Transforming Mental Health: The Impact of Māori Perspectives

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

Mason Durie

Asia Pacific Health Care Colloquium
KO AWATEA

Nga mihi, ngā tumanako mo apōpō
Pathways for transforming the mental health sector – 1984 - 2011

Four transformational pathways

1. Maori models of health
2. Indigenising mental health services
3. Independent Maori provider organisations
4. Maori health workforce development
Pathway 1: Maori Models of Health

- Indigenous world views
- Maori health perspectives
- Maori models of health

- Conferred a sense of Maori authority over health
- Shifted focus from disease and medical expertise to wellbeing and community leadership
- Introduced spirituality as a dimension of health
Whare Tapa Wha

Compares health to the four walls of a house

- Taha wairua
  (spirituality)
- Taha hinengaro
  (mental, behavioural)
- Taha tinana
  (physical)
- Taha whanau
  (family, social)
<table>
<thead>
<tr>
<th>Indigenous Knowledge</th>
<th>Medical Science</th>
</tr>
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<tbody>
<tr>
<td>Holistic</td>
<td>Analytical</td>
</tr>
<tr>
<td>Accepted truths</td>
<td>Sceptical</td>
</tr>
<tr>
<td>Based on environmental</td>
<td>Based on measurement and</td>
</tr>
<tr>
<td>encounters</td>
<td>replicable evidence</td>
</tr>
<tr>
<td>Emphasis on eco-relationships</td>
<td>Emphasis on bio-psychological</td>
</tr>
<tr>
<td>Practitioners older</td>
<td>systems</td>
</tr>
<tr>
<td>Time enhances knowledge</td>
<td>Practitioners young</td>
</tr>
<tr>
<td></td>
<td>Knowledge constantly expanding</td>
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</tbody>
</table>
Psychiatry at the Interface

Indigenous Knowledge

Science

The Interface
Enhanced & compatible methodologies and practices
Pathway 2
Indigenising Mental Health Services

- Maori unit within psychiatric services (Tokanui Hospital, ‘Whai Ora’)
- Employment of elders & cultural advisors in conventional psychiatric services
- Use of Maori language, icons, culture in health programmes
- Maori ‘space’
- Reliable ethnicity data
- Involvement of wider family
- Cultural and clinical congruence
Pathway 3: NGOs
Independent Maori Health Services

- Tribal and community services
- Maori community health workers
- Focus on cultural identity & cultural paradigms alongside clinical practices
- Use of Maori protocols for engagement
- Incorporation of traditional healing principles
- Linked to Maori networks
- Close contacts with target communities
Pathway 4
Maori Health Workforce Development

- Recruitment into professions e.g. medicine, nursing, health research
- Extension of the workforce: cultural advisors, community health workers, elders, consumers
- Facilitation of best practice: the integration of cultural, clinical, & organisational dimensions
- Building expertise in health governance and health management
THREE NATIONAL MAORI MENTAL HEALTH WORKFORCE INITIATIVES

- Te Rau Puawai (1999)
- Henry Rongomau Bennett Memorial Scholarships (2002)
- Te Rau Matatini (2002)
Maori mental health workforce development training support programme

Joint initiative between Ministry of Health and Massey University

Increase Maori entry into mental health related university studies

Goal: 100 Māori with a mental health related tertiary qualification by 2003

√ √
HENRY RONGOMOAU BENNETT MEMORIAL SCHOLARSHIPS (2002)

Building Maori leadership in the sector by:

- Increasing Maori participation in the RANZCP training programme for psychiatric registrars

- Creating opportunities for doctoral study for clinical psychologists and mental health nurses

- Training in mental health for Maori GPs, AOD workers, Consumer advocates, Managers, Elders, Community workers

Henry Rongomau Bennett Foundation for Leadership in Maori Health - 2011

Dr Bennett 1918-2000 FRANZCP
TE RAU MATATINI
MAJOR PROJECT THEMES

- Workforce Expansion
  - Recruitment & retention
  - New recruits & Current workforce
  - Kia Ora Hauora

- Workforce Extension
  - Mental health in Primary care & other sectors

- Workforce Excellence
  - Clinical skills & cultural skills
  - Organisational skills, including consumers, elders

- Workforce Cohesion
  - Coordination across sector & between sectors
  - Closer alignment of training and workplace needs

Te Rau Matatini Project team
Maori Health Initiatives: The Results

Difficult to attribute impacts

But over a period of 25 years

- Gains in Maori health status and increased life expectancy
- Greater Maori health awareness
- Positive responsiveness to Maori within the wider health sector
- Strengthened Maori health workforce capacity
Results: Disparities
e.g. Life expectancy Maori & Non Maori
Disparities between Maori and non-Maori remain including mental disorders

BUT disparities may mask actual health gains over time

e.g.
- Improved smoking cessation & Immunisation uptake
- Strengthened primary health care infrastructure
- Increased utilisation of mental health services
- Reduced infant mortality
- Increased life expectancy
All tribes now have health committees; more than 65% have contracts for the delivery of health services, including mental health services.

Maori health has become a priority agenda item for tribal and Maori community groups.

There have been major changes in health practices on marae.
Cultural assessment in mental health centres

Most Health Boards have Maori managers & Maori case workers in all specialist areas, especially mental health services

Ethnicity data is routinely collected & analysed

The Health Ministry and Health Boards routinely report on outcomes for Maori

Practitioners recognise Maori health expertise
The Results
Growth in the Maori health workforce

Within 25 years there has been a sustained growth in:

• health professionals
• community health workers
• health providers
• health managers
• health policy analysts
• health researchers
<table>
<thead>
<tr>
<th></th>
<th>Maori Psychiatrists</th>
<th>Maori Medical Work-force</th>
<th>Maori Dentists</th>
<th>Maori health provider groups</th>
<th>Maori health researchers (PhDs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984</td>
<td>2</td>
<td>Fewer than 50 (&lt; 0.5%)</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2011</td>
<td>10</td>
<td>More than 250 (2.6%)</td>
<td>60</td>
<td>270</td>
<td>32</td>
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The Catalysts for Maori Health Development

- Indigenous Leadership
- Aligned strategic planning
- Positive attitudes
- Professional endorsement
- Government commitment
Catalyst 1  Indigenous leadership

A Maori leadership network

- Tribal
- Community
- Academic
- State & Political
- Maori health professionals
- TE ORA
Leadership for tomorrow

Governance – Management – Clinical - Community

- cultural skills & universal knowledge
- ready to grapple with future uncertainty
- models for healthy lifestyles
- respected within the health sector and within wider Maori society
- able to respond to global demands without losing sight of Maori distinctiveness
- capable of straddling two worlds: 
  *comfortable at the interface*
Catalyst 2
Aligned Strategic Planning

- Maori world views recognised in mental health service planning & practice
- Maori health development part of wider Maori sector developments
  - Tribal development, Maori community development, cultural revitalisation
- Maori participation in political arenas
  - Relationships with the Crown, Maori in Parliament, participation in territorial authorities & health governance (Health Boards)
Decades of Maori Development

Maori potential framework

Attitudinal shifts

- Maori ‘at risk’ ➔ Maori attainment
- Low expectations ➔ High hopes
- A deficit model ➔ A model of potential
- Disease ➔ Wellbeing
Catalyst 4
Professional Endorsement

- Promotion of indigenous mental health
  - RANZP
  - ‘Te Kaunihera’
  - ‘Te ORA’
- Recognition of culture as a determinant of mental health
- Indigenous dimensions to psychiatric practice, training, research
Government goals

- Reduction of disparities
- Multiple delivery options
- Maori workforce development
- Socio-economic gains
- Declaration on the Rights of Indigenous Peoples
Where to from here?
The next 25 years?

- Integrated health care
- Early intervention
- Converting awareness into action
- Sustaining and developing the workforce
The Next Phase: Promoting integrated health care

- Integration of cultural & clinical perspectives
- Integration of indigenous knowledge & health science
- Integration of primary & secondary care
- Integration of health disciplines - dental, mental, child, maternal etc. etc.
- Integration of provider organisations to create economies of scale and comprehensive provision
- Integration of health with other sectors
- Integration of individual health with whanau (family) health
WHĀNAU ORA

- Integration of services to Maori families
- Health, social services, education, justice etc
- Service brokering on behalf of families
- Interventions target social, cultural, economic gains
- Focus on outcomes for whānau as well as for individual whānau members
  - e.g. Healthy lifestyles, financial security, capacity to care, inter-generational transfer of values, knowledge
- asserts a positive role for whānau within society
- can be applied across a wide range of social and economic sectors.
The Deficit Model
- Diagnosis
- Dysfunction
- Deviance
- Diminished expectations
- Disparities
- Difficulties in the past

Model of Potential
- Positive attributes
- Pathways to success
- Partnerships
- Possibilities for the future
- Progress over time
- Plans for tomorrow
The Next Phase: Practising early intervention

- Primary health care as a site for gains in mental health
  - Co-morbidities, multiple presentations
- Early stage recognition
  - Facilitation of health screening e.g. AoD
- Building relationships with ‘hard to reach’ communities
- Working with community agencies & other sectors
- Primary mental health care vs psychiatry in primary care
- Health care vs mental health care
Develop effective tools for Maori mental health promotion
  - Tribal action, community action, action by leaders

Empower whānau to be carriers of culture, values, healthy lifestyles

Embrace new forms of communication
  - E.g. Foster on-line health management plans so that whānau can be more actively involved in health care and health promotion from their own homes
The Next Phase: Sustaining Maori health capability into the future

- Recruitment
  - Schools; communities; ‘Kia Ora Hauora’

- Professional development
  - a College or Academy where the collective Maori health workforce can gain skills and knowledge

- Infrastructure and resources
  - Collaboration between indigenous health organisations
  - Shared IT, financial, and governance expertise

- Indigenous endorsement
  - Close relationships with tribal and community groups
## Maori Health Advancement
### 1984 – 2010

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<th>Transformational pathways</th>
<th>Results</th>
<th>Catalysts</th>
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| Maori models of health    | • Gains in health, increased life expectancy
| Indigenising mental health services | • Greater health awareness
| Independent Maori providers | • Positive responsiveness to Maori from the health sector
| Maori health workforce development | • Maori health workforce capacity

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A Shared Endeavour

KIA ORA
Maori Health Advancement
1984 – 2011 - 2035

The past 25 years has created solid foundations for spectacular gains in health over the next 25 years.

The Challenges

• Integrated health care
• Early intervention
• Converting awareness into action
• Sustaining and developing the workforce