Te mana o ngā Neehi Māori Te whakamana mō te hauora Māori
The prestige of Māori nurses, the empowerment to Māori health

By Maria Baker – Workforce Innovation, Te Rau Matatini & Patrica (Tish) Siaosi – Kaiwhakahaere, Te Ao Māramatanga New Zealand College of Mental Health Nurses

Māori nurses are best suited to respond to the health issues experienced by Māori, especially in mental health and addiction services. Although, services informed by western medical models try their best to respond to Māori health needs, they generally struggle to accommodate the whānau, spiritual or cultural needs of Māori during their health care encounter.

Māori are motivated to succeed as nurses primarily to provide culturally and clinically safe care to their people. Many Māori nurses have chosen to practise in mental health services as this field enables them to work with taha wairua, taha whānau alongside taha hinengaro and taha tinana.

There are high levels of satisfaction amongst the Māori nurses in this edition of Handover and a commitment to ensure optimum care to Māori. This is especially so where there is an increased representation of Māori nurses within settings. The composition of Māori employed in a health service will have positive implications for its service delivery and health outcomes, especially when the majority of service users are Māori.

There have been several contributions made to increasing the Māori nursing workforce in health services. Yet, more is needed to enable mental health and addiction services to be reflective of their service user population, so as to increase the likelihood of culturally appropriate and acceptable services to Māori.

Currently across all health services, including mental health and addiction, there are low numbers of Māori nurses employed in leadership roles where key decisions occur in terms of workforce development, employment, and retention and career progression of nursing staff.

The call to action to meet the needs of Māori is not new in New Zealand. Cultural safety and its campaign in nursing is one example. It commenced in the 1980s, with the attempt to raise the consciousness of nurses in the way they cared for and practised with people from cultures different to their own. At the centre of that call for change were the issues experienced by Māori, and in some health care areas little has changed for Māori. More is needed!

Collectively health services, their funders, planners, and workforce development groups need to work together to increase the proportion of Māori nurses in the nursing workforce, especially as Māori representation in this sector has remained static (7 per cent) for more than a decade. In a national Māori nursing student hui held in Auckland (2015), I (Maria) was witness to Māori nursing students who shared their experiences of stereotypical comments and bullying behaviours by registered nurses in clinical and educational settings.

This is a major concern for all stakeholders with an interest in nursing and for the future of Māori nurses and their ongoing development. This type of ‘bias’ toward Māori can be eliminated if we have improved investment in cultural safety as registered nurses, supported by instruction around Māori constructions of their reality and perspectives of health as well as more Māori nurses employed in key strategic roles.

It will be of further benefit for all health services when an overt affirmation and recognition of Māori cultural identity is incorporated in the professional identity of Māori nurses. In addition to improved pathways for clinical and cultural (dual competency) professional development we need access to Māori role models, mentorship and blended learning opportunities such as wānanga.

More is needed! We all need to and can contribute in some way toward building this indigenous nursing workforce to meet the health needs of Māori across health services.
Welcome

On behalf of Te Pou o Te Whakaaro Nui, Te Rau Matatini and Māori caucus of Te Ao Māramatanga New Zealand College of Mental Health Nurses we feel very privileged to bring you He tuhinga motuhake mō ngā tāpuhi hauora hinengaro Māori me ngā tāpuhi waranga Māori – a special edition about Māori mental health and addiction nurses.

This edition illuminates Māori mental health and addiction nursing practice and the role that Māori nurses have in restoring the health and wellbeing of tāngata whai ora and their whānau in a range of practice settings within New Zealand.

The compilation of this co-created special edition was a unique heartfelt and inspiring process. Thank you to the nurses who kindly agreed to spend time with us. During our korero your stories unfolded in ways that we had never imagined and those moments will stay with us forever.

Special thanks to Keri Opai, Paearähi - strategic leader, Te Pou o te Whakaaro Nui who hails from Taranaki, his iwi are Te Atiawa, Ngāti Ruanui (Taranaki), Waiohua (Auckland), Ngāti Te Ata (Waikato) and Ngāti Porou (East Coast). Keri has guided the creation of this edition drawing on his skills as a licensed interpreter, his Master’s Degree in Mātauranga Māori (Māori Knowledge) and the teachings of his kaumātua.

We open this special edition with a call for you to contribute in some way toward building a Māori nursing workforce to meet the needs of Māori across services. We then share some of our journeys into nursing and highlight the focus points of the organisations that we represent. Next you will read about our “brilliant and gleaming stars which personify Māreikura and Whatukura”, the recent recipients of the Whetū Kanapa awards – Chas McCarthy, Moe Milne, Winston Maniapoto and Ora Guptill – in a story kindly provided by Tio Sewell on behalf of the Māori Caucus of Te Ao Māramatanga.

Carolyn Swanson reminds us that “the connections to whenua, whānau, hapū, iwi and tipuna create landing lights to guide people home”. In our regular family column Leigh Murray writes about an education programme for families and whānau that provides key skills and knowledge to support a family member’s recovery.
We then present to you a number of Māori nursing profiles and related articles in five collections:

#1. Māori mental health nurses and learning Dr Reena Kainamu shares a glimpse into her research, ‘a NArraTIVE’. Lisa Tangitu and Ruelle Khan describe an innovative mentoring programme for nursing students. Chrissy Kake reveals her journey into becoming a nurse tutor and Desiree Hawkins, a third year nursing student, shares why she has her sights set on becoming a Māori mental health nurse. We are also delighted that Dr Hinemoa Elder accepted our invitation to share her research in this special edition. We then celebrate the 20th anniversary of a mental health new graduate nursing programme.

#2. Māori nurses in non-government organisations Cynnie Hiroti talks about her journey from a Kōhanga Reo teacher into mental health nursing. Dina Hippolite shares her pathway from being a midwife to becoming a nurse in an infant, child and adolescent mental health cluster team. Karen Brown and Billie Morgan from Mahitahi reveal their connecting nursing journeys and their service’s innovative response to supporting tāngata whai ora to improve their physical health.

#3. Māori nurses in mental health services Three Māori nurses working in specialist Māori mental health services describe their journeys. A director of nursing encouraged Linda Wilkinson-Sewell to become a nurse which led her into a number of senior management roles. Friends and wānau encouraged Herby Skipper to become a psychiatric nurse. Sarah Williams tells her own story of her journey into nursing after becoming a mother and meeting inspiring health professionals.

#4. Māori nurses in addiction services Klare Braye gives an addiction sector update. Jewel Reti from Northland and Donna Smith from Southland then share their unique journeys into addiction nursing. This is followed by a powerful story of one nurse’s journey of recovery from addiction.

#5. Māori nurses in mental health and addiction services – district health boards

Makere Panapa shares how she came to be working in an acute mental health unit after nearly three decades of psychiatric nursing. Lewis Boyles’ story actively encourages Māori to consider a career in mental health nursing. Merle Ormsby, who has recently retired, talks of snippets from her life and lengthy nursing career.

This special edition also includes a guide to resources you can access to support the work that you do with Māori and their whānau.

You may discover a number of Māori words in this edition that you may not know. We have included He papakupu reo Māori – a Māori glossary of some common words used at Te Pou developed by Keri Opai, and we encourage you to expand your knowledge of Māori language. Talk to your colleagues who understand Māori language or visit the Māori Dictionary Online, www.maoridictionary.co.nz.

We believe with the right support the future for Māori nurses is very positive. In the future there will be increased opportunities for Māori nurses to work in new roles, be managers and leaders and researchers who will continue to add to the body of Māori nursing research. Some things do need to change, we reaffirm that at this point it is imperative that we all contribute in some way toward building an indigenous nursing workforce to meet the health needs of Māori across health services. We trust that this special edition encourages you to reflect on how you can take action to achieve this goal and make a difference in the lives of the people we serve, as nurses, leaders, managers, educators, researchers.

Ngā mihi,
Suzette Poole
Clinical lead and editor of Handover, Te Pou

Te koutou katoa

I was born in Pahiatua and now reside in Te Awamutu in the Waikato. My mother, Jeanette Moffat, was from Fielding and my father, Alvin Poole, was from Pahiatua. My step-dad, Jock Smith, was from Glasgow in Scotland.

I have four children, Shannon, Phillip, Nastassja and Talitha Te Huia. Their iwi is Ngāti Maniapoto and their marae is Mangatoatoa which is situated just south of Kihikihi by the Puniu River. They have blessed me with 12 mokopuna.

I am Pākehā and my name is Suzette Poole. When my whānau are all together you are likely to see kapa haka, Justin Bieber dancing and ballerina twirls, it’s wonderful.

Being with Māori is part of my everyday life. I regularly hear both the challenges and successes of being Māori through discussions with whānau and friends. Most times I feel very heartened by what I hear but there are occasions when I feel despair.

Compiling this edition of Handover has enabled me to reflect as a Pākehā mental health nurse, on how I think I support Māori and their whānau to improve their health and wellbeing. This prompted me to remember my time in forensic mental health services where, as part of a team, I spent time supporting tāngata whai ora to reconnect with their whānau and their communities. On occasion this involved spiritual healing.

I am very aware that my holistic view of health evolved from my personal and professional experiences. I also realise it is important to seek out the right people who can support tāngata whai ora with their recovery. These interviews with Māori nurses have given me a much clearer understanding of the practice reality. I know we have more work to do to ensure we have services capable of responding to Māori who want and need mental health and addiction services.

My learning about Māori evolves every day. My whānau are my primary teachers. I know that what soothes my soul is the sound of children laughing, waiata and te reo.

Te Pou o te Whakaaro Nui

Te Pou o te Whakaaro Nui means the pillar of contemplation, of reflective thinking, the notion being that Te Pou o Te Whakaaro Nui is the post or pillar for people and practices in the mental health, addiction and disability sectors. Te Pou brings together and uplifts research activity and workforce development.

Te Pou o te Whakaaro Nui is a national centre of evidence based workforce development for the mental health, addiction and disability sectors in New Zealand.

We work with a range of organisations and people including service providers (DHB and NGO), training and education providers, researchers and international experts. Organisations can use our resources, tools and support to improve their services. Te Pou includes Matua Rakiri (addiction workforce development) and Disability Workforce Development. We’re funded by the Ministry of Health.

Te Pou works alongside DHB and NGO mental health and addiction services, and disability organisations to understand their priorities and workforce challenges. We then use our range of projects and expertise to meet these needs. Some of our current projects look at reducing the use of seclusion and restraint, increasing access to talking therapies, supporting more people to take part in training, and improving the physical health of people using services.

We also provide tools, training and resources to improve outcomes and information use.

Te Pou’s new website

Te Pou has a new website – so check it out.

Sign up as a member to the site to manage your subscriptions and promote job vacancies and events from your organisation. But best of all by being a member of the site you can create lists of your favourite things – resources, events, job listings or news posts you want to come back to easily. Then when you are browsing the site just click ‘add to favourites’.

www.tepou.co.nz
Maria Baker

Workforce Innovation, Te Rau Matatini

Te uri o Te Tai Tokerau
Pūhangatohorā, Whakatere,
Maungapōhatu ngā maunga
Hokianga Whakapau Karakia te moana
Ngāti Pākau, Te Māhurehure me Ihutai ngā hapū
Ngāpuhi nui tonu te Iwi.

It has been an honour in the 20 years of my career as a Māori mental health nurse to contribute to whānau and Māori development in varying ways. I was educated in South Auckland as a registered nurse then went onto an accelerated journey of Māori mental health nursing. It was easy to develop a passion and see the need for Kaupapa Māori health practices and Māori-based solutions to the challenges experienced by our people in urban and rural communities. Although, the constant discourse of Māori mental health nursing has always been apparent, it was further recognised in my Masters study with the grounded theory of: ‘bridging of two worlds’. The study focussed on where Māori mental health nurses bridged the tension of the Māori world with western (health) dynamics, by being Māori, working differently and going an extra mile.

I’ve been fortunate to have access to mentors through my personal and professional life. This has provided the motivation to do the things needed to improve whānau ora. It has required the pursuit of skills and knowledge over the years, and most importantly to be open to the wisdom of ngā tupuna based on the principles of tika, pono and aroha, for the wellbeing for our people. It is this pursuit of mātauranga and commitment to kaupapa that are constantly cemented by being with Māori and by the transmission of knowledge by being on marae, in wānanga and upon my whenua.

Te Rau Matatini

Te Rau Matatini is the national Māori health workforce development organisation, established in 2002. This organisation has worked in partnership with Te Ao Māramatanga (Māori Caucus) for over a decade to support Māori mental health nurses, provide health workforce strategies and resources and to extend Māori mental health nursing. One example is the Huarahi Whakatū programme for Māori nurses (www.matatini.co.nz/training/Māori-nursing-pdrp-huarahi-whakatu-pdrp) which initially was created as an ongoing professional development option. As a Nursing Council accredited Professional Development and Recognition Programme (PDRP) it provides a dual competency based PDRP for any practising Māori registered nurse.

Every whānau should have a Māori nurse (Te Rau Matatini, © 2014) recognises the influence whānau have upon Māori who choose to become registered nurses, and subsequently underpins the reasons Māori nurses contribute so greatly to the wellbeing of their people.

Over the decade, Te Rau Matatini’s support of Māori nurses has contributed to an increasing evidence base which highlights whānau do indeed motivate Māori to realise their dreams as registered nurses.

As New Zealand is challenged to increase and retain the Māori nursing workforce, strategies continue to be considered to build on the successes to date in order to secure this highly valuable indigenous nursing workforce.

It is through this message Every whānau should have a Māori nurse that shifts are proposed with whānau, hapū and iwi to help further lift the gains of Māori health workforce development strategies. This in turn will increase the numbers of Māori nurses available for all whānau across the health and disability sector.

In a joint venture with Te Ao Māramatanga (Māori Caucus) a best practice guide will be completed to support Māori, nurses, educators, employers and peers and inform them of the value and professional needs of Māori nurses in the mental health sector.
Patricia (Tish) Siaosi – Kaiwhakahaere

Te Ao Māramatanga New Zealand College of Mental Health Nurses

Ko Pipitarawai tōku Maunga
Ko Mangatukarewa tōku Awa
Ko Pā Tangaroa tōku Pā
Ko Whakamaharatanga tōku Marae
Ko Ngāti Mutunga O Wharekauri tōku Iwi
Ko Tokomaru tōku Waka

For as long as I can remember I wanted to be a nurse, to care for those who could not care for themselves. As I grew older I realised that two of my sisters and an aunt were nurses. Psychiatric nursing was not my first choice; I wanted to do general until my sister, who was a senior nurse at Porirua Hospital, encouraged me to do my psychiatric nursing training.

Since then I have worked in a range of nursing fields from inpatient, residential and community mental health, to management roles in nursing and quality. I have worked in both the district health board (DHB) and non-government organisation (NGO) sectors.

In 2014, I moved back into the DHB as clinical quality coordinator for Integrated Care Mental Health and Addictions Community Services at Counties Manukau DHB. For the 12 years prior to this I worked at Raukura Hauora O Tainui Trust, an iwi NGO whose core business was primary care.

Te Ao Māramatanga New Zealand College of Mental Health Nurses

I have been kaiwhakahaere since 2012, and am well supported by the Māori Caucus within Te Ao Māramatanga, which extends to Māori mental health nurses via nursing membership and projects that aim to enhance Māori mental health nursing practice.

Te Ao Māramatanga New Zealand College of Mental Health Nursing is the professional body for practising mental health nurses in Aotearoa. It supports a bicultural governance and operational model where Māori and non-Māori equally provide professional support to mental health nurses.

The vision is of Partnership, Voice, and Excellence in Mental Health Nursing. Te Ao Māramatanga has Standards of Practice for mental health nursing informed by the mental health and addiction nursing sector in Aotearoa and is viewed as integral to mental health and addiction nursing excellence. These consist of six broad standards.

Figure 1 Standards of practice for Mental Health Nursing in New Zealand (adapted from Te Ao Māramatanga).
Whetū Kanapa Awards

The biennial Whetū Kanapa Awards presented by Te Ao Māramatanga New Zealand College of Mental Health nurses honours career long nursing contribution in the field of Māori mental health as acknowledged by their nursing peers. An award evening was held at Makaurau Marae in Māngere, Tāmaki Makaurau at the fourth biennial Māori Caucus wānanga 12 to 14 November 2014.

Whetū Kanapa, brilliant and gleaming stars, personify Māreikura and Whatukura. They are living aspirations for all.

Now a regular feature in the Colleges event calendar, the inaugural Whetū Kanapa Award was first held at Tāngatarua Marae at Rotorua in 2012 where five recipients received the award. They were Robert Elliott, Mere Hammond, Jamesina Kett, Ronald Baker and Timoti George.

At this event an additional four Māori mental health nurses were acknowledged for their contributions to Māori mental health. Our guest speaker for the award evening was Robert Elliott (Uncle Bob), Ngāti Maniapoto, Registered Psychiatric Nurse, Queens Service Medal (QSM) and 2012 award recipient. Uncle Bob presented ‘The Galleries – A Māori Perspective of Psychiatric Nursing’, this was first presented at the Australian Congress of Mental Health Nurses conference in 1987. The opening address was supported by a kapa haka performance by people from Mahitahi Trust. Master of ceremonies for the evening was Ronald Baker, College Kaumātua. Award medals were then presented to the recipients by College Kaiwhakahaere Tish Siaosi.

Meet the recipients

Winston Maniapoto, (Ngāti Pare-te-Kawa, Ngāti Maniapoto), QSM

Winston commenced his nursing career at Tokanui Hospital in 1961 and registered as a psychiatric nurse in 1964 at Porirua. Winston was the Kaumātua of this group with a career in nursing and health than spanned more than 50 years. He is now retired and living in Te Awamutu.

Moe Milne, (Ngāti Hine, Ngāpuhi Nui Tonu)

Moe first trained at the psychopaedic hospital in Māngere, Auckland as a young adult and then went onto Ngā Whatu Hospital in Nelson where she commenced her formal training as a psychiatric nurse. Moe is known for her proactive stance on Te Reo me ōna Tikanga, and has promoted Te Ao Māori perspective to Kaupapa Māori mental health services, this being the forefront of many initiatives to advance Māori and kaupapa.

Chas McCarthy, Ngāti Tūwharetoa, Te Atihaunui a Pāpārangi

Chas began his career in mental health in 1975 where he worked as a nurse aid at Lake Alice Hospital in Whanganui before going on to register as a psychiatric nurse in 1981 at Porirua Hospital. Chas is now employed as a senior advisor, Māori Health Innovation – Ministry of Health in Wellington.

Ora Guptill, Ngāti Pūkenga ki Wairau, and Ngāti Kahungungu

Ora entered nursing training at Oakley/Carrington hospital in 1967 at the age of 17. By the time she was 19 years old she was night charge and sister at 21. At that time there were over one thousand patients at Oakley Hospital, with males and females segregated. Ora now works amongst her people in Hauraki where she has been working as a community mental health nurse for Waikato DHB since 1999.

Above from left to right-Chas McCarthy, Moe Milne, Winston Maniapoto, Ora Guptill and Robert Elliott
Coming home
Carolyn Swanson
Service user lead at Te Pou

One of the things many people feel when they are midst mental overwhelm and distress is the sense of being not quite in this world. Everything looks a little different, a little alien, confusing and demanding. It’s a horrible and frightening thing to experience and can go on for weeks and weeks and weeks.

This dissonance creates a sense of distance from the positive feelings we normally would feel, a disconnectedness, even from those we know and love best. It’s very confusing, you know in your head you love your close ones but you can’t clearly access the feelings exactly. They are jumbled and coloured dark instead of bright. It’s like you are trapped behind a clear Perspex screen. The same but not the same. There is a sense of spinning off away helplessly into somewhere else, a dark vortex, losing who you were, what your world was, where you are going.

This is where the rituals, patterns and people of your life become extremely important. Almost impossible to do in this messed up place, they provide the resting places, tethers and anchors that will eventually help us to come home to ourselves. This is why having Māori clinicians and workers in our services working with cultural skill is SO very important. The connections to whenua, whānau, hapū, iwi and tipuna create landing lights to guide people home. Making sense of our experiences is one of the most powerfully healing things to do. Without people we can trust and with who we have common understandings, beliefs and connections, it’s very hard to do.

In this issue you will read about the awesome māhi Māori mental health and addiction nurses are doing everyday around Aotearoa. It’s beyond heartening to read of their stories, commitment and aroha for the work they do and the people they work with. Bringing people home.

Welcome to Lois Boyd

We are delighted to announce that Lois Boyd has joined Te Pou to co-lead our work on reducing and preventing personal restraint and seclusion in inpatient settings with Carolyn Swanson. Lois is a nurse who has worked in a wide variety of mental health settings including acute inpatient care, community mental health, early intervention, supported housing. She completed nursing research and was the nurse consultant for Nelson Marlborough District Health Board before becoming a contractor.

Lois was instrumental in developing ‘Towards restraint free mental health practice’ which services can use to plan and identify best practices that support a least restrictive approach to service delivery.

The work incorporates the New Zealand adaptation of the Six Core Strategies© checklist.

Lois Boyd

Originally from Kaikoura, Lois completed her nursing training in Nelson before moving to Wellington to start her first RN role in 1990 at Wellington Hospital’s mental health unit. Of Irish and Ngāti Raukawa descent, Lois has completed her nursing portfolio through Te Rau Matatini Huarahi Whakatū programme and has a strong interest in mentoring and supporting new Māori nurses to succeed in their nursing careers.

Handover can be found in two ways on our new site:

1. The news feed has each individual story – go to www.tepou.co.nz/news and select the ‘Handover nursing newsletter’ category.

2. A printable PDF of each edition is also kept in the resource centre – go to www.tepou.co.nz/resources and select ‘Handover nursing newsletter’ in the search filter.
Family Connections programme

By Leigh Murray, family advisor, Auckland District Health Board Mental Health Services, co-chair National DHB Family Whānau Advisors

When family and whānau are asked what information they would like most from mental health services, the most common response is how they can support their family member in a mental health crisis and how they can support their recovery. Let’s get real reinforces this with a requirement for all staff to “encourage and support families/whānau to participate in the recovery of service users, and ensures that family and whānau, including the children of service users, have access to information, education and support” (Te Pou, 2008). This article describes an evidence based education programme for families and whānau to provide them with key skills and knowledge to support a family member’s recovery.

Family and whānau who are supporting someone diagnosed with borderline personality disorder (BPD) often report high levels of distress and difficulty (Hoffman, Fruzzetti et al, 2005). BPD is described as having a pattern of very unstable relationships, difficulty controlling emotions and thoughts, and behaving recklessly or impulsively. People with this diagnosis may develop other mental health conditions which include eating disorders, social phobia, bipolar, post-traumatic stress disorder, depression or drug and alcohol problems (Mental Health Foundation website, 2015).

BPD can be difficult to diagnose and there is some concern about the label itself. Some people in New Zealand prefer to use the term ‘severe emotion dysregulation’. Behaviours that can accompany this problem such as attempting to end their lives, self-harm and intense anger create stressful situations for the person, their family and whānau and the health professionals who work with them. Psychological therapies such as dialectic behavioural therapy (DBT) are generally seen as the treatment of choice. Some DHB mental health services offer DBT therapy to service users either individually or via skill-based groups. However, until fairly recently there were limited options for family and whānau requiring these skills and knowledge to support their family member.

Family Connections is a 12 week course that meets weekly to provide education and skills training based on DBT and support for people who are in a relationship with someone who has BPD. Dr Alan Fruzzetti and Dr Perry Hoffman developed the course in 2004 based on their research as well as their significant professional expertise in counselling people with BPD and their loved ones. Family Connections is coordinated by the National Education Alliance for Borderline Personality Disorder (NEABPD), www.borderlinepersonalitydisorder.com.

Survey data from previous courses show that after completing the course family members generally experience a decrease in feelings of depression, burden and grief and more feelings of empowerment.

Families and whānau comments from a recent Family Connections group in Auckland demonstrate some of these positive outcomes.

“In 2012 Dr Alan Fruzzetti came to New Zealand to train up more Family Connections leaders. Four programmes started up after this in Christchurch, Tauranga, Thames and Auckland, in addition to an existing one run in Hamilton by Waikato Supporting Families in Mental Illness in conjunction with Waikato DHB. Another, Family Connections leaders training recently took place in April on Auckland’s North Shore facilitated by Dr Roy Krawitz, a psychiatrist who is nationally known for his work in the field of BPD and DBT and now Family Connections. As a result more Family Connections groups will be offered with five new programmes in Wellington, New Plymouth, Palmerston North, Rotorua, Counties Manukau and Northland.

In 2008 the position paper ‘Destination Recovery’ proposed a recovery vision for New Zealand.

To assist families to move from ‘unsupported and grieving’ to ‘supported and supportive’. It looked forward to a time when “family and whānau retain hope for their family member. They are supported and educated to enhance the recovery of their family member, as well as the recovery of the family unit, from the stresses associated with mental distress.” (Mental Health Foundation, 2008, p. 34).

The Family Connections is a programme that provides families and whānau with the tools to retain hope for their family member.

As mental health and addiction nurses I encourage you to find out if a Family Connections programme is available in your area. See familyconnections.dbtnz.co.nz
Dr Reena Kainamu - a NArraTIVE

Reena Kainamu is a registered psychiatric nurse who works as a co-existing problem/ alcohol and other drug clinician for Whakatōhea Iwi Social Health (WISH) in Opōtiki, Bay of Plenty. As well she is an independent health evaluator and community researcher. Since her training at Kingseat Hospital, Reena has worked in a number of nursing/health fields inclusive of maternal mental health, child adolescent mental health and Māori mental health, serious child abuse multi-agency centre, undergraduate nurse lecturing and, across iwi primary mental health services within Raukura Hauora O Tainui and WISH. She is interested in Indigenous Auto-ethnography, Phenomenology, and Kaupapa Māori methodologies.

Throughout this time Reena has continued her own studies working towards her PhD. She graduated in 2014.

Nā Patricia (Tish) Siaosi, Ngati Mutunga o Wharekauri, friend, colleague, Kaiwhakahaere Te Ao Māramatanga (NZCMHNs)

1. MĀORI MENTAL HEALTH

a NArraTIVE by Reena Kainamu

RPN PhD CTertTy PGCHSci MN CTeReoMāori DMentH NgāPuhí/Ngāti Kahu ki Whangaroa/Pākehā

“Say our beautiful names: A Māori indigene’s auto ethnography of women -self-mother” is NArraTIVE (Kainamu, 2014) writing, a tripartite of: a private story, mine/ours; women’s stories, theirs/ours and; a public story in the told/silent NArraTIVES from the borderlands. In the quiet is violence:

and when we speak we are afraid
our words will not be heard
nor welcomed
but when we are silent
we are still afraid
so it is better to speak
remembering
we were never meant to survive
By Audre Lourde

Irihapeti Ramsden stated “history and the economic and socio-political context of Māori experience was simply not envisaged as relating to nursing and midwifery practice (2002, p.4)”. The nursing profession is the largest healthcare group in this country, it is gendered, politicized and from its cultural construct of ‘whiteness’, a pervasive system of privilege and hegemony, its ethic is to serve.

Paulo Freire, bell hooks and Trinh Min-ha are lions in the literary field of pedagogy, oppression and freedom. Indigene women writers Manulani Meyer, Ngahuia Te Awekotuku, Leonie Pihama, Ani Mikaere and Linda Smith are phenomenal indigene voices of de-colonizing methodologies and (re-writing) women’s her-stories. In my doctoral journey, friend and colleague Dr Virginia Tamanui influenced strongly this indigene auto-ethnography. The sublime poetry (political/social/emotional/native) of Dr Marewa Glover and Dr Karlo Mila, Ngāpuhi poet Robert Sullivan and Audre Lourde above, hold truths. Nurse academic Dr Irihapeti Ramsden gifted the world Cultural Safety/Kawa Whakaruruhau and Dr Helen Hamer, a mental health nurse, retold the ‘Masters House’, articulated in ways that speak of pain, felt and seen in subordination, sexism, racism, stigma, marginalisation and discrimination. These collective voices speak of (alter) NATIVE ways of being and to be; authentic selves.

In the colonisation of woMEn are the antecedents of poor health, the links to misogyny and the low social status of indigenous women. The past settles, unfolding around the present and this dynamic is unheeded for its veracities,
Learning Page 11

its non-sanitized storying of cultural epistemology and ontology.

Between the folds are layers of liberating truths; collectivism; gender co-operation; honouring whāine/women; formal religions and; values/practices of Mauri, Mana and Tapu. World creation explained in organic procreation processes of conception, gestation and birthing; Te Korekore, Te Pō and Te Ao Mārama, the central tenets of this three-world view of creation are feminine.

Women deities, heroines and ancestors in myths, legends and stories, were narrated across generations. Whānau kinship bonds formed the web of society. Whakapapa (as in re-generation) were (and remains in contemporary indigenous society) rights of passage, anticipated, celebrated with poetry, song, dance and naming. Whenua/land/Papatūānuku was the spiritual genesis of all living things, engendering the economic, political and cultural infrastructure for successful societies. Sea-voyaging migrations were shared stories in departing one ancestral place, Hawaiki, and arriving, men, women and children, to Aotearoa New Zealand.

‘Whiteness’ (hegemonic systems of cultural superiority) came to these coasts and embedded in northern hemisphere civilizations, patriarchal processes were thrust upon hapū; European men/Pākehā power-shared only with indigenous men. Introduced religions undermined whānau structures and women were domesticated, slaves and maids for Christian families. School curriculums instructed indigenous girls to replicate European homes, European gender relationships and, European child-rearing practices. Migrants, religious orders, businessmen and politicians carved up the geography of Papatūānuku in land acquisition. Women’s bodies too were conceptually dissected, reduced, to a triangle of sexuality from which grew industries of prostitution, abuse and neglect of children and women.

Europeans birthed the role of (native) ‘mOTHER’. Women’s new status narrowed to a private identity of domesticity and, a public identity of birthing, raising children and chattels, wedded to church and men.

The forced suburbanization of coastal and rural populations due to land alienation combined, with the medicalization of indigenous women’s bodies augmented the disconnection to Papatiānuku. Legislated birthing practices to hospitals/maternity homes halted the involvement of whānau, fathers and grandfathers in birthing, breaking the intra-generational cords binding Whenua, Whakapapa and Wāhine.

First generation suburban whānau maintained ties with ahi kā. Wāhine propelled cultural revitalization for their children and themselves and atop of this, educational/academic achievement. Women had ‘felt-experiences’; of hegemony in the academe; of discrimination and stigma particularly towards young women/mothers. Within society and within their families women experienced misogyny; homophobia; men’s abandonment of family, the burdens of raising children without partners and; mental illness. Normal day-to-day events were racism, sexism and mOTHERISM.

Cultural dissonance and disconnection in general society opened spiritual voids for indigenous men and women. Early childhoods were times of sexual and physical violence, parental/whānau alcohol abuse, emotional neglect and abandonment and the trajectory in later life included suicidal behaviours of partners, family and women themselves, multiple dangerous partnerships and unsafe parenting, substance abuses and other addictions and, family violence. Low social status and poor self-worth underpinned emotional, psychological, biological, social and psychiatric distress, pain and, dysfunctions.

Indigenous men and women, static, in trans-generational cycles of disadvantage and marginalization. ‘Her-story’ and the economic and socio-political context of indigenous women’s experiences and therefore health status can be attended by a servant academe through a vulnerable nursing pedagogy. A pedagogy of aroha, devoid of cultural arrogance and at risk of sharing authentic power with indigene nurse leaders. It will be liberating.

References

Indigene writers: Dr Virginia Tamanui (R) at the graduation of Dr Reena Kainamu (L) UoA Māori Graduation 2014
Developing a mentorship programme

Lisa Tangitu and Ruelle Kessell

Ko Rangi-kawarawara te maunga
Ko Ngātoki-Matawhaorua te waka
Ko Hokianga Whakapau Karakia te moana
Ko Waihoehoe te awa
Ko Ngāpuhi Nui Tonu te Iwi
Ko Ihutai te hapū
Ko Tauteihiihi te Marae
Ko Rāhiri te tāngata
Ko Lisa Tangitu ahau

“Tēnā koutou katoa!
My name is Lisa Tangitu. Today I’m a Māori community mental health nurse working in Kaipara for the Northland District Health Board. The nursing journey has changed my life. At 44 I realised I was going to have serious regrets if I didn’t get an education. I chose nursing because of the diverse range of experiences that it offered as a profession.

In the last year of my degree I did a mental health placement in the community and found my niche. I was humbled by the circumstances and strength of tāngata whai ora I met and was inspired by the creativity required to nurse in mental health. I graduated from North Tec with a Bachelor of Nursing in 2011 at the age of 47 and soon started work in my current role. Having life experience to bring to the position has been invaluable.

As a registered nurse I preceptor student nurses as they explore mental health as a discipline. This year my passion for encouraging future nurses has led me to the development of a mentoring programme for Māori and Pacific nursing students together with my colleague Ruelle Kessell and in conjunction with North Tec. I’m currently studying a Masters of Health Science: Māori Health with support from Te Rau Puawai at Massey University.

Lisa Tangitu

He piko he Taniwha,
He piko he Taniwha,
He piko he Taniwharau
Ko Tainui te Waka
Ko Whāingaroa te Moana
Ko Waikato te Awa
Ko Waikato Tainui te Iwi
Ko Tamainu po, Ko Kotara, rātou Ko Te Huaki Nga Toko Toru ngā Hapū

My grandmother is Merengakarahi Matenga, a school teacher at the then Māori school, Ngā Hau e Whā, Pukekohe. My grandfather is Chong-So Kwan, from the Guangzhou Province of China. He was a market gardener in Pukekohe. My grandmother is Lillian Mary Robinson. She arrived in New Zealand when she was four years old, with her parents, from Shannon, Ireland. She was a home maker. My grandfather is Peter Karauria Tuatara. He was a carpenter from Te Poi, Matamata.

I am at present team leader and triage nurse for Community Mental Health South Team, Te Roopu Whitioura, and Crisis Team, Northland DHB. I am focused on mental health, Māori mental health, Māori workforce development and Māori health initiatives. I enjoy time with my family and never too far away from the ocean!

“Ka Mahi, Ka Ora, Ka Pātuki Tahi: Work and life in balance!”
Ruelle Khan
A grass roots mentoring initiative

Lisa’s experiences as a student nurse and Ruelle’s experiences as a nurse tutor and clinical nurse ignited their passion and determination to develop strategies to attract Māori and Pacific people into nursing and enable them to successfully complete their nursing training.

Lisa began her nursing training with five other wāhine, some women left and some reduced to part-time study. Ruelle recalls that when she trained there were 10 Māori students and within this group they created their own study group.

“We called ourselves the ‘Waka Group’ – ensuring our group was always moving – and in the right direction. Some of us were mums who were returning to the workforce and we supported each other to complete assignments and develop presentations. It helped us to stick with the programme. This study group made all the difference to our learning and accomplishment of graduating,” they said.

To increase support for Māori and Pacific students Lisa and Ruelle held a hui in November 2010 that was open to nursing students and Māori interested in a nursing career. Fifteen nurses from a range of nursing practice settings, along with the director of nursing Margareth Broodkoorn, shared their personal journeys into nursing. These stories created a feeling among participants “that if they can do that so can I!”

They ran a second hui in 2011 and both were very positively received. The hui were named He Whakatohea Te Kākano Hei Oranga Pai mō Tātou Katoa – “Growing our own”.

In late 2014 the motivation to do something to support Māori and Pacific students was revived during the recertification of the Nursing Council’s sign off on Huarahi Whakatū professional development and recognition programme in Wellington. Maria Baker of Te Rau Matatini asked the nurses in attendance to think what they could do personally to assist Māori mental health workforce development. Lisa and Ruelle decided then to formulate a proposal for a student mentoring scheme to present to North Tec and follow up on the work they had started with their student hui.

The initiative was presented to the Māori nursing support tutors of North Tec and the nursing programme director Jane Anderson all of whom embraced the idea with enthusiasm. The proposed mentoring programme would be open to all Māori and Pacific nursing students regardless of what area of health they wanted to work in.

“We met with North Tec on 4 February 2015 and by 16 February attended the Pōwhiri for the new students. We shared our stories during the orientation phase to six student groups. We explained what the mentoring programme offered. This included the availability to meet with us every second Wednesday at 12-1pm on campus and the offer that we would try to provide students with mentors who work in their field of interest if wanted.”

At present Lisa and Ruelle cover the mentoring themselves but other Māori nurses have expressed willingness to mentor students and phase two will involve pairing interested students to Māori and Pacific registered nurse mentors.

“North Tec has provided an interactive Moodle site and we are now able to feed information to the students around topics like the Government Voluntary Bonding Scheme for new graduate nurses, NETP/NESP-Nursing and other important topics for new graduates that are not covered in the degree but are necessary to know to get a good start in the workforce. Mentorship is offered in a number of ways: face to face, email, skype or text,” they said.

Māori and Pacific people completing the foundation nursing programme are key people they try and reach to let them know there is support to take the next step into a nursing education programme. Providing support from this entry level course right through to completion of their nursing training is essential in their view.

“The intention is that in the end they will have a robust transition and become part of a strong network of Māori and Pacific nurse mentors in Te Tai Tokerau,” they said.

“It is about creating a roopu of Māori and Pacific nurses that will remain and increase long term. We hope that the people being mentored will in turn become mentors for others embarking on a nursing career.”

One of things Lisa and Ruelle notice is the shift to more online learning is having an impact on students.

“Third year students barely know each other as the time in face-to-face class learning forums becomes more limited as the programme progresses. This change in education delivery means mentorship programmes are all the more important,” they explained.

What appears to be unique is this mentoring programme was created by two determined and passionate Māori mental health nurses who volunteer their time to support Māori and Pacific people, not to only consider a career in nursing but to make a successful journey to registration and beyond.
Becoming a nurse tutor

Chrissy Kake

Ko Parahaki te maunga
Ko Hatea te awa
Ko Ngātokimatawhaorua te waka
Ko Ngātihau te hapū
Ko Ngāpuhi, Te Arawa, Whakatōhea, Taranaki ngā iwi
Ko Pehiaweri te marae
Ko Christina Kake tōku ingoa

Chrissy was born in Titahi Bay, Porirua where she still resides today with her two tamariki and her supportive partner. After attending schooling in the local area she completed her nursing training at Whitireia Polytechnic where she now works as a nurse tutor.

Why did you become a nurse?

Chrissy’s late mother inspired her to pursue a health career. From a young age Chrissy wanted to be like her mother who started her nursing training but unfortunately did not complete. However, her working life was dedicated to a residential facility, where she started as a cleaner before becoming a nurse aid.

Chrissy’s entry into health care began as a kitchen aid in an aged care facility and from there she progressed to being a nurse aid before she embarked on a nursing career. Her desire to become a nurse was strongly motivated by the health conditions that claimed the lives of both her parents. Her mother suffered from lung cancer and her father from heart disease and diabetes. At that time Chrissy became determined to do something about reducing the health disparities she saw for Māori.

Becoming a mental health nurse

After graduating with a Diploma in Nursing from Whitireia in 1992 along with five other Māori nurses, Chrissy had her sights set on becoming a midwife. However she was influenced by a nurse tutor to fulfil a Māori nurse role. So as a new graduate nurse Chrissy went along with her kaumātua to an interview at Te Whare Mārie, a Māori mental health service.

“To be honest I hardly said anything as my kaumātua and the kaumātua from the service did most of the talking and decided that I was suitable for the job,” explains Chrissy.

The new role as a Māori mental health nurse was situated in a community mainstream service. Chrissy was provided with a six-month orientation and a support network was established which comprised of support from Te Whare Mārie, a Māori nurse mentor and both clinical and cultural supervision. A clinical nurse specialist provided the education and preceptorship.

“These supports enabled me to develop as a new graduate nurse in my new role as there was no NESP- nursing programme at that time.”

In 1995 Chrissy joined the newly established Māori mental health community team at Te Whare Mārie. In 2000 she further developed her nursing skills working in the Crisis Team and Te Haika telephone triage service within Capital & Coast District Health Board. She moved into her current role as a nurse tutor in 2012.

Stepping into a nurse tutor role

Wanting to make a difference for Māori is a key driver to all the work that Chrissy does and this vision also led her back to Whitireia where she had trained.

“I saw the advertisement for a nurse tutor and it just seemed right for me to come back and share my experiences with others. I was excited when I got the role and I have learnt a lot of new skills related to being a nurse educator.”

Chrissy has also recently begun the journey of completing a Masters of Philosophy in Nursing at Massey University. Her topic is “How Māori mental health nurses integrate wairua into their nursing practice.”

Chrissy finds her current role as a nurse tutor at Whitireia a positive move. Whitireia values a positive approach to learning by promoting a supportive learning environment. Whitireia offer both Māori and Pacific Bachelor of Nursing programmes as well as mainstream. Whitireia is the second largest postgraduate provider in Aotearoa.

Chrissy works predominately in the Postgraduate Certificate in nursing (mental health) NESP-nursing programme supporting new graduates in their first year of practice. She finds preparing new graduates for the clinical environment by facilitating the application of learning into their practice as an important aspect to her role.

“It is satisfying to see the new graduates become more confident and be successful and complete the programme.”

Chrissy likes to think of herself as a role model for other nurses and whānau who may want a career in nursing.

“It is a very satisfying profession particularly as a nurse tutor as there are many opportunities the tertiary education environment provides.”
Chrissy stresses the importance for every mental health nurse to further their education in nursing practice and, by completing her Master’s, she hopes to increase the knowledge of Māori nurse practices.

“Learning is a life time journey and keeping your knowledge up-to-date is vital to practice outcomes.”

If you would like to know more about the nursing programmes on offer at Whitireia please contact health@whitireia.ac.nz or Phone 0800 944 847 — or feel free to email Chrissy on chrissy.kake@whitireia.ac.nz

Chrissy

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Being a nursing student

Desiree Hawkins

“Whāia te iti kahurangi ki te tūohu koe me he maunga teitei”


Ko Desiree Hawkins toku ingoa

Desiree Hawkins is a third year Nursing Student at Whitireia Bachelor Māori Nursing Programme, Wellington.

Desiree decided becoming a registered nurse could enable her to care for whānau, and work with Māori. In response to a karanga from her people she sees a place in healing, as a Māori mental health nurse, and contributory to the broader mission for Whānau Ora.

Desiree is currently in her last year of study in the Bachelor of Nursing Māori degree programme at Whitireia, which is where she realised her skills would be best used in Māori mental health. Desiree found the service user and nurse therapeutic relationship in mental health rewarding. Forged in a professional manner she viewed the engagement with service users as vital in their treatment, while supporting growing their knowledge of their condition and encouraging healthy lifestyle choices.

Desiree developed a health literacy tool using Māori health concepts and purakau to support the transfer of knowledge and understanding so whānau and service users had the information required to improve their wellbeing. Desiree hopes to validate this tool in the future and to make it available for service users and their whānau with experience of first time psychosis.

The nursing student journey at Whitireia has enabled Desiree to be adaptable in everyday life situations. She says that although she will specialise in Māori mental health nursing she believes her knowledge will support others well in other clinical settings.

Having had the support of her parents Aussie and Miria Hawkins, whānau, friends and especially hoa rangatira Anaru, has motivated Desiree to achieve thus far. Desiree believes having a ‘go getter’ attitude and leadership skills have enabled her to reach her potential as a Māori nurse. It is from these, Desiree has had the drive to continue on when things get tough. She has learnt when there is access to constructive support from peers, nursing lecturers and practical support such as scholarships, good mentorship, Māori liaison and academic support, Māori nursing hui and roopu, they all contribute greatly to the successes of Māori nursing students.

With support from her nursing student peers Desiree has been able to explore how much she can give others via leadership roles such as class representative, and the Bachelor of Nursing Māori Advisory Group. She has recently become interested in the Te Kaunihera o Ngā Nehei Māori ki Whitireia rōpū and is active in Te Whanga O Tītahi Māori Women’s Welfare league. Although in her final year, Desiree wants to give back to others, and has been part of a student lead group Ngā Tauira Tāpuhi Māori ki Whitireia with peers to strengthen student voice and to develop the future leadership of Māori nursing.

From left to right: Shayola Koperu (Bachelor of Nursing Māori programme leader) Desiree Hawkins (third year nursing Māori student), Shaunie Ormsby-Ryder (first year nursing Māori student)
He tapu te ūpoko, bringing Māori knowledge forward

Dr Dr Hinemoa Elder – Professorial Fellow, Eru Pomare Postdoctoral Fellow, Te Whare Wānanga o Awanuiārangi, FRANZCP, MBChB, PhD

While the concept “he tapu te ūpoko” (the head is sacred) is well known and something many of us have grown up with, I have been surprised that it had not previously been used as a spring board to explore the richness of mātauranga Māori about the brain, head and mind.

I have been privileged to meet and work alongside whānau who experienced traumatic brain injury (TBI) in my psychiatric training and work as a consultant psychiatrist, and it struck me that a comprehensive Māori cultural approach to TBI was needed. Part of this realisation stemmed from the absence of any established comprehensive cultural approach to such a circumstance and the observation that when I explored their tikanga understandings and needs with whānau I was encouraged by the positive responses. Questions arising from these observations work form the basis of my doctoral and post-doctoral studies.

I want to take the opportunity to encourage consideration of doctoral research for all health workers. We bring a wealth of applied hands-on experience that conveys a unique ability to contribute to the wider knowledge base. Building research skills also feeds back into improving our work with whānau as we hone our ability to critique information that might assist our collaborative journey – as well as driving creative approaches in what we offer.

The core findings of my research, determined by Rangahau Kaupapa Māori methodology and methods following 18 wānanga across the country are ngā pō e whitu, seven principles. First, wairua must be attended to as a priority. Why? The theory I have developed proposes that injury or indeed insult to the brain also causes a disturbance to wairua. This means there is a culturally determined insult that indicates a cultural response to that specific aspect. Second, the whānau is the unit of care and healing, in other words the TBI happens to the whole whānau. Whānau is the functional unit of healing.

This challenges the current rehabilitation paradigm that is individual and focused and these concepts that can be problematic where collectivist ways of being and knowing are privileged. Next, I found that whānau experience the clinical world as an alien culture. A salutary message and yet one worthy of putting into action in order to make the structures and spaces we work in safer for Māori in a number of structural and personal ways. This research identified that mātauranga Māori has a wealth of resources specific to traumatic brain injury. These include use of te reo me ōna tikanga, oriori, karakia, waiata, raranga, whakairo, mirimiri, romiromi. It also identified that part of our role is to support whānau who may not recognize they hold these latent resources within whakapapa to discover whānau members who can bring these forward.

The participants were also clear that Māori identity is about connection, this challenges us to look for ways to enhance a sense of place and to use pepeha to connect whānau with those places that reinforce a healing Māori identity. Places were also recognised as they have an important healing role because they define identity.

Finally, other trauma is remembered within whakapapa when traumatic brain injury discussion is invited. This invites an intergenerational approach to understanding and supporting healing for unresolved experiences as this is proposed to optimize outcomes (Elder, 2013a, 2013b).

While this work was developed in the context of TBI I am mindful that there is likely to be the possibility of wider application in the areas of mental health and addiction. Certainly, in presenting the work nationally and internationally this has been the reaction.

I am currently working through a robust validation process of a tool, based on these principles and theory for front line health workers that I hope to have ready for use in 2016. In closing I would like to acknowledge the Health Research Council for supporting my research.

References

How far we’ve come: celebrating 20 years of NESP

On 12 March 2015 a celebration of 20 years of Whitireia Community Polytechnic’s New Entry to Specialist Practice (NESP) – mental health and addiction nursing programme was held.

The celebration was chaired by Toni Dal Din, director of nursing, Mental Health, Addictions and Intellectual Disability Directorate (MHAID), Wairarapa, Hutt Valley and Capital & Coast District Health Boards (3DHB).

The first speakers were Capital & Coast District Health Board interim chief executive officer Debbie Chin and Mental Health, Addictions and Intellectual Disability 3DHB Directorate general manager Nigel Fairley.

Together they spoke about nurse advisor for mental health Frances Hughes, Hutt Valley Health’s Carmel Haggerty, Whitireia Community Polytechnic’s Julia Hennessey and Victoria University’s Professor Jill White. These four developed the idea of an internship programme for psychiatric mental health nursing. Since that time more than 740 graduate nurses have completed the programme and more than 150 places are funded each year.

Whitireia & Weltec chief executive Chris Gosling spoke next. He said the NESP programme was a perfect example of polytechnics providing the work-ready and competent graduates required by employers.

Two of the founders, Julia Hennessey and Carmel Haggerty, then spoke about the programme’s beginnings.

Julia said 20 years ago they knew they had an issue, but they weren’t sure what to do.

“At first we ran a 12-week programme that Whitireia had developed, but it didn’t seem to be enough. We needed a one-year programme but we didn’t know what to base it on.

“At that time we were also in the process of joining with Australia to form the Australia New Zealand College of Mental Health Nurses and out of that came the Standards of Mental Health Nursing, and so these formed the basis of our one-year curriculum.”

Carmel acknowledged all those who had been on the programme advisory committee, and she thanked Te Pou for its current Skills Matter funding, www.tepou.co.nz/skillsmatter.

You can read more about this event on our website, www.tepou.co.nz/news/how-far-weve-come-nesp/591.

Skills Matter Update

An analysis of the Skills Matter New Entry to Specialist Practice

The Skills Matter New Entry to Specialist Practice: Mental Health and Addiction Nursing programme has recently been reviewed, with the report available online now, www.tepou.co.nz/resources/an-analysis-of-the-skills-matter-new-entry-to-specialist-practice-programme/640.

While the course is highly rated, some areas of potential exploration for improvement include the wraparound support available to students in their studies and working with Māori. Workforce retention among Māori, Pacific and East Asian populations was also noted as an issue worth further exploration.

This review drew on five years of survey data and showed that across multiple domains, NESP students are reporting outcomes that together indicate the courses are making a meaningful impact on participants’ practice in the field of mental health and addiction. In particular, students appear to be:

- engaged and generally satisfied with their training
- able to practice safely
- consistently able to apply their learning in the workplace
- enhancing employment opportunities and professional recognition, and seeking further study
- enhancing their values, skills knowledge and practice through being more confident and better equipped to undertake their work; and reflecting critically on practice, which is informed by up-to-date evidence
- looking to build a career in the mental health and addiction sector.
Becoming a clinical team leader and cultural facilitator

Cynnie Hiroti

Ko te manu e kai ai i te miro, nānā te ngahere
Ko te manu e kai ai i te mātauranga nōna te Ao
Ko Te Arawa te waka
Ko Tapuika te iwi
Ko Ngāti Tūheke te hapū,
Ko David (Hoppy) Hiroti tōku hoa rangatira
Ko Kuratangi Pūata- Hiroti ahau (Cynnie)
Tokotoru aku tamariki
Te kau mā toru aku mokopuna, kotahi te moko moko

Nō reira, ka tū rangatira ahau i runga i ngā kōrero waihoiho o ōku ōpuna, ōku mātua, ōku iwi, ōku hapū me ōku whānau. He mihi whakaiti tēnei mai i te maunga me te moana o Tōrerenui, tēnā koutou, tēnā koutou, tēnā koutou katoa...

A childhood memory of sitting beside her nanny who gently stroked the back of her hand whilst listening to the kōrero of kaumātua on the marae, has anchored the life of Cynnie Hiroti, clinical team leader and cultural facilitator, at Te Awhi Whaanau Charitable Trust. “I believe the gentle stroking was my nanny’s' way of passing her wairua on to me,” says Cynnie.

Cynnie was raised in Tōreru, Ōpōtiki, East Coast by her grandparents and much of her learning happened on the marae. “I spoke Māori first and did not learn English until I was around ten years old,” explains Cynnie. She grew up knowing and accessing her parents who lived in Te Puke.

When Cynnie was around 48-years-old she concluded that there were more opportunities for her whānau outside of Raetihi. Although her work as a Kōhanga Reo teacher had been rewarding she wanted to do more. Her husband obtained a position with Te Awhi Whaanau as a support worker, which also provided accommodation. This enabled the whānau, which included their two year old grandson, to move to Hamilton.

Cynnie was not able to secure a job and while contemplating going on the “dole” she was approached by Edward Beattie, director of Te Awhi Whaanau at the time with an offer of a job as a support worker. Two years later Cynnie left to work for Hauora Waikato as a ‘Pou Āwhina Aronui’. After passing a first aid instructor course she became determined to explore becoming nurse, initially this dream was hampered by Cynnies’ own self-doubts.

“I can’t do that, I am too dumb, I am too old and I can’t remember things like I used to.”

However she decided to apply and was encouraged to do so by Rei Wirihana, CEO of Hauora Waikato and Brian Harcourt Pou Tokomanawa.

Leap of faith

So in 2008 Cynnie took a leap of faith and enrolled in the Tihei Mauri Ora stream of the Bachelor of Nursing programme offered by Wintec. During that time she returned to work as a support worker at Te Awhi Whaanau who supported her to train as a nurse. Cynnie said she literally worked full-time whilst she studied.

“Jackie McHaffie, one of the tutors made all the difference as she encouraged me so much,” says Cynnie.

Self-discipline, a need for order in her life, the ability to share her knowledge and skills with others were all key things that attributed to Cynnies’ ability to successfully complete her nursing training. Likewise was her knack of being able to identify her own learning needs and source the supports she needed.

“I excelled in the Māori papers by drawing on knowledge and skills from my background as a Kaiārahi Reo and Kōhanga Reo teacher. My skills as a chef also came in handy and I often created meals to share with my fellow students.
My struggles with the science papers were remedied by another student, who was actually a cataract doctor while he was in India, and was completing this nursing programme. In return I supported him to develop his grammar skills. We became great friends.”

Cynnie believes that a key to academic success is to understand how you learn and to have a lot of commitment. During her time as a student she enjoyed hospital placements in the medical wards and in the forensic mental health unit.

“I was invited into clinical meetings where I felt valued for my knowledge and skills about Tikanga Māori and also for my developing nursing skills. However I did get a sense there were some gaps in the way services were provided for Māori.”

Practising as a Māori mental health nurse.

After registering as a nurse Cynnie was offered a position as clinical nurse and then clinical team leader and cultural facilitator Te Awhi Whaanau. Her role includes supporting the team based in Whangarei.

Cynnie has a keen eye for streamlining process due to skills gained while working at Hauora Waikato, and is intent on improving the quality of services for tāngata whai ora and their whānau. For example improving the homes where tāngata whai ora lived was achieved by replacing the beds and paying more attention to tidiness. She has also revised the care plan template and reduced the content down to a half page working plan that other staff can easily follow. The assessment form has also been refined and now assessments can be completed in around 45 minutes.

Cynnie recognises that she does drive change and even her manager Shirley Titoko says so.

“Cynnie is a very talented and gifted woman and a real asset to our service. Although it took me some time to understand why she wanted to change some things once I could fully understand what she wanted to do I gave her my full support. Although initially resistance from some staff was evident the results delivered on site in Te Awhi Whaanau.”

Supporting whānau to change

“A big part of what we do includes working with whānau and this includes educating them about medication and about how their behaviours and actions may be impacting on the tāngata whai ora’s wellbeing and hampering recovery,” says Cynnie.

“Often alcohol and substance use among family members is a problem that we need to discuss with whānau. After explaining this to one parent they sought help for their alcohol use problem. It really turned the family around. So much so that the tāngata whai ora is now aware that any attempts to drink alcohol or use substances are not supported by their family when they are on home leave. That whānau came to understand how their actions were impacting on their family members’ recovery. Sometimes it is a hard conversation to have, but it needs to happen.”

Rewards and the future

Cynnie admits there are both opportunities and challenges about being a Māori mental health nurse, and believes her Christian faith enables her to have peace of mind when she goes home.

“I can leave work at work and focus on my whānau when at home.”

Being part of a persons’ journey towards their recovery is rewarding for Cynnie.

“Many people come into our service very unwell and seeing them recover to a point where I am writing out their discharge plan is the thing I enjoy most about my job.”

Cynnie’s 18-year-old grandson has recently embarked on his own career in health and joined the team at Te Awhi Whaanau. The Hiroti whānau is therefore highly likely to continue its involvement in Māori mental health services. For Cynnie, a young at heart 64-year-old wahine, there are still many years of mahi ahead of her. For now her loyalties lie with Te Awhi Whaanau which encouraged and supported her to become a Māori mental health nurse.

Encouraging Māori to consider a nursing career

“Please do not allow your age to be a barrier,” Cynnie says.

“I saw many young Māori girls drop off the nursing program due to lack of drive, commitment and support, but the older ones finished the race and were all there on graduation day.

Therefore, I encourage all Māori, wahine or tāne and agree with others who are saying we do not have enough skilled Māori in mental health.

Our tīpuna have gifted us with the legacy of aroha and manaaki which is the best two things to be equipped with in this business of working with people.”
From midwifery to mental health

Dina Hippolite

Ko Tainui te Waka
Ko Maunga Tapu te Maunga
Ko Raukawa te Moana
Ko Maitai te Awa
Ko Whakatū te Marae
Ko Emma Anderson-Hippolite taku tamaiti
Ko Dina Hippolite ahau

It is really not surprising that Dina grew up to become a registered nurse and a midwife as careers in health are part of the Hippolite family tradition – some of whom are doctors, nurses, social workers and midwives. Dina’s career journey has taken her along many pathways nationally and internationally which have enriched her life and practice as a health professional.

In 1991 she worked as a staff nurse at Waikato hospital. She then trained as a midwife in 1993 where she consolidated her learning by rotating throughout ante-natal, post-natal, delivery suite and newborn units. She also worked as an Independent midwife and had the privilege of being mentored by Maureen Leon and Judy Ngakuru. Whilst at Waikato Hospital she completed a certificate in Te Tuarā o te Reo Te Ataarangi and completed various workshops offered by the hospital.

Dina worked in Australia for the Code Blue Nursing Agency as a senior midwife in a variety of settings which has added to her experience. She returned to Aotearoa in 2001 and worked as a nurse for Iwi health in non-government organisation, Te Rūnanga o Kirikiriroa in Hamilton which had a focus on health promotion contracts from the Ministry of Health. Dina also facilitated ante-natal classes over a six week period.

Dina then took up a position as clinical nurse specialist at Raukura Hauora O Tainui in Hamilton. Her focus was disease state management (DSM) nursing and she specialised in cardiac, respiratory and diabetes. Her job included managing 12 nurses. As a DSM nurse she was very well supported by the hospital-based nurse educators and she says they were great to work with. One change that Dina initiated was the ability for her as an NGO nurse to be able to write directly into the clinical notes of the people that were in the cardiac care unit at the hospital who she supported in the community.

In 2007 Dina moved to O’ahu, Hawai’i and worked in a programme ‘Parents and Children Together’. She visited families and children (aged 0-3 years) to monitor their developmental milestone progression.

In 2012 she returned to work at Te Rūnanga o Kirikiriroa in mental health and addiction residential services. Whilst there she completed the first year of ‘Te Taketake’ a NZQA approved applied addictions counselling course offered by Moana House and delivered in Rotorua.

“My mind was like a sponge when I did this training and I really enjoyed this area of work after many years in general nursing,” says Dina.

She had also come to realise she had many skills that were easily transferred from general nursing into mental health and addiction nursing.

“I knew the health system, I had networks in place, I knew people, trusting relationship existed and people knew me and trusted me. This gave me confidence and I felt I had a lot of backup and support from other health professionals.”

During this time Dina completed a post graduate certificate in Health Science Mental Health and Addiction. This was funded by Te Rau Matatini, and was delivered by Helen Warren – a nurse who also has her doctorate – and it was, she says, “so inspirational!”

A clinical role in infant child and adolescent mental health then became available to her. Although initially hesitant Dina says she now thrives in this field of practise as she believes there is a lot of hope for the young people to make positive changes in their lives. Dina currently works as part of the Southern Waikato cluster team on the ‘Infant Child, Adolescent Mental Health Service’ (ICAMHS) where NGO and DHB clinicians all work together. “I feel really supported and learn so much from my colleagues who include other nurses, psychiatrists, psychologists, social workers and occupational therapists.” This role has ignited the passion that Dina first felt when she was a midwife many years ago.

Dina has completed a post graduate certificate in Core Skills for Specialist Practice in Infant, Child and Adolescent Mental Health at The University of Auckland. (Skills Matter funding is available for this course, visit www.skillsmatter.co.nz to learn more.)
Māori mental health nursing

Dina feels comfortable walking in both Māori and non-Māori worlds. As she reflects on her nursing career, she emphasises the importance of weaving the threads of clinical and cultural skills to promote robust practices. She says the concept of nursing whānau and not individuals is not new to Māori.

“It is about partnership, manaakitanga... tino rangatiratanga; trusting that whānau themselves have their own answers. It takes skill to be able to illicit the information so they can see and make positive changes.”

The future

“My experience as a Māori women, midwife and nurse has instilled in me a sense of confidence in being able to navigate the health system to advocate for Māori nurses, tāiohi, tāngata whai ora and their whānau,” Dina says.

“We need more Māori nurses in all levels of leadership, especially where changes are being made at policy level so that Māori needs can be addressed fairly. By this I mean practices like pay parity, dual competency, Māori nurses being recognised for their skills and validated.”

Dina hopes this becomes the norm for all nurses regardless of whether their employment is with an NGO or DHB. Dina has her sights set on becoming a nurse practitioner and her first step is to start to map out the education pathway to travel that journey. Watch this space!
A PICTURE OF THE MĀORI MENTAL HEALTH AND ADDICTION NURSING WORKFORCE IN AOTEAROA

OVERVIEW
As of 31 March 2013 there were 3,279 practising nurses who identified as Māori. This represents 7 per cent of the total nursing workforce.

Within the Māori nursing workforce there are:

- **91%**
  - 2,984 registered nurses
    - (6% of all RN)

- **8.66%**
  - 284 enrolled nurses
    - (10% of all EN)

- **0.34%**
  - 11 nurse practitioners
    - (11% of all nurse practitioners)

PRACTICE AREAS
The most common practice areas for Māori nurses were primary health care, continuing care and community mental health.

- **10.5%** primary health care
- **10.1%** continuing care
- **10%** mental health (community)
- **9.7%** medical
- **8.3%** mental health (inpatient)
- **0.8%** addiction

50.6% are in other areas
The Māori nursing workforce are primarily based in the upper North Island.

Gender Balance

The Māori nursing workforce had fewer men: 6 per cent compared with 8 per cent for the whole workforce.

Location

The Māori nursing workforce are primarily based in the upper North Island.

Age

The Māori nursing workforce had a slightly older age profile than the nursing workforce as a whole, with 47 per cent aged 50 or older.

Collectively 625 nurses, around one fifth of nurses who identified as Māori worked in mental health (community or inpatient) or addiction practice settings.

Karen Brown and Billie Morgan on becoming NGO nurses

Karen Brown and Billie Morgan completed their nursing training at Unitec, in 2005. Ten years on they are reunited again and practising in a way they had always dreamed about. “We can be the nurses we always wanted to be.” They now believe they are working in roles that enable them to really make a difference to the whānau they support.

Karen and Billie work for Mahitahi, a kaupapa Māori organisation supporting tāngata whai ora in their journey to wellness through the provision of residential, community based services and programmes. They believe tikanga based services provide the best platform for tāngata whai ora to achieve wellness and strive to provide this in the most effective and appropriate way possible.

Karen Brown

Karen Brown completed their nursing training at Unitec in 2005. Karen had been a caregiver in a resthome and when she saw Unitec’s nursing programme advertised, and she knew she wanted to do more with her life. Following successful completion of the Foundation Studies-Nursing course she went on to complete the nursing programme where she met Billie.

Billie Morgan

Billie Morgan completed her nursing training at Unitec in 2005. Billie was thinking about what she could do with her life one day after she saw her husband off to work and children off to college. The memory of an inspirational hospice nurse who provided support to her whānau when their father had become seriously ill, spirit her into thinking that she too could become a nurse. Like Karen she applied to enter the nursing programme at Unitec and was steered towards completing the Foundation Studies course. However after successfully passing a test on this course she was granted access straight into the Bachelor of Nursing programme.

“Billie eats textbooks!” exclaims Karen. “We always learnt a lot from her during our training. She had this uncanny knack to retain information.”

Billie and Karen became part of a group of about five mature Māori nurses who trained together.

“We formed really solid friendships, supporting each other through our various life changes. Humour was one of the key ingredients to the success of our relationships,” says Karen.

Journey into nursing

As Māori women and mothers Karen and Billie were determined to do more with their lives. Karen had been a caregiver in a resthome and when she saw Unitec’s nursing programme advertised, and she knew she wanted to do more with her life. Following successful completion of the Foundation Studies-Nursing course she went on to complete the nursing programme where she met Billie.

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“We formed really solid friendships, supporting each other through our various life changes. Humour was one of the key ingredients to the success of our relationships,” says Karen.

Mental health nursing was not their first practice area choice. Karen was actively encouraged by some of her tutors not to work in mental health and to go and do some “real nursing” so she initially spent time working in a medical ward. In 2008 she went to work at Moko: Māori Mental Health Team, Waitematā DHB and there she reconnected with Billie. Prior to this she worked for Community Alcohol & Drug Service (CADS) as part of the inpatient team and then community detox team.

Prison nursing on the other hand appealed to Billie and she spent her early nursing years working in Auckland prisons with men and women. There she gained experience in a range of skills and was able to extend her skills due to the scope of prison nursing practice. Simple suturing was a skill she learnt well. She often anguished over the health of Māori in prisons and was keen to practice in services which could support Māori to improve their health in community settings.

When Karen and Billie finally ventured into mental health nursing they both completed the NESP- nursing programme for mental health nurses.

By drawing on the extensive experience in other areas of nursing practice Karen and Billie feel they are able to translate that into their current roles. Karen is the clinical team lead – housing and recovery support services. Billie is the registered nurse for Mahitahi’s Auckland DHB contract and oversees the service through a clinical lens. In addition to their nursing roles they both find themselves fulfilling roles such as “nanny”, “aunty” and “chief bottle washer”.

A big part of their role involves developing the knowledge and skills of the kaimahi who support the people in the service with their goals for improving their health and wellbeing.

Working with whānau of tāngata whai ora is an inherent part of their work. Karen recalls a kuia bringing her young grandson into the services and reassuring her that they would take care of her “taonga”.

“We also support people who for various reasons have become dislocated from their whānau so in a sense our service becomes their whānau,” says Karen.
It was not easy for Karen and Billie to cross the great philosophical divide that appears to exist between nursing in a DHB and nursing in a NGO and even more so perhaps when leaping into a Māori health service provider. Billie found this experience quite a challenge and it took a few months for the pining of her old service in the DHB to dissipate.

One of things both Karen and Billie both noticed when they became an “NGO nurse” was the feeling that some DHB clinicians seemed to under value their nursing expertise. Having worked in DHBs themselves they could understand that approaches or models of care and policies may differ. However they needed to put a lot of energy into building strong and effective inter-sector working relationships with their DHB colleagues.

Supporting tāngata whai ora to improve their physical health.

Mahitahi provides health services for tāngata whai ora across the age continuum. However it is apparent some people accessing the service also experience physical health problems and are ageing earlier, yet are below the age limit to access the services they need. An initiative ‘Mauri Tū, Mauri Ora – An active soul is a healthy soul’ was started in September 2014 to support tāngata whai ora to improve their physical health. Kaimahi were concerned about the overall health of tāngata whai ora. Day program facilitator Karam Meuli, healthy lifestyles coach Anaru Ah Kew and occupational therapist Johnathan Buhay called a hui with Karen, Billie and the service managers to discuss how Mahitahi as a service could address the problem.

After many discussions a programme was designed for a six week Hauora Whai Ora. They had decided to allocate different roles/modules to different people based on roles and areas of expertise. Modules were to be about 30 minutes long. Each workshop provided participants with information and the content from the workshop was given to them so they could go over the information again in their own time. Each participant is given a folder so they are able to gather the information from the workshops and create a resource for themselves.

The week started with a karakia and then a healthy breakfast was provided, followed by waiata and then the modules started. Participants were split into four groups and each group was to design a name, team banner and chant. The starting point was doing baselines including blood pressure, weight, girth, height, heart rate, blood glucose, body fat and muscle percentages, and Body Mass Indexes. Tāngata whai ora were sent to their GP where they were metabolically screened.

Among a group of 31 tāngata whai ora who were Māori, overweight, experienced a serious mental illness and experienced other health problems they also found:

- twenty-one people were on clozapine (68 per cent)
- five people aged 20-30 years were glucose intolerant (16 per cent)
- eleven people had hypertension (35 per cent)
- nine people had type 2 diabetes (29 per cent)
- twenty-seven smoked tobacco (87 per cent).

Daily kōrero were held around smoking cessation with gum and lozenges given out and the option to obtain a prescription for nicotine replacement therapy patches. Each day a physical component was introduced from sports to active games.

Education around nutrition “what’s in our food” workshops were followed with cooking classes. People from Manurewa Marae came and spoke about rongoā. A mana wahine and mana tāne group discussed points like personal hygiene and cancer screenings such as prostate, cervical and breast.

There were team challenges to create and plant a vegetable garden bed at each of whare. Sensory modulation was introduced along with self-nurturing and keeping well workshops. The last day was spent at the beach harvesting fish, oysters and gathering watercress and pūhā. Everyone then came together and shared our kai as a whānau.

So what did this achieve?

Karen and Billie say managers acknowledged the need for this challenge and enabled the financial support.

“The activities introduced to our tāngata whai ora exposed them to a healthier alternative to their current lifestyle. As a service we realised that we need to focus on our tāngata whai ora as a whole in order for them to achieve wellness,” says Billie.

There are now 13 tāngata whai ora preparing for the Iron Man. Over half attend the gym two- three times a week or have an individualised exercise plan with a life style coach. Takeaways have been replaced with healthy options and the menus in the whare are healthier. Tāngata whai ora are now being responsible for their health and wellbeing.
Becoming a senior nurse in a mental health Kaupapa Māori service

Linda Wilkinson-Sewell
Ko Titirangi te Maunga
Ko Uawa te awa
Ko Ruakapanga te whare tipuna
Ko Ngāti Porou te iwi
Ko Linda Wilkinson-Sewell ahau

As far back as Linda can remember she wanted to be a nurse and care for her whānau. However as things panned out she was not able to pursue the dream until she was 39-years-old. “When I decided to begin my nursing training I was working at Whakatāne Hospital as a sterilising assistant, my marriage had just ended and I needed to make some major decisions about my future. I was having lunch with a friend from home (Becky Fox) who happened to be the director of nursing at Whakatāne Hospital. With her support and encouragement I enrolled and was accepted into the nurse training programme at Waiariki Polytechnic which happened to have one of the first training programmes that was centred on tikanga Māori – “Te Whare Tapa Whā.”

Career pathway

On completion of a three year training programme Linda was fortunate enough to secure a position as a registered nurse at Ngāti Porou Hauora (nee Te Puia Springs Hospital). During her 15 years there she progressed from being a new graduate nurse to becoming the senior manager of the mental health and alcohol and drug services.

While working at Ngāti Porou Hauora Linda was supported by the organisation to complete a Bachelor of Nursing Degree. “On completion of this the director of nursing at Tairāwhiti DHB (Christine Mercer) encouraged me to begin the Masters of Nursing at the Eastern Institute Technology where I gained two papers toward a Master’s degree. During this time I applied for a Te Rau Puāwai bursary which enabled me to complete a Master Degree at Massey University,” says Linda.

Her research looked at the impact of gambling venue policy implementation in the Tolaga Bay region. She used a case study approach and found four key themes: a profile of a person with gambling problems (female, Māori, 50-years-of-age and employed); strong familial links; community action; and the consequences of gambling in the Tolaga Bay region. Results suggested that since the introduction of the new policy gambling behaviour involving electronic gaming machines had decreased. However, there were indications that other forms were being provided to sustain the gambling behaviours.

The implications for nurses were related to their expanding roles, which must include mobile service provision in rural areas such as Tolaga Bay. In particular, the need for primary mental health nurses to develop screening skills for gambling and provide interventions to support people with problem gambling behaviours. Linda concluded early intervention and awareness of problem gambling behaviours were vital and particular attention needs to be paid to working Māori women who are around 50-years-of-age as they appear more likely to having a gambling problem.

Whilst working for Ngāti Porou Hauora Linda remarried. However when her husband died she decided to move closer to her children. She took up a position in Gisborne as a needs assessment and service coordinator for Tairāwhiti Healthcare. After two years she moved on to a portfolio manager role for mental health and alcohol and drug services. This involved managing the Request for Proposals (RFP) process and included the retendering of all mental health and alcohol and drug services contracts held by the Tairāwhiti Health Care.

Linda now resides in Auckland and works as a senior nurse within a mental health Kaupapa Māori service, Te Puna Waiora, Counties Manukau District Health Board. This includes filling
in for managers and clinical leaders when they are absent from work. “I enjoy the fellowship of like-minded people and the challenges of mental health service provision in this current political climate. I enjoy sharing my knowledge with colleagues both from a nursing and fiscal worldview. I also enjoy being a role model for Māori nurses to follow their dreams and aspirations. If I can do it so can you.”

Being a Māori nurse

Linda believes the most important aspect of being a Māori nurse is to provide leadership in professional development for Māori nurses and encouraging them to further their education.

“Part of joining these dots is to build on past experience and provide a platform for excellence in Māori nursing. Critical to this is the Huarahi Whakatau professional development and recognition programme, a dual competency programme for Māori nurses. The programme is now recognised as an accepted framework for Māori nurses and meeting nursing competency standards at Counties Manukau DHB,” explains Linda.

“On reflection each support, including my whānau, played a pivotal role in my academic and professional nursing journey.”

Linda is now approaching retirement and pondering how she will ease out of her rewarding career as a Māori mental health nurse.

Becoming a nurse in a Kaupapa Māori rehabilitation unit

Herby Skipper

Herby Skipper is a Māori mental health nurse who works at Mason Clinic regional forensic psychiatry services, Waitematā District Health Board (DHB), Auckland. He joined this service as a foundation member of a specially designed Kaupapa Māori rehabilitation unit – Te Papakāinga o Tāne Whakapiripiri that opened in 2006. Te Papakāinga o Tāne Whakapiripiri supports people who want a recovery pathway that embraces Māori values and concepts.

Pathway into mental health nursing

It was whilst working in geriatric care in Auckland that Herby decided he needed to do something more. He was a father with three children and the employment lines in the area were getting longer and longer. Friends suggested he become a psychiatric nurse so he applied to the training programmes at Carrington Hospital, Auckland and Tokanui Hospital, south of Kihikihi. The love of rural areas and whānau connections - Connie Emery and Gene Lewis-Clarke led him to Tokanui Hospital where he remained for a number of years. After graduating in 1984 Herby practised in Kia Tukua, the psycho-therapeutic unit at Tokanui and completed courses in psychotherapy. He then worked in DHB and non-government organisations (NGOs) community mental health services. At that time he was a staff member and then board member for Ngā Whare Āwhina which had emerged from Pathways.

In 2000, he moved to Auckland based community and inpatient mental health services. In 2003 he decided he needed to understand more about addiction and took up a role in a medical detoxification unit at Waitematā Community Alcohol and Drug Services. This was a new area of practice and a huge learning curve.

“I learnt a lot during this time and we had training provided often. As mental health nurses I think we know a little about addiction but the reality is that we need to know more,” says Herby.

He fondly recalls the huge number of birthdays they celebrated. “At first I was puzzled why a middle aged person was celebrating a two year birthday – then I clicked it was their years of sobriety.”

“Often it really is about waiting for the right time when a person is ready to change.” The clinical experiences in the addiction service gave him a breadth of new skills which he was able to take forward into Te Papakāinga o Tāne Whakapiripiri where he moved to in 2006.

Mason Clinic has recently developed a service user pathway through services ‘Te Aranga Hou – the new path’. This focuses on supporting the person to set and achieve milestones along their pathway from acute services back into the community. The journey for many people is often lengthy as there is a formal graduated leave process and they need to develop the skills and have supports in place that enable them to live in the community.

In Herby’s view most people in the service have co-existing mental health and addiction problems. Lack of access to alcohol and substances for people in secure care environments can mean the need to work on their addiction problems is not seen as a priority. Sometimes it is during planning for or taking leave they realise the
need to develop skills to manage their addiction, such as drug refusal skills. “We do a lot of work around educating people about the impact alcohol and/or substance use can have on them when they are also taking medication for their mental health problems. Locally we are facing challenges with the sale of legal synthetic cannabis as the council is deciding on where it can be sold.”

A career in health

Herby reflects back on his career as a 60-year-old Māori mental health nurse and thinks about his early days as a young man. He recalls having around 35 jobs before he became a nurse.

“If I did not like a job, at smoko break I would go off for a pie and just not come back – and think nothing about it. Quite a contrast to my 30-year-long career as a mental health nurse, which has really managed to keep my attention!” says Herby.

He believes he has an “affinity” for the people he supports and has managed to convey this to his children who have chosen careers in health. One daughter is a nurse and initially practised in mental health services before going into the area of women’s health. Another daughter is a social worker based in a school and one son is a physiotherapist. He also has a son who is a teacher in a Kura Kaupapa school. “I am very pleased that I was able to plant the seeds of a career in health for my children,” says Herby.

Being Māori

Herby was raised in Wellsford and his mother was Māori. However as a child he did not learn a lot about Māori tikanga. He was around 50-years-old before he decided to really find out more about his whānau and has spent a lot of time learning his whakapapa. He believes this has opened the doors for not only him to go home but also for his children. One of his sons is now chair of their marae committee and is “doing some great work,” says Herby.

This re-connection with his own whānau resonates not only for Herby in his personal life but also in his professional life as a Māori mental health nurse.

“By learning about my whānau I am able share that information with others which I see is important to the wellbeing of the people in the unit. I see I have a role in alerting people to whānau connections because they often don’t know who they are or where they are from. This is the part of my mahi that I enjoy the most."

Herby believes it is also important for people working in health to be connected to their whānau.

“At a hui where all the people from our marae were invited back to the opening of our whare kai in Wellsford people met others who they had been working alongside for many years but did not know that they were whānau. I see this in the work I do as a Māori mental health nurse, the people in our services are often quite disconnected from their whānau.”

Becoming a nurse

My interest in nursing actually arose through contact with health professionals as a mother. I had a great midwife who helped me connect with other health professionals such as Plunket nurses, GPs and nurses and doctors in the hospital also stirred my interest in a nursing career. It was then that I began to realise that I needed to have a career which would enable me to provide for my daughter. So I did my research and when my daughter turned two I enrolled in foundation studies at Unitec that bridged the pathway to enter the Bachelor of Nursing degree.

Becoming a Māori mental health nurse

I graduated from Unitec with a Bachelor of Nursing in 2005 and had my sights on being a surgical nurse. However, I was encouraged to consider mental health by a mental health nurse.
Although I have to admit working in mental health scared the living daylights out of me initially, I really loved it. The following year I completed a postgraduate certificate specialising in mental health.

I completed a six-month placement in acute mental health services – Te Atarau Unit and then a six-month placement in community mental health services. I was very fortunate as my community placement was with MOKO Services, Waitematā District Health Board’s Māori mental health service. During that placement I was approached by the service manager Timoti George to apply for a nursing position with MOKO Services. This is where it all began and where I am to this day.

It was during my early days of working in mental health services that I came to understand more about my family history of mental illness. My father is Māori and both his parents Māori. It is through researching my whakapapa that it appeared some of my ancestors also experienced what I can only describe as ‘Mate Māori’ (Māori sickness).

My mother is Pākehā and of both Australian and New Zealand European descent. Some family members experienced depression and some sadly chose to end their own lives. Learning about my family’s experiences made me realise that I needed to look after my own mental wellbeing also.

**Current role**

Currently I am a nurse/keyworker with Whītiki Maurea MOKO Services. Moko Services is a service committed to the kaupapa of healing for Māori by weaving together Māori healing practices and western clinical practice. This provides Māori tāngata whai ora and their whānau with the best possible health outcomes. Whānau centred therapy is the driving force for Whītiki Maurea and a marae-focused, wairua-driven service is the ultimate objective.

I work in a team of nurses, taurawhiri (cultural advisors), kaumātua, social workers, a clinical psychologist and doctors to provide a service to Māori tāngata whai ora. I have a caseload of Māori tāngata whai ora who have a DSM V: Axis I mental health diagnosis – this range of diagnoses include schizophrenia, bipolar disorder, and depression. The tāngata whai ora that I work with also have a range of complexities not only with their mental health diagnosis but also culturally. Hence the model that MOKO Services mostly works with is Te Whare Tapa Whā, and this is how we can cover all realms of tāngata whai ora lives.

Although no one day is the same I am able to plan most of my work to ensure I set aside enough time to co-create collaborative recovery plans with the tāngata whai ora. This means I can often set my own work pace and in turn I gain a lot of job satisfaction and rewards from being able to work in a way that makes a difference in the lives of the tāngata whai ora I support.

My work also includes liaising with mental health crisis teams, mental health acute inpatient units, liaison psychiatry services, community agencies such as non-government organisations and GPs. Connections and relationships are key to the work I do in the community. Since coming into this service ten years ago I have been able to develop strong relationships with health, social and community services. I feel well connected and I am able to use these connections to support the tāngata whai ora and whānau I work with.

I am also involved with facilitating a number of groups along with other team members. Healthy wellbeing groups such as Auahi Kore (stop smoking support group) and Whakapakari Tinana (exercise and healthy lifestyles). I am also part of a team that provides a weekly group - Hōtaka Hauora (Māori Wellness) – which is delivered by taurawhiri and kaumātua and focuses on supporting tāngata whai ora with their recovery goals.

**What I enjoy most about being a nurse and what is important to me?**

If I may take from a well-known proverb ‘He aha te mea nui? (what is important?), ‘He Tāngata, he Tāngata, he Tāngata (It is People, It is People, It is People). I love people. Most particularly with my working in MOKO Services is working with ‘Māori’. My people:

- walking alongside and being part of their journey to recovery ‘manaakitanga’ (supportive approach)
- having the honour to be part of not only tāngata whai ora lives, but connecting with their whānau, hapū and iwi - ‘kohaitanga’ (togetherness)
- working in a team specifically tailored for Māori based on tikanga – ‘my values, my customs, a way that I understand and is part of me’
- whānauangatanga (connections) – being connected to; my organisation Waitematā DHB, mental health services, community mental health services, Whītiki Maurea – Māori Health Services. It is also about being connected to all of the disciplines who are involved in serving tāngata whai ora, whānau and our local communities to achieve best possible health outcomes for all.

**How I attract Māori to nursing?**

Supporting others with their learning is something I am very passionate about. I know the importance of having a great mental health placement and its influence on a student or a new graduate nurse’s decision to pursue a career in mental health nursing. I provide preceptorship for undergraduate nurses from four schools of nursing and also to new graduate nurses on the NESP nursing programme. Nurses on the new graduate programme who are completing a placement in our services are involved in serving tāngata whai ora, whānau and our local communities to achieve best possible health outcomes for all.

Sarah Ramari Williams
Next steps

My current goal is to complete my level three portfolio for the Huarahi Whakatū – Dual Competency PDRP for Māori registered nurses. I have been in this service for 10 years now and although opportunities for other roles have come along I have preferred to stay in a clinical role as being with tāngata whai ora and their whānau is where I want to be. My hope is by sharing my experience, although it’s only a glimpse, I may be able to inspire someone thinking about nursing as a career.

Choosing a career in nursing was the best choice I could have made. Nursing care comes in many forms and in the wider health sector predominantly has a focus on a persons’ physical health. However, for me, mental health nursing is a special form of nursing. It takes a unique individual with almost a sixth sense and aptitude to see beyond the obvious and address, in some way, the deeper needs of the human soul. Unfortunately, stigma remains to this day for those experiencing mental health problems. As a nurse in mental health we are able to inform and educate not only tāngata whai ora and their whānau but the wider community. Mental health nursing is not without many challenges but provides satisfaction and is also very rewarding. I would like to end with a whakatauki that a kaumātua within Whītiki Maurea whom I have known all my years working with the service has gifted to me.

Ehara tōku ringaringa hei patu, kia patu tāngata. Engari hei ringaringa āwhina, hei ringaringa atawhai me te ringaringa manaaki.

My hands were never made to be a weapon, to hurt people. But rather they are hands made to embrace, they are hands made to care for others. They are hands to be a blessing.

Addiction nurses update

Klare Braye – Project lead Matua Raḵi

Tēnā koutou

Matua Raḵi recently held an Addiction Leadership Day in Wellington. This event is held three times a year in the main centres. Further Leadership Days will follow in Auckland in July and Christchurch in November. As always, this was a great opportunity for networking and liaising with colleagues from throughout the country, in addition to being informed about initiatives and activities within the addiction sector. A full summary of the day can be found in the Matua Raḵi newsletter www.matuaraki.org.nz/library/matuaraki/matua-raxte35i-newsletter-april-2015 and presentations can be found on the Matua Raḵi website www.matuaraki.org.nz/library/matuaraki/addiction-leadership-day-march-2015-presentations.

There were a number of highlights at Leadership Day that I think are particularly pertinent for nurses working with addiction. Suzy Morrison talked about the activities of the Matua Raḵi Consumer Leadership Group and the ongoing discourse about the ‘language of recovery’. As part of a presentation on violence prevention and addiction services, Ann Dysart from the Ministry of Social Development spoke about ‘E Tū Whānau’, a strengths-based movement for positive change developed and lead by Māori. She highlighted the importance of believing in the strength and the power of the whānau. The group has produced a book to help start people’s thinking (www.etuwhānau.org). Associate Professor Jan Jordan, representing the Family Violence Clearinghouse, explained how the Clearing House can be a valuable resource to link family violence research, policy and practice and act as a conduit of information www.nzfvc.org.nz.

Matua Raḵi also recently organised a National Addiction Research Symposium in collaboration with the Universities of Massey, Auckland, Victoria and Otago. The symposium offered an opportunity to disseminate findings and support the addiction research workforce see www.matuaraki.org.nz/supporting-workforce/research-workforce. It was encouraging that presenters and attendees represented not only those from academic fields, but also addiction clinicians from a wide array of professions.

The Matua Raḵi addiction nurses’ working group met recently to discuss activities and events to support the addiction nurses’ workforce. If you have any ideas for possible activities don’t hesitate to contact me klare.braye@matuaraki.org.nz and have a chat. Hot on the agenda was the upcoming Te Ao Māramatanga Conference (www.nzcmhn.org.nz/News-Events/News-Archive/Te-Ao-Māramatanga-New-Zealand-College-of-Mental-Health-Nurses-Conference). Matua Raḵi is supporting addiction nurses to present their work at this conference. The eighth Addiction Nurses’ Symposium will take place in Wellington later in the year in collaboration with DANA www.danaonline.org.
Being a Māori addiction nurse

Jewel Reti

As a young child Jewel recalls seeing a photo of her grand aunt Raukura Robinson (nee Piripi) in a nursing uniform and this inspired her to think about becoming a nurse. She recalls an experience at school when she was nine years old. The teacher asked the class, “What do you want to do when you grow up?” Jewel enthusiastically stated she wanted to be a nurse when she grew up just like her grand aunt. The response from the teacher was one of disbelief and she suggested Jewel should consider other manual jobs like cleaning. At the time, Jewel did not understand why the teacher thought she couldn’t be a nurse. This experience motivated her to rise above the discouraging comments and prove to herself and others (especially the teacher) that she could do it.

Another role model is Jewel’s older sister Phyllis Dunn who trained and worked as an enrolled nurse. Phyllis was encouraged by their mother to apply for the bridging course to become a registered nurse and Jewel was also encouraged to apply for the comprehensive nursing programme.

In 1995, Jewel completed a Diploma in nursing and bridged to a degree soon afterwards. Her first two years of nursing were spent in the rehabilitation and assessment unit (stroke unit, Whangarei Hospital). She then spent time in a surgical ward before going to work in the community as a public health nurse.

Starting out in addiction nursing

At the end of 2002 Jewel took up a position as an addiction nurse and she also did some work in the mental health unit in the local services. Trying to support a whānau member experiencing schizophrenia was what sparked Jewel into wanting to work in mental health and addiction services. Even as a nurse she found it difficult to navigate through the health services to get the help her whānau needed. She wanted to know more and do more to support people with mental health and/or addiction problems.

Completing a post graduate certificate and then a diploma through Auckland University greatly assisted Jewel to develop the knowledge and skills needed to work as a nurse in addiction. Her role in the addiction service was focused on assessing people and supporting them to detoxify from alcohol or other substance use. Around the end of 2005 Jewel joined the opiate substitution treatment (OST) team.

“Originally I had thought that work in addiction services was quite a narrow practice area, however it is quite the opposite. The work is really broad and that is what holds my attention. No one day is the same. I have opportunities to use my nursing skills and knowledge and fully utilise the hospital and community connections that I have made over the course of my career to support the people with their recovery.”

Jewel has worked with people who have been let down by many others in their lives. She feels it is important to develop rapport and create a working relationship where people can begin to trust you as you set clear boundaries, are fair, consistent and follow through with plans. She acknowledges when working with people experiencing addiction issues that small things matter and one step can be a big step in their recovery journey.

Jewel was instrumental in developing a tele-health system for service users who were finding it difficult to access opioid substitution treatment in Northland. With the support of a Medibank Scholarship from Te Rau Matatini she developed tele-nursing frameworks that were also used to design the tele-health programme for nurses in the Cook Islands (featured in the Handover Autumn 2014, p. 14).

“I am part of a group of nurses who provide a mental health and addiction learning programme where we connect fortnightly with nurses in the Cook Islands using tele-conferencing.”

Jewel feels personally well connected to these nurses following her visit there a few years ago.

“The Cook Islands have a strong familiarity with Māori,” she says.

Helping people to navigate services

Jewel works in a small town with many connections and with this she feels a responsibility to help Māori people access health services and navigate the health system. Sometimes people feel a sense of powerlessness as a result of past experiences and delay accessing medical advice for physical or mental health or substances use problems. Jewel encourages early intervention and endeavours to connect people with the right services to improve health outcomes.

“It is a real privilege to work with people to help them achieve their health outcomes. When I don’t know where to get help then I will certainly find out for them.”

Next steps

Jewel is keen to explore what is involved in the journey towards becoming a nurse practitioner, but is mindful this will mean balancing her role as a mother of a very young child with a busy job. She’s therefore thinking carefully about this next step in her nursing career.
A life-long learner

Donna Smith

I te taha o tōku pāpā ko Jackson Smith.
Ko Mauao me Maunga Tautari ngā maunga.
Ko Tauranga te moana, ko Waikato te awa.
Ko Takitimu me Tainui ngā waka.
Ko Tamatea Arikinui raua ko Hoturoa ngā rangatira.
Ko Ngāti Ranginui me Ngāti Raukawa ngā iwi.
Ko Ngāti Hangarau me Ngāti Koroki Kahukura ngā hapu.
Ko Peterehema me Pohara ngā marae.
He mokopuna ia nō Kotimana, nō te Fraser Clan.

Donna's tapestry of nursing practice is woven with threads that depict her parents' experiences of being perceived and treated differently. It is this understanding of being seen as different and experiencing stigma and discrimination that attracted Donna to mental health and addiction nursing. This continues to be a major thread that keeps her passion alive for this area of nursing practice.

Her parents union

Like many young North Island Māori men, Donna's father Jackson moved away from his tribal area in search of employment. This led him to Southland, where he worked at a local meat processing plant. He was an active sportsman, playing rugby, hockey, softball, and basketball. It was during a basketball match that he met Jessie, Donna's mother.

Jessie was the fourth eldest child of Livingstone Fraser, of Scottish descent and Mary Brown of English descent. Livingstone's parents emigrated from Scotland and settled in rural Southland where they were farmers. Jessie and her five siblings were raised on a sheep farm, rode horses to school, attended the local Presbyterian church, and helped out on the farm. Jessie enjoyed the outdoors, sang in the church choir, played the piano, was a member of the 'Young Nats', and played basketball.

Jackson and Jessie courted in the 1950s, an era when interracial and interdenominational unions where frowned upon. They married in Invercargill at St Paul's Presbyterian Church, despite various sources of opposition, and raised two daughters and their son in Invercargill. Donna is the middle child and has an older brother and a younger sister. Her parents are now deceased. Donna, her siblings and their families remain in Invercargill.

Becoming a nurse

Donna’s working class background valued the Presbyterian work ethic – that of being a hard worker, trustworthy and reliable. Education, however, was not valued. Donna left school without formal qualifications and worked in various labouring jobs. It was not until her two daughters were born and life had become a struggle that she realised and appreciated the importance of a good education for her, her children and future generations.

“My decision to become a nurse occurred when my daughters were pre-schoolers and I had been hospitalised. During this time I encountered a familiar face – Wendy, a woman of Māori descent who was embarking on her nursing training as a mature student. I remember thinking if Wendy can do it, so can I” explains Donna.

When Donna’s youngest daughter started school she enrolled in the comprehensive nursing programme at the Southland Polytechnic. Donna’s interest in mental health evolved over the course of her training, particularly when she completed psychology, sociology, cultural safety and mental health papers.

“Irihapeti Ramsden’s cultural safety paper, Kawa Whakaruruhau, helped move thinking towards nurses needing to work in ways that regarded the person’s culture and away from treating everyone the same,” says Donna. This paper also provided her with the opportunity to learn about the Treaty of Waitangi and the effects of colonisation, assimilation, discrimination and stereotyping.

“I reflected on my own family and became aware of the impact that my parents bi-cultural marriage had on their lives, my life and relationships with others. I learnt about ethnocentrism and internalised racism. Ethnocentrism is how people judge another culture solely by the values and standards of their own culture. Internalised racism means that a person may believe that they are inferior to people of other ethnic groups and that equality is therefore not a logical goal – it is a stumbling block to that person realising their full potential,” says Donna.

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“Everyone has a culture. I believe one’s cultural identity occurs within a continuum from limited to full awareness of one’s cultural identity. A person can be at different points on that continuum. It’s important to identify people who can support you on your journey to becoming more in tune with your cultural identity.”

Life-long learning

When Donna graduated with a Bachelor of Nursing in 1998 she realised that her learning was only just beginning. She went on to complete further study via the Whitireia Polytechnic’s Post-Graduate Diploma in Psychiatric Mental Health Nursing Practice, while undertaking Whanganui’s new graduate programme.
Further learning was prompted by Donna reaching a point in her nursing career where she felt she did not have enough skills to support a person to move beyond life’s challenges and bring that much needed sense of hope.

“I knew I had a gap in my knowledge and in 2004 I completed a Diploma in Cognitive Behavioural Therapy at Massey University which provided me with the necessary skills at that point in my career,” explains Donna.

Following her move into addiction nursing Donna completed a Postgraduate Certificate in Health Sciences endorsed in Addiction and Co Existing Disorders at Otago’s National Addictions Centre in 2010.

“This was a great course and provided me with the knowledge base, understanding and skills to work with people with substance use problems and their families,” she says.

More recently Donna completed a Postgraduate Certificate in Health Sciences endorsed in Family and Systems Therapies via Otago and delivered in Wellington.

“This course, funded by Health Workforce New Zealand, gave me another way of viewing the world. It let the sun into my practice and opened a huge door. I can now see more clearly the various structures, systems and dynamics within families and organisations. This has enabled me to develop my confidence in working with the families of people who access the addiction service where I now work.”

Donna has been nursing for 16 years now and believes her completion of post graduate studies has enabled her to feel more competent and confident about her practice. As her practice has evolved she has identified knowledge gaps and searched for ways to plug them.

“I have regular supervision and seek advice and support from other health professionals when necessary. I have also completed further study but, rather than deliberately pursuing a Masters qualification, I have chosen courses that I am interested in and ones that I know will fill my knowledge gaps.”

Practice experience

Donna has worked in a number of mental health inpatient settings in Whanganui, Christchurch, Greymouth and Invercargill and in community Māori mental health in Greymouth. These experiences enabled her to see some of the different challenges Māori may face.

“I had not noticed how few Māori lived in Southland until I moved to Whanganui as a new grad, where there was a much higher population of Māori. This meant higher numbers of Māori accessing mental health services. The contrast was sobering and emphasised the obvious socioeconomic and historical factors impacting on Māori health.”

Donna has enjoyed working in a range of clinical areas.

“There are so many different areas and learning opportunities for nurses within mental health. I have met a lot of people who have inspired me in my practice and helped me to keep my passion and curiosity alive.”

Current role

For the past six years Donna has worked as a case manager within the Southland Mental Health, Addictions and Intellectual Disability Services, Drug and Alcohol Specialist Service. She provides assessment, treatment and management for people with moderate to severe substance misuse problems. This involves liaising with GP services and referral to an out of region medical and social detoxification and stabilisation facility, and alcohol and drug residential treatment programmes. Donna also works with people who are on the service’s opioid substitution treatment programme.

What do you enjoy most?

“I learn so much from the people I work with. They have taught me to be a good listener, to work collaboratively and to be patient,” says Donna.

She believes she has a genuine interest in understanding a person’s journey and the survival strategies they have used.

“Often they do not realise their own strengths. I see my role as supporting people to build on their strengths, empowering them to realise their potential so they can carve out their future and that of their families.”

We are all individuals

Donna encourages nurses not to assume that just because the person they are supporting is male or female, Māori or non-Māori, they are a particular way.

“We need to be mindful and open to the individual differences that a person brings and take time to find out who that person really is. To say that I am only Māori would deny my Scottish and English heritage,” she explains.

“I cannot change my family history but I can build on the foundations laid down over the generations and create my own pathway in life. Be strong in who you are – remember where you have come from and don’t be put off by people who perceive you in a certain way.”
Recovery

A nurses experience

Trudy (not her real name) is a mental health and addiction nurse with lived experience of addiction, mental health challenges and recovery. She is passionate about her current work.

“I enjoy working with service users. That’s where my heart is. By the time they see me, their mental health is probably in shreds. So what I enjoy is helping them to work out some sort of pathway – because I know what it’s like.”

Trudy was doing her state nursing finals when she began experiencing severe post-natal depression, to the point where she was sometimes psychotic and couldn’t cope with working as a nurse or with the demands of caring for a child. Her partner at the time was an occasional intravenous (IV) drug user and he supplied her with some morphine.

“It was just once or twice a week, but… it worked. It relieved the depression and I was better able to look after my child. I had this misguided thought I was going to get better and that no one would ever need know.”

By this time Trudy had started back as a nurse, hoping the work would help lift her depression and that she would stop using morphine. It didn’t and within a year she was using morphine every day, needing it just to function.

“I knew I had to do something, and a friend put me on to a really great doctor to whom I’m grateful. He was understanding but he had to inform the Nursing Council. I was put on restricted practice and enrolled in the methadone programme.”

Trudy quit where she was working and decided to focus on getting well and looking after her daughter. After 4-5 years on opioid substitution treatment she weaned herself off by reducing her dosage 1mg per week.

“Coming off any opioid hurts and…. I wanted to take it slow so I could monitor my mental health as the doses went down. I remember feeling quite isolated and alone because there’s nothing out there specifically set up for nurses with this problem.”

She took a job with a local district health board doing consumer advice work, but even though the environment was friendly she still found it quite difficult.

“There is a lot of stigma out there around IV drug use, even amongst mental health nurses. Maybe some of it was just in my head, but it was definitely there. I wanted to do the work because I could make a difference, but I wasn’t always sure I was being taken seriously.”

When her daughter started school Trudy wanted to return to nursing. She thought addiction might be the field in which she’d find most acceptance, so she enrolled to do a Bachelor of Alcohol and Drug Studies at Weltec, qualifying in 2008.

By then her nursing practising certificate had lapsed, and she was still meeting occasionally with the Nursing Council. It was through this that a nurse offered to support her through the process of regaining her practising certificate, so she asked the Council to let her re-sit her competencies, which she passed.

“I was allowed to return to nursing at the agency where I was employed as a counsellor, but had to undergo random monthly drug testing for the Nursing Council. This was humiliating but I understand why it had to be done. After some time that stopped, and I was really grateful.”

Trudy doesn’t generally choose to disclose her lived experience to service users unless it’s of therapeutic value – and it often is when she is seeing nurses. “This is about them not me.”

“My advice to these nurses is always they need to contact the Nursing Council and ‘fess up’. Sometimes knowing I have been there and they can get through it too has given them hope.

“If you know you’re in a bad place in terms of mental health and addiction, don’t keep going to the point where you’re struck off or where you could hurt someone. Find yourself a doctor who will listen to you and can help you plan what comes next.

“It won’t be easy and not everyone will understand. It may take years, but eventually it will no longer be an issue.”

Accepting the challenge

Makere Panapa

Margaret Josephine Panapa (nee Maioha) known as Makere.
Iwi: Ngāpuhi, Ngāti Wai, Tainui
Hapū: Te Uritaniwha, Ngāti Kororā, Ngāti Mahuta

Makere lives in Kirikiriroa with her hoa rangatira Wayne. Natasha and Wayne Junior are their tamariki, both are married and between them have given Makere four mokopuna.

Makere is a registered psychiatric nurse with a wide range of experience in psychopaedic, acute general mental health, forensic psychiatric nursing, inpatient, community and regional settings. She has been involved over the years with ongoing education and has attended hui to improve her knowledge both in the Pākehā world and Te Ao Māori.

Little Makere, as she was fondly known as a child always wanted to be a nurse, just like her name-sake Aunty Makere Tana (nee Maioha). Little Makere did indeed grow up to be a nurse, a registered psychiatric nurse. When she graduated in 1988, at age 43, she wrote to her aunty to let her know and also to enquire as to whether she may have her nurses’ watch (the face from an old watch that had a nappy pin to attach it to a uniform) which she had greatly admired as a child. Her aunty gifted Makere the watch.

Her aunty was curious about why she had chosen a speciality area of practice rather than general nursing. Makere explained to her that the opportunity to train as a registered psychiatric nurse was right in her backyard; she lived in Kihikihi close by the large psychiatric hospital and had been working there in a number of roles for a few years. Furthermore, the hospital managers had decided to offer existing staff the opportunity to train as nurses due to the imminent closures of psychiatric nursing programmes and psychiatric hospitals throughout New Zealand.

Becoming a psychiatric nurse

Makere’s husband Wayne was the youngest of a large whānau, many of whom worked at Tokanui Hospital. His eldest brother Rewi was a registered psychiatric nurse and prior to Wayne training to become a transport officer, Wayne had been a psychiatric assistant. This ensured Makere was very familiar with many people who worked at Tokanui Hospital.

In 1979 Rewi encouraged Makere to apply for a psychiatric assistant part-time role. Regular work and paid holidays appealed to Makere and at that time there were incentives for staff of government departments to buy a house. Makere was keen to support her husband’s efforts to save enough money to buy their first home. In November that year she started working part-time from 4-8pm in Ward 5, a psychopaedic ward.

Due to changing family circumstances she then took up a position as a relieving home supervisor at the male staff quarters. Her next job was as a casual caterer after the male staff quarters closed.

“What I found interesting in this role was that many of the nursing staff treated me differently. I sensed they did not talk to me like they used to do when I had been a psychiatric assistant – yet to me I was the same person,” says Makere.

She then decided to apply for a full-time psychiatric assistant job as she wanted to do more in her working life. It was while Makere was in this role that she was approached by Mary Smith (Mere Balzer now) a Māori nurse working in the in-service department – psychiatric nursing training school.

“Mary was a get up and go lady,” says Makere. “She said to me, ‘I think that you could do better for yourself and be a good registered nurse’.”

At that time the hospital managers were working out how to support existing staff to complete the psychiatric nursing programme as hospital-based nursing programmes were being phased out as the new comprehensive nursing training programme were being delivered. Once the programme had the go ahead Makere had to provide evidence that she could pass exams. So along with some others she successfully completed School Certificate English and Biology at Te Awamutu College.
Makere was in the last class to complete the psychiatric nursing programme at Tokanui Hospital and graduated in November 1988. She recalls that “around the time new nurses were graduating, many of the charge nurses would be discussing who they would like to approach to work in their units. She was approached by Penny Riddell, charge nurse of the discharge planning unit – ward 21A, who said “if you give me 110 per cent effort and honesty I will “if you give me 110 per cent effort and honesty I will
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“I learnt that what I thought were my weaknesses were actually my strengths,” explains Makere. It was during this time in her career that she also developed her skills in working with people detained under the Criminal Justice Act – forensic mental health patients. After her time in IPC she worked in the new forensic mental health service initially in the secure inpatient unit - D ward. Makere then took up a role as a community forensic psychiatric nurse which involved following-up with people in the community, working in the courts in particular Rotorua, Tokoroa and Taupo and the prisons which were in the Waikato District Health Board (DHB) area. In 2004 she went to work as a nurse at Richmond Fellowship (a non-government organisation) before returning to Waikato DHB in 2006 to work in the Hamilton-Huntly Community Mental Health Team. In 2011, Makere successfully applied for a position as a nurse in the acute inpatient service, Henry Rongomau Bennett Centre, Waikato DHB in Hamilton.

Current role

Makere, now in her early 70s, continues to work in the acute inpatient mental health unit on a three days on and three days off roster. She is well aware of her knowledge, strengths and skills and how they are best used and feels well supported by her managers and colleagues. She is currently one of two Māori registered nurses working in the unit and describes her colleagues fondly as “the league of nations” as many are new to New Zealand. Many of the people coming in to the unit are Māori so she finds herself wearing many hats.

As a nurse she works to support people who are acutely unwell towards their recovery and also as a preceptor to new graduate or student nurses. As Māori, Makere says she often “respectfully interjects” because she is aware of the importance of how Māori names and words are pronounced. She encourages colleagues to find out from the person about how they pronounce their name and what their name means. Knowing more about the person’s whānau, who are related biologically and who are friends of the tūroro’s whānau is important.

Makere admits she knows some things about the tikanga of this area and when she does not know she makes every effort to find out. She encourages staff to ask her questions and also to access Kaitakawaenga, who provide cultural support for Māori services users and their whānau. Makere is quick to pick up when she thinks there may be more to a persons’ un-wellness or behaviour than can be attributed to mental health or substance use problems. At times psychiatrists will discuss cultural things with her. Makere believes her practice is based on the grounding that she had at Tokanui Hospital which has over time has been adjusted to accommodate her new learning from the variety of practice settings where she has worked.

Future

Being utilised for her skills as a psychiatric nurse and as a Māori woman is something Makere values. She believes she is able to weave both together effectively in her practice. She takes one year at a time and her short-term goal is to update her portfolio for the Huarahi Whakatū professional development and recognition programme.

Makere intends to remain in this current environment, until retirement and says that she is a “tītīrū Waikato Neehi” as all her mahi has been in this rohe. She loves and enjoys her hāhi, whānau (especially, four mokopuna who range from 2-22 years) and her mahi. She says that she tautoko’s without reservation the kaupapa of Te Kingitanga.

The nursing line will continue in the Panapa whānau as their only daughter, Natasha Poka (nee Panapa) who trained at Waikato Polytechnic and registered in 1997, has worked in palliative care for past 10 years, in New South Wales, Australia.

Encouraging other Māori

Makere’s words of encouragement for other Māori nurses or for Māori who may be interested in a career in mental health are: Kia ora ki ōku hoa/whānui kaimahi, continue to learn from mainstream, but don’t lose who you are as Māori wāhine/ tāne in your practice.

To anyone wāhine mai, tāne mai interested in mental health, awhi the interest and go for the mahi, you will learn to kōrero to/ with people and care for them with their māiuui. You will learn a lot about yourself, which you may or may not already know.
Nursing: a great career choice for Māori

Lewis Boyles

Ko Tapuaenuku te maunga
Ko Hāpuku te awa
Ko Te Kiwa o Marokura te moana
Ko Takitimu te waka
Ko Irakehu, ko Kurī, ko Hine iti, ōku hapū
Ko Kāi Tahu te iwi
Ko Mangamaunu te kāinga
Ko Hōhepa te Marae

Lewis Boyles is a Māori mental health nurse based in Nelson-Marlborough.

As a young man Lewis was influenced by his mother who spent her life supporting, caring and providing awhi to people. His sister was a registered nurse, who encouraged Lewis into nursing, which Lewis says “as a Māori male has been a great career choice”.

The most enjoyable aspect of being a nurse for Lewis has been to advocate for tāngata whai ora, to support and work with them and their whānau, with aspirations to make a difference to their lives.

Lewis believes that although there are small numbers of Māori nurses, their impact is far reaching, especially so in Māori mental health. Lewis encourages young Māori to enter into nursing and to work in mental health.

“It is an area best suited for Māori in regards to our innate ability to relate to people and to focus on whānau. With our cultural beliefs it places Māori well in any setting where there are people in need” says Lewis.

Although he believes that the Māori mental health nursing role can be challenging he also believes that it has endless opportunities for travel, promotion, education and personal and professional possibilities.

Don’t forget you are Māori first

Merle Ormsby

Ko te mokopuna a Tongariro raua ko Pihanga
Ko Tongariro te Maunga
Ko Rotoaira te Moana
Ko Tahuarangi te Awa
Ko Ngāti Hikairo te Iwi
Ko te Mātāpuna o Tūwharetoa me Hikurangi ngā Marae
Ko Te Wharerangi rāua ko Rangikooaea me Herea rāua ko Tokotoko ngā mātua tūpuna
Ko Te Tāwhi Patena-Mariu rāua ko Ruaiaterangi Te Āhuru ōku Mātua
Ko Merle Maata Patena-Ormsby ahau
Kia tau te rangimaire ki a koutou katoa

My name is Merle Ormsby. I am the seventh of ten siblings. I was born on 16 March 1944. In 1947 my parents relocated from Terena to the homestead of my tupuna at Te Pahiko, Tokaanu on the southern shores of Lake Taupō an old pā site of Ngāti Hotu whose history precedes the ‘Great Migration.’

My parents were welcomed by tangata whenua to their home, the significance of the welcome was to handover the mantle of kaitiaki from Te Ngoi Patena Mariu to his son Te Taawhi Duff Patena-Mariu (my father) by kaumātua and kuia who had whanaungatanga connections to many whānau/hapū.

Kaitiakitanga

In 1963 my koroua defined kaitiaki as “you have to find the balance, between tapu and noa in all we say and do, otherwise there could be consequences”. So if I am disrespectful to whānau/hapū values and beliefs (tikanga) the consequences could be on me, my whānau and the community.

I observed that my parents were entrusted and tasked to work with whānau/hapū to apply existing knowledge, gain knowledge and understanding from kaumātua, kuia, whānau/ hapū regarding governance protecting resources to support whānau/hapū tikanga marae, mahi kai, kōrero, paepae, waiata, whanaungatanga in practice. To communicate a clear message
of respect to Ranginui (father of the universe) and Papatuanuku (mother earth) from whence all living things stem. For example when collecting harakeke you should only use what you need and then return the left over/unsusable harakeke to the parent plant. Planting māra by moonlight is another example.

Saying karakia for every task was seen as very important. In todays’ world I think this is something that we struggle with – that is to pray over our children in schools or with patients in hospital or with our work colleagues.

I believe that man does not survive in isolation. If ranginui and papatuanuku are sick, the people will become sick. If the life force of ranginui and papatuanuku is destroyed, man will also be destroyed.

Health begins at home. I was raised in a non-violent alcohol free environment. People were given one warning for being violent or swearing. After that they were promptly removed by our father, and not welcome back. Growing up we had daily tasks to do, whānau bushwalks, hunting, fishing, visiting historical sites, horse riding. Once a month we shared kai with whānau after whakamoemiti on Sunday.

The period from 1947 to the 1960s’ was a time when our home was the hub of the Tokaanu Township and local community. New arrivals (manuhiri) Māori/non-Māori were welcomed with whakatau to our home. Manuhiri were biefed on tikanga of tangata whenua with an expectation that cultural values and beliefs would be observed and supported during their stay in our community. A poroporoaki would follow prior to leaving our district. This practice was consistent until the Tongariro Power Project began in 1963.

From 1954 to 1984 our homestead, Te Pahiko was open to whānau/hapū for up to three months in the year. Renowned healer Kapi Adams held rongoā clinics daily which often went into the wee hours of the night or morning.

Whānau/hapū could chose natural and spiritual healing therapies. Whānau were encouraged to support their whānau member in the recovery process. However when a person went into hospital, whānau were challenged about why they should stay with their whānau member. I believe that listening to the stories of patients is still very important to the healer and whānau.

Growing up I was taught to recognise tangible and intangible determinants of health that affect patients, ‘mate Māori’ ‘wāhi tapu ‘whakapapa ‘whemua’ and ‘rongoa’. I observed the attitude of patients who attended a rongoā clinic, they were calm and accepting of a diagnosis and treatment, whānau would leave with a smile and perhaps a prescription for rongoā or a task to do, to restore total wellbeing. At that time hospital was still thought of as a last resort and perceived as a place where you went to die. Unfortunately many whānau gave up hope and died unexpectedly.

**Becoming a Māori nurse**

Realistically, my lifelong dream was not about nursing although I loved being around my kaumātua and kuia and hosting people.

In 1960 I finished school and started work as a waitress at the Tokaanu Hotel. During that time my parents were constantly reminding me that I should train to be a nurse or that I needed to take up a profession. I remember asking my kuia “Why is mum and dad forcing me to leave home, when everything I love is right here at home”. My kuia thought for a while, then returned and said “Māta, go and train to be a nurse, when you finish return with your kete (basket of knowledge) and help your people”. This was something that I did not want to hear. The biggest loss for me in those early days from being away from home was the loss of my whānau, kuia and kaumātua and not being able to attend tangihanga.

The night before moving to Whanganui Public Hospital to start my nursing career, words of wisdom and encouragement were delivered at my poroporoaki. My uncle Kapi said “Māta don’t forget you are a Māori first”. I thought about the value of that comment and wondered “how can you change being a Māori just because you’re left home”. Next day I was taken to the bus stop by my whānau who encouraged me on my journey. I fondly think they may have done this to make sure that I got on the bus, as I still felt under duress about being made to leave.

I remember my first day of my nursing training. The tutor asked the class to write a paragraph about why did you choose to become a nurse? I recall writing words like compassion, love of people, helping people to get well again, listening to the stories of people from all cultures, being punctual and responsible.

However the class was informed that “nurses don’t have time to listen to other people’s stories, a good nurse is someone who is punctual, responsible and committed to completing tasks efficiently, abides by the rules and takes orders from her seniors.” This meaning of being a nurse in my view ruled out the possibility of me being a nurse. I recall being told “a nurse is someone who is punctual, responsible and committed to completing tasks efficiently, abides by the rules and takes orders from her seniors.” This meaning of being a nurse in my view ruled out the possibility of me being a nurse.

In 1961, during my first clinical placement in the Newcombe Ward (medical and infectious ward) I met the charge nurse and two senior nurses. My welcome to the ward involved being directed to sort out this old Māori woman who they felt was grossly abusive, aggressive, physically abusive, screaming and yelling. I was told it took up to three nurses to manage her each morning, however I was given no support to “sort out this old Māori woman”.

I immediately introduced myself and listened to the kuia tell her story. Apparently the nurses prepared her for a bed sponge by stripping her naked and refused to allow her to cover herself leaving her exposed. I empathised with the kuia, and explained the nurses were inconsiderate of our customs, and she should not have been treated like that. I then handed the kuia a flannel and she gave me instructions to wash her back legs and arms. I recall that when I was finishing off combing her hair that the cubical curtains flew back and the charge nurse burst in, demanding to know what was going on, given there was no commotion. I explained that the kuia was protesting being left naked and exposed. I was told “what a lot of rubbish she’s no different to anyone else”. I then explained that I hadn’t seen my mother or grandmother fully exposed to date. The charge nurse responded by saying “that’s ridiculous! You need to grow up”.

These experiences made me ponder about why I was sent to become a nurse. I wondered is this what my kuia meant “educate
yourself and come home to help your people...” is this what my uncle meant “don’t forget you’re a Māori first”.

**Becoming a mental health nurse**

I started work in mental health in 1989 after accepting a role as a psychiatric nurse in the acute unit at Tokanui Hospital. I was privileged to be supported by staff and management and had a range of clinical experiences. I was mentored by some leaders in health at that time.

I also worked in Whaiora which was the first Kaupapa Māori Unit in Aotearoa. There was strong leadership from Māori mental health nurses, Māori staff and Māori who supported Māori illness. They believed the issues were cultural (mate Māori related to the intangible, that is whenua, tūpuna, whakaaro, whakapapa) and would be best treated by Māori specialists.

In 1995 I returned home to Tokaanu/Tūrangi to care for my elderly mother. I was offered a position as a community psychiatric nurse with Lakeland Health working in the Taupō Tūrangi area. I was able to apply my clinical and cultural skills in a professional way to advance the care of her patients Māori and non-Māori.

During this time in my career I re-engaged with rongoā services which were available to people in the hospital and in the community services. I worked for a short time again with Kapi Adams, Alec Phillips and Papa Jo which was an honour and a privilege. The skills of these great men have passed with them and are not likely to be seen again.

During 1998-1999 I worked as a community psychiatric nurse at Whanganui DHB. In 2002 I was a member of Māori mental health service Te Hunga Piki Te Ora. In 2009 I took up a position of Te Puāwai Ārahi Māori cultural advisory role registered nurse.

**Becoming a haumoana whānau navigator**

In 2014 I became a member of Te Hau Ranga Ora Māori Health Team as haumoana whānau navigator at Whanganui DHB. This role is largely advising, supporting, communicating and educating patient’s whānau, teams, providers and others involved in the care of a person, to think about client focused whānau centred care. Ongoing education, a greater understanding and patience are key factors for positive change. Barriers to change will come and go as health professionals/non-professionals see the results of their change process. Building respectful relationships with internal and external providers is important.

Listening to the stories of clients and their families remains a priority and should be regarded as a privilege and an honour. This helps our whānau to identify their own struggle in life and look at options with their designated haumoana whānau navigator to make a difference.

**Kaitiakitanga**

If total wellbeing is found in the balance between tapu and noa, patient-focused, whānau centred care is crucial to that persons’ recovery. We should build meaningful relationships to know what the problems are and identify appropriate outcomes.

My Māori world view was hugely influenced by my tūpuna, kaumātua kuia, mātua me ngā Iwi Mōrehu (Rātana Faith) striving for love and peace. “You wouldn’t know how to live in the old world, so we’re leading you to te Ture Wairua me te Ture Tangata” (the bible and the treaty of Waitangi).

I am tangata whenua. My values, beliefs and social norms exemplified by kaumātua/kuia is an intrinsic part of who I am. I bring all that is me, strengthened by my professional experience to ensure whānau have an option of choice to advance in both worlds.

Feeling comfortable in my own skin helps me to understand and support individuals who struggle to take advantage of who they are.

Working alongside strong leaders in mental health was a privilege as it showed me you can’t change who we are but we can give due respect that culture matters. Mental health leaders and nurses have led the way in cultural diversity, working largely with our beautiful whānau who are often emotionally broken people. Honesty and respect is important, whānau are often judged, and that’s not an option. In my role as a haumoana whānau navigator I use this as an opportunity to strive to reduce those barriers.

I think about my uncles’ comment “Māta don’t forget you’re a Māori first” and the many obstacles that Māori face as practitioners (clinical and non-clinical) implementing cultural practices in a clinical/mainstream setting. I see the haumoana whānau navigator role as a way of finding the balance between tapu and noa (in all you say and do).

I am really encouraged by a new generation of nurses who are ready to face the challenge of cultural diversity and competence. Support and education regarding tikanga best practice is visible to them. If health professionals/non-health professionals consider what cultures have in common, the uniqueness has to be in the language. So I ask our nurses, health professionals and non-professionals, Māori/non-Māori to celebrate who they are and what they are about to embark on (new experiences).

**Conclusion**

All the policies and procedures in the world probably aren’t the greatest support we can offer our whānau/hapū. What we lack today is to find the balance in the spiritual world and the world of man (tapu and noa). Let us stand tall and make our way in the world objectively. Money and power hasn’t worked.

Last but not least, I have enjoyed this profession of nursing which I so reluctantly took on all those years ago. I acknowledge all my mentors, role models and teachers who influenced my personal and professional life. I appreciate their wisdom and courage to create new paths for our next generations.

And a big yes! “Māta don’t forget you are a Māori first” I am confident I have drawn on the wisdom of my kaumātua and kuia, many times in my career, because of who I am.

Ka mutu taku kōrero I konei, ngā mihi aroha ki a koutou.

Korōria ki te Matua, Tama, Wairau Tapu me ngā Anahera Pono. Mā te Māngai hei tautoko mai āia nei, ake nei. Āmine!
Resources

Takitaki mai: A guide to motivational interviewing for Māori
This guide is aimed primarily at Māori practitioners wanting to utilise motivational interviewing. It was developed by Matua Rakī, He Waka Tapu and the University of Canterbury. www.matuaraki.org.nz/library/matuaraki/takitaki-mai-a-guide-to-motivational-interviewing-for-maori

Takarangi Competency Framework
The Takarangi Competency Framework is a Māori-centric competency framework developed from within the addiction and mental health sector of Aotearoa. The whakaaro underpinning this innovative framework is from a Māori paradigm of knowledge, learning and healing. www.matuaraki.org.nz/library/matuaraki/takarangi-competency-framework-workshop-resources

Talking Therapies for Māori – He Rongoā Kei te Kōrero
This publication supports you to enhance and sustain engagement in, and delivery of, talking therapies with Māori. www.tepou.co.nz/resources/talking-therapies-for-Māori-he-rongoa-kei-te-korero/150

Principles for Engagement
This publication provides practical tips for achieving good engagement. “Culture is who the person is, the identity the person carries; if we can’t acknowledge this, how can we work with a person?” New Zealand Practitioner, p.4. www.tepou.co.nz/resources/principles-for-engagement/192

Waka Hourua
Waka Hourua is a suicide prevention programme for Māori and Pasifika communities. It is a partnership between Te Rau Matatini and Le Va. Waka Hourua resources can be found on their website. http://wakahourua.co.nz

Toro mai To Ringa
Toro Mai To Ringa is host for the Te Tomokanga, Te Tomo Mai, Chur Chur Bro and Kia Te Tangata indigenous tools and resources for use in child and adolescent mental health services (CAMHS) and Kura in Aotearoa. The website provides easy access to these indigenous tools. http://toromai.co.nz

New Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice
Cultural safety, the Treaty of Waitangi and Māori health are aspects of nursing practice that are reflected in the Council’s standards and competencies. Standards for the registration of nurses in all scopes of practice require the content of theory and practice related experience in nursing programmes to include cultural safety, the Treaty of Waitangi and Māori health (p.4). www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses

Research reports

This document summarises the key findings presented in the report, Māori experiences of bipolar disorder: pathways to recovery (Waitoki, Nikora, Harris, & Levy, 2014). The research drew together information about the experiences of Māori who were diagnosed with bipolar affective disorder and considered the systemic factors that influenced Māori wellbeing.

Common themes were:
• whānau had multiple unmet needs early in life. Systemic failure to address these contributed to mental illness. When some whānau engaged with the health sector after a suicide attempt, their immediate health issue was treated, but they were not referred to mental health services
• whānau reported that despite frequent involvement of social and justice sectors, childhood or relationship abuse and other traumas were often not addressed
• family was often a protective factor, but children were at risk of being removed from their families due to inadequate support systems for parents
• culturally appropriate and trauma-informed approaches to service provision led to the best outcomes for whānau (p.2).

Whānau Ora Documents

Whānau Ora Workforce Development: A Literature Review (2014)
This paper explores Whānau Ora policies and their alignment to current workforce strategy and delivery work. A shared understanding of Whānau Ora and whānau-centred best practice is provided.

This Whānau Ora Approach document specific to Mental Health and Addiction sector and contributes to the further development and implementation of Whānau Ora initiatives

Whānau Ora and COPMIA:
The interface A Literature Review (2014)
This review articulates the interface between Whānau Ora and COPMIA, identifies important areas where current conceptualisations of COPMIA differ from the underlying principles of Whānau Ora and whānau-centred best practice, and specific factors needing to be taken into account when considering the needs of children and young people impacted on by whānau mental illness and/or addiction.
The report then identifies future key areas of focus to guide the effective integration of COPMIA within Whānau Ora. These three documents can be found at http://matatini.co.nz/resources/publications/wh%C4%81nau-ora-documents


This report presents findings from a small study completed by Māori Caucus, Te Ao Māramatanga- New Zealand College of Mental Health Nurses of Māori mental health nurses who have worked in acute mental health inpatient units in New Zealand, with a specific focus on reducing the use of seclusion on Māori. The study was premised on a belief that Māori mental health nurses provide a different model of practice to Māori than non-Māori mental health professionals. Findings suggest there are factors which impact negatively on the interaction between Māori and acute mental health services such as the environmental context of the unit, the variable pathway of care in mental health services, and the use of medication and seclusion.

The major theme that emerged in this study highlighted ‘whanaungatanga’ as the Māori mental health nursing model of practice which includes intricate components of a method described as kanohi kitea; a Māori therapeutic relationship focused on engagement and relational-centred interventions.

These findings are supported by stories and insights from Māori mental health nurses about their practices which provide deeper understanding about the way in which they work. The study concluded with observations and recommendations for the Māori and non-Māori mental health workforce.

Strategies to reduce the use of seclusion and restraint with tāngata whai i te ora (2013)

This study explored Māori clinical, cultural and consumer perspectives on potential strategies and initiatives for reducing seclusion and restraint with Māori in acute mental health inpatient services. Below is a summary of the major themes that emerged.

• Te ao Māori: access to a Māori worldview – “...if you have Māori that know Māori, they can introduce that first link to bring that person into the institution and not traumatising” (p.23). “Whakawhanaautanga provides the platform for more than involvement however, as it also serves to restore our mana for our whānau” (p.23).

• Te ao hurihuri (whakamutua): transforming practice – “some of our whānau and hapū have a history of trauma and then we put our hands on them and contain them. And we can just re-traumatising them, we just don’t realise” (p.26). “…when I walk through the door it’s probably my busiest at that time because I’m not only assessing the tāngata whai i te ora, I want to make sure they (the staff) are healthy on the floor so they can do their mahi. Cause that’s the important thing, you’ve got to have a team” (p.27).

• Rangatiratanga: leadership, power and control – “Māori to continue to demonstrate leadership... organise things more in ways for Māori, which suit Māori” (p.32).

Recommendations for clinicians and leaders to better support Māori in acute mental health inpatient services are outlined in this resource. www.tepou.co.nz/resources/strategies-to-reduce-the-use-of-seclusion-and-restraint-with-Māori/471


This resource looks at the relationship between Māori youth participation in the workforce and mental health.

“Māori achievement of their aspirations is intrinsically connected to their health and wellbeing, and having a secure cultural identity of ‘being Māori’ is a foundation for this. Taiohi Māori health and wellbeing rests on their development of secure and positive cultural identities, facilitated through a strong and supportive whānau... When taiohi Māori have unmet health needs that disrupt their usual pathways through education and employment, the potential cumulative negative impacts are significant” (p.5). http://www.tepou.co.nz/resources/taiohi-Māori-workforce-participation-and-health-experiences-and-statistics/586

Reducing Māori seclusion: a summary report with recommendations for managers and leaders of mental health services (2013)

Using the Six Core Strategies developed by NAMSHPD, practical strategies and recommendations have been developed to address high rates of Māori seclusion. The target audience for this summary paper includes service managers and leaders, and clinical leaders who are keen to reduce high rates of Māori seclusion and restraint. www.tepou.co.nz/resources/reducing-Māori-seclusion-a-summary-report-with-recommendations-for-managers-and-leaders-of-mental-health-services/472

The use of seclusion for Māori in adult inpatient mental health services in New Zealand (2013)

This study found that Māori had a higher rate of seclusion use than non-Māori (21 per cent greater). Young Māori males and Māori females in the 55-64 age group were reported to be secluded the most. www.tepou.co.nz/resources/the-use-of-seclusion-for-Māori-in-adult-inpatient-mental-health-services-in-new-zealand/473

Videos

Working with Māori

Te Pou has three videos showing some simple steps to help build effective relationships with Māori and their whānau. www.tepou.co.nz/resources/working-with-Māori-videos/588

Whānau Ora and what it means for the nursing profession.

Watch Dr Kahu McClintocks’ presentation on Whānau Ora and what it means for the nursing profession. http://matatini.co.nz/resources/publications/wh%C4%81nau-ora-documents
Outcomes measure tools

Tāku Reo, Tāku Mauri Ora

Tāku Reo, Tāku Mauri Ora is a tāngata whai ora/service user self-assessed outcomes measure which can be completed on a number of occasions over time and may assist personal reflection and recovery planning. This tool may help you engage with the person and help them to identify and track progress toward their goals. [www.tepou.co.nz/resources/taku-reo-taku-mauri-ora-tool/146](http://www.tepou.co.nz/resources/taku-reo-taku-mauri-ora-tool/146)

Hua Oranga, Māori Mental Health Outcome Measurement

Hua Oranga is constructed around three separate questionnaires, one for the treating clinician, tangata whai ora (health consumer) and whānau (family) member. All schedules consider the four dimensions of Te Whare Tapa Whā, an existing model of Māori health that describes four components of wairua (spirituality), hinengaro (cognition and emotion), tinana (physical) and whānau (family). Each of the components is interconnected and contributes to the holistic manner in which Māori health is perceived. Deficits with one or any of the dimensions would be viewed as unhealthy. [www.oradatabase.co.nz/](http://www.oradatabase.co.nz/)

Let’s get real

A disabled person who experiences mental health and or addiction problems may need or want to access mental health and addiction services.

Te Pou has recently launched Let’s get real: Disability. This new framework describes the essential attitudes, values, knowledge and seven Real Skills needed to deliver quality services to disabled people, and their families or whānau. It applies to all staff working in disability, be they administration staff, support workers, or team or service leaders.

Each of the seven Real Skills includes a broad definition and a set of performance indicators that describe what each skill involves. The performance indicators are at four levels: essential, capable, enhanced and leader.

Let’s get real: Disability – Working with Māori Real Skill

Every person working in disability contributes to whānau ora for Māori. This involves working in a holistic way and ensuring whānau leadership. Central to whānau ora is the importance of enhancing whānau capacity and enabling whānau to achieve their self-determined goals and aspirations.

For further information please check out [www.tepou.co.nz/letsgerealdisability](http://www.tepou.co.nz/letsgerealdisability)

Let’s get real is a framework that describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services in New Zealand. There are seven Real skills which have performance indicators for three levels, essential, practitioner and leader. Online self-directed learning modules are available.

Working with Māori Real Skill

Every person working in a mental health and addiction treatment service contributes to whānau ora for Māori.

The knowledge, skills, attitudes and values considered essential when working with Māori relate to:

- te reo Māori – Māori language
- whakawhanaunga – relationship building
- hauora Māori – Māori health and wellbeing
- wairua – spirituality
- tuakiri tāngata – personality and identity
- manaaki – hospitality and respect
**Working with Māori: Essential level performance indicators**

Complete the quick checklist below to get a snapshot of your current knowledge and skills in supporting tāngata whai ora and their families or whānau.

The results could surprise you! If you breeze through these then check out the practitioner level performance indicators on the Te Pou website, [www.tepou.co.nz/letsgoreal](http://www.tepou.co.nz/letsgoreal)

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<thead>
<tr>
<th>Te reo Māori</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
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<tr>
<td>Recognises that tāngata whai ora may consider waiata, karakia and te reo Māori as contributors to their recovery</td>
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<tr>
<td>Uses available resources, such as te reo Māori speakers, and information written in both English and te reo Māori when appropriate</td>
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<td>Understand that tāngata whai ora and/or their whānau may wish to nominate a person to speak on their behalf, and support the involvement of nominated speakers</td>
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<td>Demonstrate familiarity with local Māori groups (e.g. mana whenua), their roles, responsibilities and relationships with each other, as guardians of Māori cultural knowledge and te reo Māori</td>
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<tr>
<td>Demonstrates respect for te reo Māori and tikanga</td>
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<tr>
<td>Demonstrates effective communication and engagement that promotes early service access for Māori</td>
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</tbody>
</table>

**Whakawhanaunga**

| Recognises and understands the different roles and responsibilities within whānau and the nature of whānau relationships with tāngata whai ora |     |    |          |
| Demonstrates awareness of Māori methods of interaction that support relationships, particularly with whānau (such as ‘Nō hea koe?’ or ‘where do you come from?') and tātai (establishing links) |     |    |          |

**Hauora Māori**

| Develops an understanding of Māori models or perspectives of hauora in service delivery. |     |    |          |
| Acknowledges that Māori may consider using traditional healing processes and practices that support health and wellbeing |     |    |          |
| Understands that tāngata whai ora and/or their whānau may use whenua, moana and ngahere in the support of whānau ora |     |    |          |
| Demonstrates an understanding of the principles of tino rangatiratanga (self-determination) and mana motuhake (autonomy) and actively protects service users rights |     |    |          |

**Wairua**

| Acknowledge differing spiritual practices and understands that these unique perspectives contribute to the support of tāngata whai ora and whānau ora |     |    |          |

**Tuakiri tāngata**

| Acknowledge the importance of identity as Māori to the recovery of tāngata whai ora and the process of whānau ora |     |    |          |
| Demonstrates knowledge and application of cultural safety and cultural competence in terms of working with Māori |     |    |          |

**Manaaki**

| Acknowledges the significance of manaaki to the processes of engagement and whakamana, which contribute to whānau ora |     |    |          |
He papakupu reo Māori
A Māori glossary

The following list is a te reo Māori to English glossary of some common Māori words we use at Te Pou. We hope you find it useful as a basic starting point. Macron use is generally consistent, i.e. whānau, hapū etc. Changes most commonly occur when pluralising, for example, tangata (person), tāngata (people).

<table>
<thead>
<tr>
<th>Māori</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aroha</td>
<td>Love, sympathy, empathy</td>
</tr>
<tr>
<td>Hauora</td>
<td>Health</td>
</tr>
<tr>
<td>Hāngi</td>
<td>Earth oven</td>
</tr>
<tr>
<td>Hauora Hinengaro</td>
<td>Mental health</td>
</tr>
<tr>
<td>Hapū</td>
<td>Sub-tribe</td>
</tr>
<tr>
<td>Hikoi</td>
<td>Walk, march, journey</td>
</tr>
<tr>
<td>Hui</td>
<td>An assemblage, to assemble</td>
</tr>
<tr>
<td>Iwi</td>
<td>Ethnicity, people, tribe, human bone</td>
</tr>
<tr>
<td>Karakia</td>
<td>Spiritual acknowledgement, prayer</td>
</tr>
<tr>
<td>Karanga</td>
<td>Call of greeting or fare welling performed by women</td>
</tr>
<tr>
<td>Kapa haka</td>
<td>Māori culture group</td>
</tr>
<tr>
<td>Kaupapa</td>
<td>Topic, theme, issue, foundation</td>
</tr>
<tr>
<td>Kōrero</td>
<td>Talk, speak</td>
</tr>
<tr>
<td>Kaumātua</td>
<td>Elder</td>
</tr>
<tr>
<td>Whakataukī</td>
<td>Proverb</td>
</tr>
<tr>
<td>Kuia</td>
<td>Respected female elder</td>
</tr>
<tr>
<td>Manaaki</td>
<td>To look after, tend, foster, extend hospitality</td>
</tr>
<tr>
<td>Marae</td>
<td>Community Centre for Māori/Guests/Meetings</td>
</tr>
<tr>
<td>Matariki</td>
<td>Pleiades star cluster</td>
</tr>
<tr>
<td>Mihi</td>
<td>Short simple speech or greeting</td>
</tr>
<tr>
<td>Pō Mārie</td>
<td>Good night</td>
</tr>
<tr>
<td>Mana</td>
<td>Respect, status, prestige, pride, power, influence</td>
</tr>
<tr>
<td>Pā</td>
<td>Fortified village</td>
</tr>
<tr>
<td>Pōwhiri</td>
<td>Formal welcome</td>
</tr>
<tr>
<td>Rūnanga</td>
<td>Council, assembly</td>
</tr>
<tr>
<td>Tangihanga</td>
<td>Funeral</td>
</tr>
<tr>
<td>Taonga</td>
<td>Treasure, precious object</td>
</tr>
<tr>
<td>Tapu</td>
<td>Sacred, restricted, prohibited, holy</td>
</tr>
<tr>
<td>Te Rerenga</td>
<td>The Treaty of Waitangi</td>
</tr>
<tr>
<td>Tikanga</td>
<td>Appropriate action, protocol, etiquette, custom</td>
</tr>
<tr>
<td>Wai</td>
<td>Water</td>
</tr>
<tr>
<td>Waiata</td>
<td>Song, to sing</td>
</tr>
<tr>
<td>Te Reo Māori</td>
<td>The Māori Language</td>
</tr>
<tr>
<td>Whakatau</td>
<td>Simple or informal welcome, greeting, acknowledgement</td>
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<tr>
<td>Whakapapa</td>
<td>Genealogy</td>
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<tr>
<td>Whare</td>
<td>House</td>
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<tr>
<td>Whakua</td>
<td>Respected male elder</td>
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<tr>
<td>Whai</td>
<td>Song, to sing</td>
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<td>Whakara</td>
<td>Respected female elder</td>
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<td>Wharere</td>
<td>House</td>
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<tr>
<td>Wairua</td>
<td>Spirit, soul</td>
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<tr>
<td>Waka</td>
<td>Māori canoe or a vehicle</td>
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<td>Waiata</td>
<td>Song, to sing</td>
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