Waitangi policy checklist*. Retrieved from https://tikatangata.org.nz/news/new-human-rights-and-te-tiriti-checklist-for-policymakers

Te Punga Somerville, A. (2012). *Once Were Pacific: Māori Connections to Oceania*. University of Minnesota Press.

Te Rau Ora. (n.d.). *Te Kete Pounamu*. Retrieved June 26, 2024, from https://workwithus.terauora.com/departments/te-kete-pounamu

Thornicroft, C., Wyllie, A., Thornicroft, G., & Mehta, N. (2014). Impact of the "Like Minds, Like Mine" anti-stigma and discrimination campaign in New Zealand on anticipated and experienced discrimination. *Australian & New Zealand Journal of Psychiatry, 48*(4), 360-370. https://doi.org/10.1177/0004867413512687

Treaty Resource Centre – He Puna Mātauranga o Te Tiriti. (n.d.). Te Tiriti o Waitangi-based practice in health promotion. Retrieved February 4, 2024, from www.trc.org.nz/treaty-application/te-tiriti-o-waitangi-based-practice-in-health-promotion

United Nations. (1948). *Universal Declaration of Human Rights*. Retrieved from www.un.org/en/about-us/universal-declaration-of-human-rights

United Nations. (2007). *Declaration on the Rights of Indigenous Peoples*. Retrieved from www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Vaioleti, T. M. (2016). Talanoa research methodology: A developing position on Pacific research. *Waikato Journal of Education, 12*(1). https://doi.org/10.15663/wje.v12i1.296

Waitangi Tribunal. (2023). *Hauora Report*. Waitangi Tribunal. Retrieved from forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf

Wikaire, E., Wikaire-Mackey, K., Graham, S., Naera, M., & Durie, M. (2023). *Nōku te ao: Sovereignty of the Māori mind*. www.nokuteao.org.nz/kete-matauranga/noku-te-ao-sovereignty-of-the-maori-mind/

World Health Organization. (2022). *Mental health: Strengthening our response*. Retrieved from www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Section references

[1] Wikaire et al., 2023.

[2] Wikaire et al., 2023, p. 11.

[3] Hau'Ofa, 1995; Matika et al., 2021.

[4] Wikaire et al., 2023.

[5] Ministry of Health, 2023a.

[6] Ministry of Health, 2023c.

[7] Nōku Te Ao, n.d.

[8] Wikaire et al., 2023.

[9] Te Rau Ora, n.d.

[10] Ngā Hau e Whā

[11] Jackson, 2021.

[12] Mead, 2012, p. xvi.

[13] Te Punga Somerville, 2012, p. xvii.

[14] Abbott, 2022, p.3.

[15] Ministry of Justice & Ministry of Pacific Island Affairs, 2000.

[16] Te Punga Somerville, 2012, p. xxii.

[17] Teaiwa & Mallon, 2005, cited in Naepi, 2015, p. 75

[18] Abbott, 2022, p. 30; Naepi, 2015, p. 75.

[19] Abbott, 2022, p. 30.

[20] United Nations, 1948.

[21] Human Rights Commission, n.d.

[22] United Nations, 2007.

[23] Parliamentary Counsel Office, 1990.

[24] Office of the Chief Justice, 2021, para. 296.

[25] Office of the Chief Justice, 2021, para. 151.

[26] Te Kāhui Tika Tangata, 2021, pp. 2-3.

[27] Te Kāhui Tika Tangata, 2021, pp. 2-3.

[28] Te Kāhui Tika Tangata, 2021, p. 2.

[29] Wikaire et al., 2023, p. 4.

[30] Waitangi Tribunal, 2023, p. xxii.

[31] Waitangi Tribunal, 2023, p. xxii.

[32] Waitangi Tribunal, 2023, p. xxii.

[33] Radio New Zealand, 2024.

[34] CESCR, 2018, paras. 10-11, p. 3.

[35] CESCR, 2018, paras.44-45, pp. 8-9.

[36] CESCR, 2018, paras. 46-7, p. 9.

[37] CRPD, 2022, paras. 25-2, p. 21.

[38] Wikaire et al., 2023, p. 5.

[39] Wikaire et al., 2023, p. 6.

[40] He Ara Oranga report cited in Wikaire et al., 2023, p. 6.

[41] Wikaire et al., 2023, pp. 7-8.

[42] Smith, n.d.

[43] Wikaire et al., 2023, p. 11.

[44] Wikaire et al., 2023, p. 11.

[45] Wikaire et al., 2023, pp. 11-2.

[46] Wikaire et al., 2023, p. 14.

[47] Faleafa, 2020, p. 2.

[48] Faleafa, 2020, p. 4.

[49] World Health Organization, 2022.

[50] Thornicroft et al., 2014.

[51] Mahia Atua, n.d.