

# SOUTH ISLAND REGIONAL MENTAL HEALTH NETWORK

## TE WAIPOUNAMU KAUPAPA MAORI SERVICES REVIEW



**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

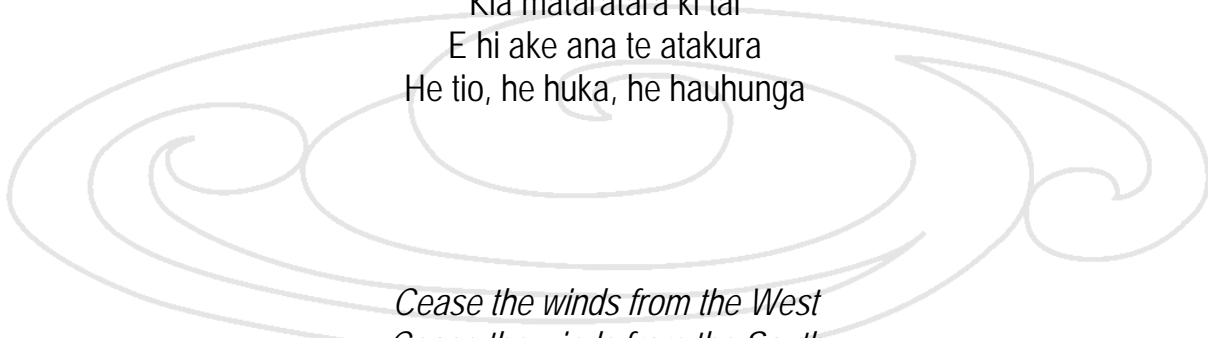
 **Otago**  
District Health Board  
Poari Hauora-ā-rohe ki Ōtāgo

 **Nelson Marlborough**  
District Health Board

 Southland District  
Health Board  
Te Poari Hauora o te Rohe o Marikuku

  
South Canterbury  
District Health Board

 *West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*



Whakataka te hau ki te uru  
Whakataka te hau ki te tonga  
Kia makinakina ki uta  
Kia mataratara ki tai  
E hi ake ana te atakura  
He tio, he huka, he hauhunga

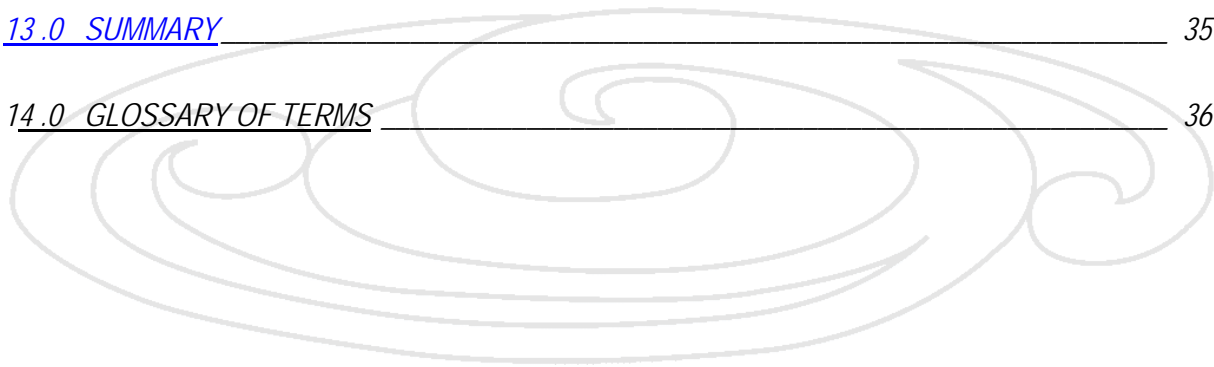
*Cease the winds from the West  
Cease the winds from the South  
Let the breezes blow over the land  
Let the red tipped dawn come  
A touch of frost, a promise of  
A glorious day*

*(Whakatauki no Waikato)*

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## **1.0 ACKNOWLEDGEMENT**

**Koē koē te kōkō  
kētē kētē te kākā  
kūkū te kērērū**

**Every one has a different sound, look and the difference is significant.**

**He mihi atu ki nga iwi o nga hau e wha  
ma te atua he tiaki he manaakitanga  
i roto i Te Ao Marama**

**Tihei Mauri Ora**

To the tangata whaiora, whanau, Kaupapa Maori and Provider Arm staff, our Kaumatua and Taua, thank you all for your valuable contributions towards this project.

## **2.0 TE ROOPU AWHIOWHIO**

Te Roopu Awhiowhio translation means a *'whirlpool of knowledge rising forth'*. Te Roopu Awhiowhio is the name provided by Kaumatua to identify the mahi (*work*) of the Kaupapa Maori Mental Health Services Review Project Team.

The knowledge gained from this review will inform and provide recommendations to District Health Boards on how they can improve mental health services to the Maori community. All project team members were of Maori descent and held a diverse range of knowledge, expertise and skills in the mental health arena.

### **Te Roopu Awhiowhio Membership**

<b>Name</b>	<b>Role in Mental Health Sector</b>	<b>Representing</b>
Ruahine Crofts ( <i>Ngai Tuahuriri, Ngai Tahu</i> )	Taua	Canterbury District Health Board
Bruce Wikitoa ( <i>Ngati Ruanui, Kai Tahu</i> )	Maori Health Advisor	South Canterbury District Health Board
Lorraine Eade ( <i>Ngati Rarua, Ngati Toarangatira</i> )	Mental Health Planning and Funding Manager ( <i>Project Sponsor</i> )	Nelson Marlborough District Health Board
Anne Hobby ( <i>Kai Tahu, Te Atiawa, Ngati Toa, Ngati Mutunga</i> )	Manager Te Rapuora o Te Wai Harakeke Trust	Poumanawa Oranga ( <i>Maori Development Organisation</i> )
Moira Gear ( <i>Ngai Tahu</i> )	Maori Mental Health Co-ordinator	West Coast District Health Board
Eunice Brown ( <i>Ngati Awa</i> )	Maori Mental Health Worker	West Coast District Health Board
Lucy Bush ( <i>Nga Puhi</i> )	Te Pakeke Te Korowai Atawhai	Canterbury District Health Board
Cazna Luke ( <i>Ngai Tahu, Te Rarawa</i> )	Mokowhiti Consultancy	Canterbury District Health Board
Ranui Wilson ( <i>Ngati Mutunga, Taranaki</i> )	Southern Regional Consumer Advisor	Tangata whaiora/consumer representative
Barbara Halliday ( <i>Whakatohea</i> )	Chief Executive Officer – Schizophrenia Fellowship Inc	Whanau/Family representative
Aroha Noema ( <i>Tuhoe</i> )	Manager Te Oranga Tonu Tanga	Otago District Health Board
Walter Fowler ( <i>Ngai Tahu</i> )	Te Kaiwhakarite o Te Korowai Hou Ora	Southland District Health Board
Geoff Bristowe ( <i>Ngati Awa</i> )	Maori Health Planning and Funding Manager	Nelson Marlborough District Health Board

### **3.0 SOUTH ISLAND REGIONAL MENTAL HEALTH NETWORK**

Te Roopu Awhiowhio carried out this review on behalf of the South Island Regional Mental Health Network (SIRMHN). Te Roopu Awhiowhio members were appointed by (SIRMHN) with representation from six District Health Boards, Maori Development Organisation, tangata whaiora and whanau. The review was designed to assist SIRMHN in the implementation of the goals and objectives outlined in the South Island Regional Mental Health Strategic Plan.

SIRMHN is a forum of mental health representatives appointed by the six DHBs and is assisted in its work by the South Island Shared Services Agency Ltd (SISSAL).

This review was completed without the services of a Project Manager and Administrator. This project has been a challenge given minimal resources were available to complete the review. Te Roopu Awhiowhio strongly recommend that the South Island Shared Services Agency develop further Maori capacity within the organisation to assist towards Maori health development.

Readers will note that Te Waipounamu Kaupapa Maori Mental Health Services Review has also informed the development of Te Waipounamu Maori Mental Health Strategy 2003-2007.

### **4.0 POLICY FRAMEWORK**

Improving Maori mental health continues to be a high priority. With the move to Population Based Funding and the government's commitment to increasing Maori health gains, it is the intention of the SIRMHN to provide a regionally co-ordinated approach that will inform local DHBs in their development of regional and district Maori mental health services.

The following government strategies outline the commitment to Maori Health and Maori Mental health development. We acknowledge that the majority of publications identified have generic and overarching strategies designed to improve Maori health. This is a compilation of sections from those government strategies that relate specifically to Maori and Mental health.

#### **Looking Forward: Strategic Directions for the Mental Health Services (1994)**

This document outlines the goals, principles and national objectives that focus on reshaping New Zealand's mental health services.

It consolidates consistent major concerns from previous major reviews of mental health services. These reviews in terms of Maori mental health have identified that there has been poor delivery of appropriate services to Maori.

Fourteen principles were identified that are proposed to define the quality standards to be met by mental health services. Two of these principles relate specifically to Maori mental health:

- Ensuring Maori involvement in the planning of mental health services for Maori and in designing services appropriate to Maori needs.
- Improving the cultural safety of services and ensuring that services accommodate cultural differences, especially for Maori.

#### **Moving Forward: The National Mental Health Plan for More and Better Services (1997):**

Flowing from Looking Forward national objectives were set to apply the principles. One of the core strategies listed are *"More and Better Services for Maori"*. The National Objectives that relate specifically to Maori mental health are as follows:

### ***National Objective 2.1***

Ensuring Maori involvement in the planning of mental health services for Maori and in designing services appropriate to Maori needs.

*Target 2.1.1* By July 1998, the planning process of the funding/purchasing body will involve Maori, and the plans themselves will include specific undertakings to increase Maori involvement in the design and purchase of services appropriate to Maori needs.

*Target 2.2.1* By July 1999, all mental health services will be using cultural assessment procedures for Maori consumers.

*Target 2.2.2* By July 2000, all mental health services will be operating under cultural effectiveness protocols.

### ***National Objective 2.2***

To increase the responsiveness of mainstream mental health services to the special needs of Maori.

*Target 2.3.1* By July 2005, 50% of Maori adults will have a choice of a mainstream or a kaupapa Maori community support mental health service.

Additional strategic directions specific to Maori mental health:

### ***National Objective 6.4:***

To increase the Maori mental health workforce.

*Target 6.4.1* By July 2005, the Maori mental health workforce (including Clinicians) will have increased by 50% from the baseline in 1997/1998.

Additional objectives in terms of Maori mental health were identified but no targets set pending the proposed baseline epidemiological study of Maori mental health.

## **Blueprint for Mental Health Services in New Zealand (1998)**

The Blueprint is a National Mental Health Service Development Plan that sets out the Commissions view of the qualitative and quantitative changes needed to realise the objectives of the Governments National Mental Health Strategy. Resource guidelines per 100,000 population were developed for services to provide access to mental health services, although this is qualified by its interpretation to be used as a national planning tool.

There are no resource guidelines specifically for Maori. The Blueprint acknowledges that '*until an appropriate epidemiological study is completed in New Zealand the extent of access needs for Maori is unknown. In the meantime, the Commission suggests that the target for access to mental health services for Maori should be double that for the general population; 6% of the Maori population should be able to access services appropriate to their needs, compared with 3% for the total population (Maori and non-Maori). Since 15% of the total population are Maori, 26% of all mental health service provision in New Zealand should be for Maori.*

- However, a number of critical success factors for effective mental health services for Maori were identified, they were: Effective funding and provision of mental health services for Maori.
- The sustainable development of Maori provider organisations.
- The need for a Maori mental health service strategy to be nested within wider public and primary health strategies for Maori.

## **National Drug Policy (1998)**

The National Drug Policy is the Government's five-year action plan for tobacco, alcohol, illicit and other drugs. It spells out the Government's commitment to prevent and reduce drug-related harm for all New Zealanders through a balance of supply control and demand reduction strategies. The policy acknowledges that Maori are at greater risk of a number of drug related harms and accordingly have set desired outcomes for Maori.

## **Nga Tikanga Totika mo Te Oranga Hinengaro Oranga Wairua Hui Report Best Practice Guidelines For Kaupapa Maori Mental Health Services (Moe Milne 2001)**

This document has been included in the policy framework as it specifically relates to best practice guidelines for Kaupapa Maori services. It acknowledges that there has been strong growth in the number of Māori Mental Health Providers over the past decade, both within 'mainstream' organisations and as independent service providers within hapu, Iwi and Maori communities. It identifies that best practice guidelines for Kaupapa Māori Mental Health Services need to be developed so that providers and Iwi might learn from one another, and provide a measurable quality of service. The guidelines would inform the Ministry of Health and District Health Boards on how best to support and facilitate the ongoing development of Kaupapa Māori Mental Health Services through their funding policies for Maori Mental Health Workforce development.

The report endorses the need to have services delivered to Maori by Maori and to provide solutions for Māori mental health needs. All hui stated the need for quality services as determined by Maori, with tangata whaiora retaining the right to choose Kaupapa Maori services, mainstream services and/or a combination of both.

## **Te Puawaitanga: National Maori Mental Health Strategy (2001)**

The purpose of Te Puawaitanga is to provide District Health Boards with a nationally consistent framework for the planning and delivery of services for tangata whaiora and their whanau, so they can meet the Governments mental health policy objectives for Maori.

Te Puawaitanga five strategic goals for Maori mental health services are:

- Goal 1:** *Provide comprehensive clinical, cultural and support services to at least 3% of Maori, focused on those who have the greatest mental health needs.*
- Goal 2:** *Ensure that active participation by Maori in the planning and delivery of mental health services reflects Maori models of health and Maori measures of mental health outcomes.*
- Goal 3:** *Ensure that 50% of Maori adult tangata whaiora will have a choice of a mainstream or a kaupapa Maori community mental health service.*
- Goal 4:** *Increase the number of Maori mental health workers (including clinicians) by 50% over 1998 baselines.*
- Goal 5:** *Maximise opportunities for intra and intersectoral co-operation.*

Te Puawaitanga objectives are far more definitive and descriptive with expected deliverables in a one, three and five year timeframe. A selection of examples is as follows:

- By 2002, the planning processes of DHBs specify how Maori involvement in design and purchasing of services appropriate to Maori needs, has been achieved.
- Local Maori advisory groups are established and supported to participate as a resource for the Regional Mental Health Networks.
- By 2002/2003 all mental health services will be using cultural assessment procedures for Maori consumers.
- Compile a database of organisations working within the context of Maori models of practice in each DHB area.
- Develop specific training initiatives for the Maori Mental Health Workforce.
- Develop training programmes to ensure appropriate response and cultural safety of tangata whaiora and whanau.
- Increase kaupapa Maori support services within mainstream services.
- By 2002/2003 all mainstream services to have development plans for Maori mental health service/s ready for implementation.

## New Zealand Health Strategy (2001)

The NZ Health Strategy and the NZ Disability Strategy are the Governments platform for action on health and disability, including Maori health. The NZ Health Strategy is committed to reducing inequalities in health status; therefore the strategy will work to ensure accessible and appropriate services for Maori. One of the five service delivery areas for the health sector to focus on in the short to medium term is *'improving the responsiveness of mental health services'*.

One of the primary goals of the NZ Health Strategy is Maori development in health, the objectives being to:

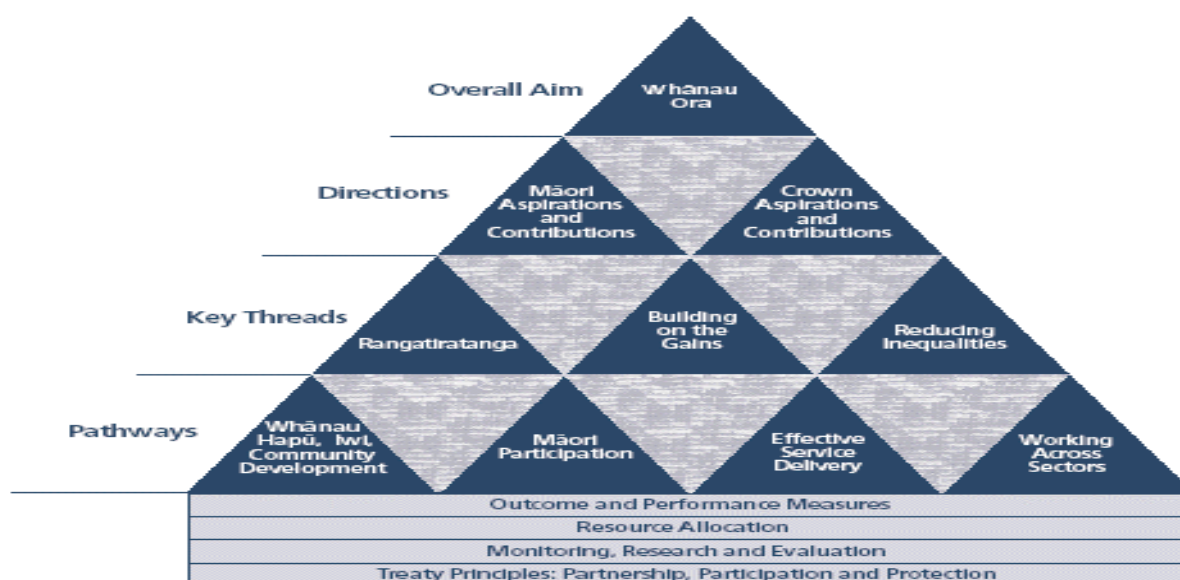
- Build the capacity for Maori participation in the health sector at all levels.
- Enable Maori communities to identify and provide for their own health needs.
- Recognise the importance of relationships between Maori and the Crown in health services, both mainstream and those provided by Maori.
- Collect high quality health information to better inform Maori policy and research and focus on health outcomes.
- Foster and support Maori health workforce development.

## He Korowai Oranga me He Whakatataka (2002)

The overall aim of He Korowai Oranga is whanau ora: Maori families supported to achieve their maximum health and wellbeing. It sets out a new direction for Maori health development over the next 10 years, building on the gains made over the past decade. The Government and Ministry of Health have made it a key priority to reduce inequalities that effect Maori. There are two key approaches behind He Korowai Oranga:

1. **Affirming Maori approaches**
2. **Improving Maori outcomes**

In setting out to achieve whanau ora, He Korowai Oranga has two broad directions, which acknowledge the partnership between Maori and the Crown. Within the context of these two broad directions, three key themes are woven throughout the strategy. Finally four pathways set out how whanau ora will be achieved.



He Whakatataka is the Maori Health action Plan 2002-2005. This outlines Government expectations of District Health Boards in terms of implementing He Korowai Oranga.

## District Health Board Strategic Plans

Te Roopu Awhiowhio reviewed all six South Island District Health Boards to identify key themes which outlined their commitment to Maori health/ Maori mental health and therefore national strategies.

In summary, consistent themes identified were:

- Commitment to implementing He Korowai Oranga and the South Island Regional Mental Health Strategic Plan.
- Supporting and building capacity of Maori health providers.
- Developing and building strong treaty relationships.
- Maori workforce development.
- Ensuring Maori involvement in planning, development and service delivery of mental health services.
- Improving ethnicity data collection.
- Ensuring the provision of culturally appropriate services to tangata whaiora.
- Reducing inequalities.

### Summary

It is within this policy context that Te Roopu Awhiowhio are supported to identify a pathway forward for Kaupapa Maori mental health in Te Waipounamu (*South Island*)

## **5.0 TERMS OF REFERENCE**

### **5.1 Scope**

The South Island Shared Services Agency board approved the Kaupapa Maori Mental Health Services Terms of Reference as one of the South Island Regional Mental Health Plan projects. The review covered all Mental Health Providers who are contracted to provide specific Kaupapa Maori Mental Health services as identified by purchase unit codes within the National Service Framework.

The Ministry of Health have identified that Kaupapa Maori Mental Health Services have a set of cultural characteristics or inputs that are generally not found in other mental health services.

These are:

- The governance and mission of the service is based on a Kaupapa Maori model.
- Consumers are mostly Maori.
- The kaupapa of the service is consistent with the wider aims and aspirations of Maori development.
- The service operates using Maori tikanga, Maori beliefs, values and practices and these are incorporated into the operational aspects of the service.
- The majority of staff required is usually Maori.

However, there are some anomalies with the scope given that some Provider Arm services hold dedicated Maori positions within the organisation (*that is under mainstream purchase unit codes but delivering services specifically targeted to Maori tangata whaiora*). Under the current Terms of Reference these services would be excluded from the review. Te Roopu Awhiowhio deems it necessary to include these services as part of the overall baseline. For the purpose of this review, these services are described as '*Dedicated Maori Mental Health*' positions and were identified by each District Health Board.

In addition, there remains within several District Health Boards, Maori staff working within mental health but not in a Kaupapa Maori or Dedicated Maori Mental Health position (*that is working within mainstream mental health positions*). These positions were not included as part of this review process.

### **5.2 Goals and Objectives**

The Terms of Reference for Te Roopu Awhiowhio (*approved by SI DHB's*), encompassed two specific goals, to:

- Provide a comprehensive range of kaupapa and/or mainstream clinical, cultural and support services to a minimum of 3% of Maori with the greatest mental health need.
- Develop Kaupapa Maori services as the preferred means of delivering mental health services to Maori.

The objectives of the project therefore, were to:

- Determine recommended access targets for Maori in the South Island based on the *Blueprint* resource guidelines and the *National Mental Health Plan*.
- Develop a workplan to strengthen and develop Kaupapa Maori mental health providers regionally.
- Ensure mainstream services are culturally responsive to Maori mental health needs.

It is within these Terms of Reference, that Te Roopu Awhiowhio designed a methodology to become better informed and to assist address the goals and objectives.

## **6.0 HOW INFORMATION WAS OBTAINED FOR THE REVIEW**

### **6.1 Methodology**

A range of surveys were developed, distributed, collated and analysed by Te Roopu Awhiowhio. The following groups completed the survey:

- South Island Kaupapa Maori Mental Health Providers who considered themselves to be tuturu Maori.
- All DHB Kaupapa Maori Mental Health Provider Arm Services with Kaupapa Maori purchase unit codes.
- All District Health Board Planner & Funder Arms with Kaupapa Maori purchase unit codes.
- Approximately 60 Tangata Whaiora & Whanau Surveys were received in total.

Each member of Te Roopu Awhiowhio was held responsible for implementing the survey in his or her respective districts. To ensure consistency in data collection, Te Roopu Awhiowhio developed guidelines and information packs to support the interview process.

### **6.2 Other Information Sources**

- Review of Mental Health policy documents
- Expert knowledge and experience from members of Te Roopu Awhiowhio.
- Key informant interviews with individuals who have mental health knowledge and expertise.
- Mental Health Information National Collection (MHINC) extracts.
- District Health Board Strategic Plan Documentation.
- Other SIRMHN projects (AOD Services Review & Workforce Development Group.)
- Te Herenga Hauora o Te Waka o Aoraki (South Island DHB Maori Managers Network)

## **7.0 ASSUMPTIONS AND AGREEMENTS**

- There is no further confirmed blueprint funding after 2003/2004 from the Ministry of Health.
- Te Roopu Awhiowhio acknowledges the 6% target for Maori as identified in the Blueprint. (*The Health Research Council are undertaking an epidemiology study in Mental Health which will provide information about the prevalence of mental health problems in New Zealand and more particularly measure the gap between prevalence, need and current (self report) service usage in New Zealand for Maori and the general population. In the meantime, the Commission suggests that the target for access to mental health services for Maori should be double that for the general population: 6% for the Maori population should be able to access services appropriate to their needs, compared with 3% for the total population (Maori and non-Maori).*)
- The project operates from within the existing DHB financial constraints. Project recommendations must be financially available or within possible funding levels.

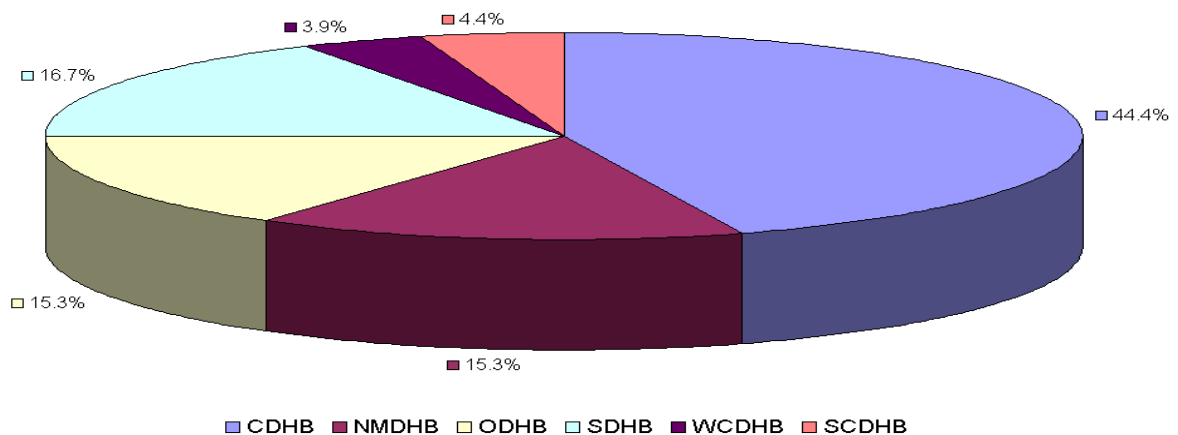
- Final decisions on Kaupapa Maori mental health service development remain the prerogative of each DHB.

In terms of the assumptions there is continued debate surrounding the 3% or 6% target from a number of sectors in the mental health field. It has been reported that the rate could in fact be much lower. Te Roopu Awhiowhio and Te Herenga Hauora o Te Waka o Aoraki (South Island DHB Maori Managers Network) support the Commission’s view around the suggested 6% target until the completion of the epidemiology study.

## 8.0 DEMOGRAPHICS

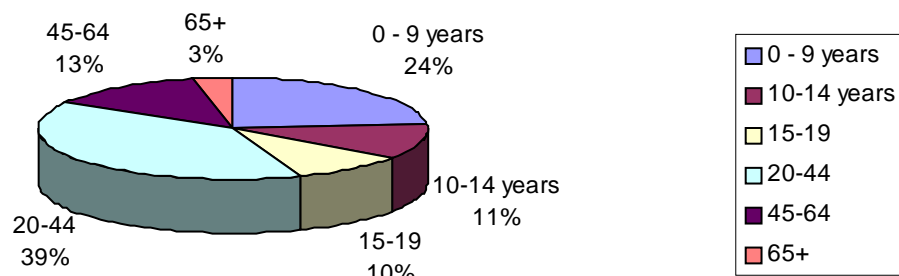
Te Waipounamu (*South Island*) covers 153,000 square kilometres. There are two tribal rohe, Ngai Tahu which covers five South Island District Health Boards (*Canterbury, West Coast, South Canterbury, Otago and Southland*) and is the largest geographical tribal area in New Zealand, and the second tribal area is that of Te Tau Ihu o Te Waka a Maui (*Nelson/Marlborough*) encompassing Ngati Rarua, Ngati Toarangatira, Ngati Koata, Rangitane, Ngati Kuia, Ngati Apa, Te Atiawa and Ngati Tama manawhenua.

Domiciliary of Total South Island Maori Population by District Health Board



The total population of the South Island is 906,681. Maori comprise 7.1% (64,653) of the total population.

Maori Population Numbers



In terms of Maori age band breakdown, the largest number of South Island Maori is pakeke (*adults*) at 39%, followed by tamariki (*children*) at 24%.

## **9.0 STOCKTAKE OF KAUPAPA MAORI SERVICES**

The stocktake information provides a baseline of DHB funded Kaupapa Maori providers. This provides the opportunity to track the development and growth of services within each DHB from a regional perspective. In essence, a Maori Health ring fence within a ring fence for mental health. This stocktake includes mainstream purchase unit codes that by custom and practice were specifically targeted to by Maori for Maori services. This also includes dedicated Maori positions or Maori Mental Health Team services provided under mainstream services.

### **9.1 Funding for Kaupapa Maori/Dedicated Maori Mental Health Services**

The total mental health spend for the South Island is \$170,334,223.00 (*including Kaupapa Maori/Dedicated Maori mental health service spend of \$5,730,923.00*).<sup>1</sup>

Based on current 2001 census figures, there is \$88.64 per head of Maori population spent on Kaupapa Maori or Dedicated Maori mental health services. Non Kaupapa Maori services spend is \$181.54 per head of total South Island population (*this excludes Kaupapa Maori/Dedicated Maori mental health services*). Maori of course can access both Kaupapa Maori and non-Kaupapa Maori services. Of the \$170,334,223.00 mental health spending, 3.36% is spent on Kaupapa Maori or Dedicated Maori mental health services. Seven percent of the South Island population (64,653) are Maori.

Te Roopu Awhiowhio suggests that a realistic target should be set over the next three years to increase mental health spending on Kaupapa Maori mental health services. There needs to be a level of flexibility with this target, as District Health Boards may choose to focus on providing *'better'* Kaupapa Maori mental health services as opposed to *'more'*. *'Better'* services require District Health Board support to strengthen Maori providers' capacity and capability, thereby providing quality services and improving outcomes for tangata whaiora. While there is a need to expand service provision this does not necessarily mean *'more'* Kaupapa Maori mental health providers. Te Roopu Awhiowhio vision is that Kaupapa Maori mental health expenditure *should* increase to \$10 million by 2005. Acknowledgement is given that to achieve this objective there are challenges ahead in terms of workforce capacity, improving existing capacity and quality of Kaupapa Maori services, working within funding constraints, building on District Health Board commitment to Maori health, and reducing inequalities.

Te Puawaitanga identifies that at least 50% of adult tangata whaiora should have the choice of a mainstream or Kaupapa Maori service. Te Roopu Awhiowhio suggests that the South Island regional target increased funding in Kaupapa Maori mental health services, is a minimum of 10% on the existing baseline. This new funding combined with a reconfiguration of mainstream and NGO services to Kaupapa Maori or Dedicated Maori positions will result in a 50% increase in Maori mental health services overall.

#### **<sup>2</sup>Financial Summary of Kaupapa Maori and Dedicated Maori Mental Health Services as at 1<sup>st</sup> July 2003**

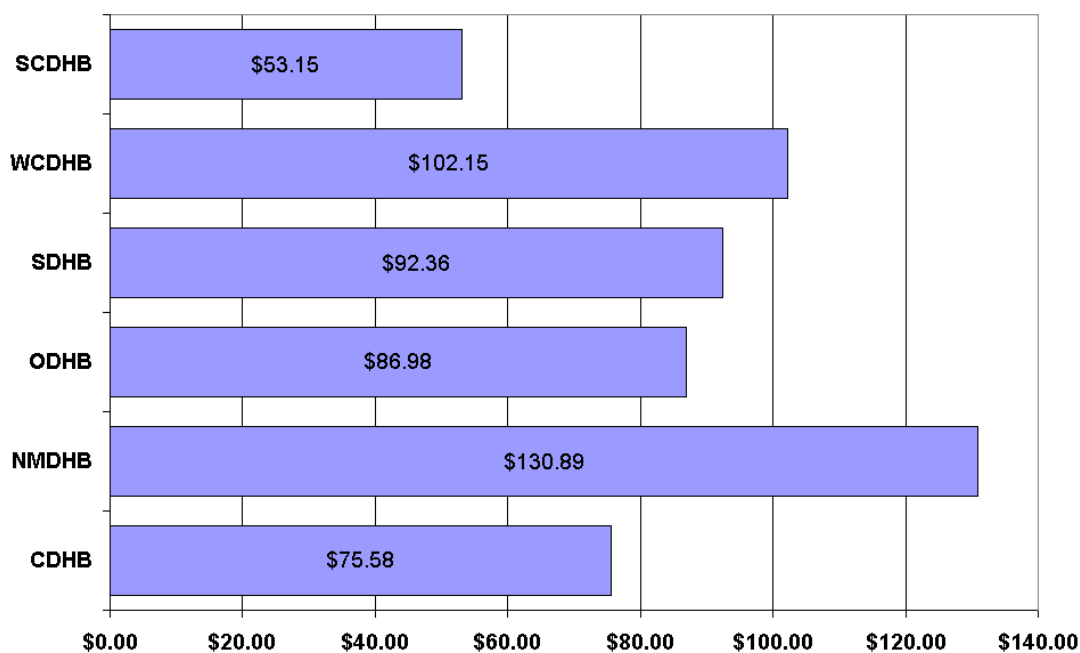
<b>DHB</b>	<b>2001 Census Population</b>	<b>2001 Census Maori Population</b>	<b>2001 % of Total Population</b>	<b>Number of Kaupapa Maori Providers</b>	<b>No of FTE</b>	<b>Total Kaupapa Maori Health Spend</b>
CDHB	427065	28728	6.7	12	30.55	\$2,171,374.00
NMDHB	122466	9888	8.1	4	17.1	\$1,294,270.00
ODHB	170748	9876	5.8	3	10.5	\$859,015.00
SDHB	103356	10779	10.4	3	10.8	\$995,543.00
WCDHB	30276	2544	8.4	1	3	\$259,874.00
SCDHB	52770	2838	5.4	0	2	\$150,846.00
	<b>906681</b>	<b>64653</b>	<b>7.1</b>	<b>23</b>	<b>73.95</b>	<b>\$5,730,923.00</b>

<sup>1</sup> Kaupapa Maori and Dedicated Maori Services are those that have been self-identified as such by District Health Boards. This does not include Maori FTE working in the mental health sector in mainstream positions.

<sup>2</sup> The population figures are based on the 2001 Census, Usually Resident Population.

Comparing the per capita Kaupapa or Dedicated Maori mental health spend of the six South Island District Health Boards, the following graph provides a snap shot as at the 1<sup>st</sup> July 2003.

### Per Capita Kaupapa Maori Mental Health Spend



He Whakatataka (*Maori Health Action Plan*) identifies that District Health Boards should set targets to increase funding for Maori health for the next three years. This financial analysis provides a regional baseline that provides a foundation for future growth.

## 9.2 Kaupapa Maori /Dedicated Maori Mental Health Contracts

As at the 1<sup>st</sup> July 2003, there were 23 Mental Health Providers in the South Island that hold Kaupapa Maori contracts. Not all of these Providers consider themselves to be a Kaupapa Maori provider due to the following reasons:

- Pacific Mental Health Services purchased under Kaupapa Maori service specifications.
- Provider Arm services that provide a bicultural Maori mental health service.
- Non Government Organisations (NGOs) services that purchase small volumes of Kaupapa Maori mental health services, to assist the organisation provide a bi-cultural service.

The following table identifies the name of Kaupapa Maori or Dedicated Maori Mental Health Providers, a brief service description, contract values as at 1<sup>st</sup> July 2003, and the volume of services purchased, either as a Full Time Equivalent (FTE), bed nights (*residential or respite*), programmes (*workforce development, respite etc*).

## Kaupapa Maori Contracts by DHB as at 1<sup>st</sup> July 2003

<b>Canterbury District Health Board</b>			
<b>Provider Name</b>	<b>Service Description</b>	<b>Contract as at 01.07.03</b>	<b>Volume</b>
Te Rito Arahi	Kaupapa Maori Alcohol & Drug	\$ 203,250	3
	AOD Day Treatment	\$ 48,000	1
	Community AOD Treatment	\$ 60,000	1.25
Te Runaka Ki Otautahi O Kai Tahu Trust	Kaupapa Maori Mental Health Service	\$ 14,478	0.2
	Adult Planned Respite	\$ 50,000	
	Needs Assessment Service Co-ordination	\$ 348,144	6
Te Kakakura Trust	Kaupapa Maori Residential Rehabilitation	\$ 268,640	2920 (Bed Days)
	Other Residential Support CSW	\$ 312,000	6
	Kaupapa Maori Mental Health Service	\$ 69,870	1
He Waka Tapu Limited	Kaupapa Maori Mental Health Service	\$ 26,784	0.38
	Kaupapa Maori Non Clinical	\$ 39,305	0.3
	KM Rangatahi and Tamariki	\$ 54,841	0.77
Te Tai O Marokura Charitable Trust	Kaupapa Maori Mental Health Service	\$ 71,450	1
Te Awa O Te Ora Trust	Kaupapa Maori Mental Health Service	\$ 122,960	2
	Other Residential Support CSW	\$ 100,000	2
Purapura Whetu Trust	Maori Adult Comm. Teams	\$ 40,758	0.58
	Maori Adult Comm. Teams	\$ 75,307	1.17
	Kaupapa Maori Mental Health Service	\$ 83,357	1.17
Schizophrenia Fellowship NZ Inc - National Office	Kaumatua	\$ 7,500	0.138
Odyssey House Trust - Christchurch	Kaupapa Maori Mental Health Service	\$ 7,239	0.1
STOP Trust	Kaupapa Maori Tamariki and Rangatahi	\$ 22,917	0.5
	Kaupapa Maori A&D specific	\$ 71,450	1
Pacific Trust Canterbury	Pacific Mental Health Services	-	NA
	Pacific Mental Health Services	-	NA
Canterbury DHB (Provider Arm)	Mental Health Services	\$ 73,125	1
<b>Canterbury District Health Board Total</b>		<b>\$ 2,171,374</b>	<b>30.558</b>

<b>Nelson Marlborough District Health Board</b>			
<b>Provider Name</b>	<b>Service Description</b>	<b>Contract as at 01.07.03</b>	<b>Volume</b>
Poumanawa Oranga	Home Based Support Services	\$ 53,040	1
Te Rapuora o Te Wai Harakeke	KM Day Programme	\$ 87,793	1.4
	KM Adult Community Team	\$ 19,752	0.35
	KM Tamariki and Rangatahi	\$ 67,750	1
Poumanawa Oranga Te Awhina Marae	KM Alcohol and Drug Services	\$ 113,625	1.60
Poumanawa Oranga Te Wai Ora	KM Alcohol and Drug Services	\$ 207,065	3.25
Poumanawa Oranga Ngati Koata	KM Child and Youth AOD Programme	\$ 69,105	1
	KM Alcohol and Drug Services	\$ 69,105	1
	KM Alcohol and Drug Services	\$ 95,564	1.5
	KM Adult Community Team	\$ 71,267	1
	Adult Planned Respite	\$ 25,500	
	KM Level II Residential	\$ 93,075	
Ngati Koata	KM Tamariki and Rangatahi	\$ 67,750	1
NMDHB Provider Arm	<i>Dedicated Maori Mental Health</i>	\$ 253,879	3
<b>Nelson Marlborough District Health Board Total</b>		<b>\$ 1,294,270</b>	<b>17.1</b>

<b>Otago District Health Board</b>			
<b>Provider Name</b>	<b>Service Description</b>	<b>Contract as at 01.07.03</b>	<b>Volume</b>
PACT Charitable Trust	Community Support - Maori	\$ 46,782	1
	Adult Planned Respite	\$ 33,408	365 (bed nights)
Corstorphine Baptist Community Trust	Kaupapa Maori Adult Community	\$ 46,782	1
Otago DHB (Provider Arm)	Kaupapa Maori Mental Health Service	\$ 732,043	8.5
<b>Otago District Health Board Total</b>		<b>\$ 859,015</b>	<b>10.5</b>

<b>Southland District Health Board</b>			
<b>Provider Name</b>	<b>Service Description</b>	<b>Contract as at 01.07.03</b>	<b>Volume</b>
Te Huarahi Ki Te Oranga Pai Trust	Maori Community A&D Services	\$ 135,500	2
	Kaupapa Maori Alcohol & Drug Service	\$ 124,545	2
	Kaupapa Maori Mental Health Service	\$ 71,450	1
Te Runaka Ki Otautahi O Kai Tahu Trust	KM Residential Level 4	\$ 54,372	552(Bed Days)
	Level 4 - one off	\$ 53,929	547.5 (Bed Days)
	KM Planned Respite	\$ 36,248	368 (Bed Days)
Southland DHB (Provider Arm)	Mental Health Services	\$ 519,500	5.8
<b>Southland District Health Board Total</b>		<b>\$ 995,543</b>	<b>10.8</b>

<b>West Coast District Health Board</b>			
<b>Provider Name</b>	<b>Service Description</b>	<b>Contract as at 01.07.03</b>	<b>Volume</b>
West Coast DHB (Provider Arm)	Mental Health Services	\$ 259,874	3
<b>West Coast District Health Board Total</b>		<b>\$ 259,874</b>	<b>3</b>

<b>South Canterbury District Health Board</b>			
<b>Provider Name</b>	<b>Service Description</b>	<b>Contract as at 01.07.03</b>	<b>Volume</b>
South Canterbury (Provider Arm)	<i>Dedicated Maori Mental Health</i>	\$ 150,846	2
<b>South Canterbury District Health Board Total</b>		<b>\$ 150,846</b>	<b>2</b>

Canterbury District Health Board Total	\$ 2,171,374	30.558
Nelson Marlborough District Health Board Total	\$ 1,294,270	17.1
Otago District Health Board Total	\$ 859,015	10.5
Southland District Health Board Total	\$ 995,543	10.8
West Coast District Health Board Total	\$ 259,874	3
South Canterbury District Health Board Total	\$ 150,846	2
<b>Grand Total</b>	<b>\$ 5,730,923</b>	<b>73.958</b>

## Kaupapa Maori Contracts by Service

DHB	AOD	Kaumatua Taua	Residential	Respite	Mental Health Teams	Tamariki Rangatahi	Support Services
CDHB	7.25 FTE	0.138 FTE	8 beds	1 Prog	13.9 FTE	1.27 FTE	8.0 FTE
NMDHB	7.35 FTE		5 beds	1 Prog	4.3 FTE	2.0 FTE	2.4 FTE
ODHB	1.0 FTE	1.0 FTE			6.0 FTE	2.0 FTE	0.5 FTE
SDHB	4.0 FTE		1.5 beds	1 Bed	6.8 FTE		
WCDHB					3.0 FTE		
SCDHB					2.0 FTE		
<b>Total</b>	<b>19.6 FTE</b>	<b>2.138 FTE</b>	<b>14.5 beds</b>		<b>36. FTE</b>	<b>5.27 FTE</b>	<b>10.9 FTE</b>

(Note: ODHB also has within their 6.0 Community Mental Health Team, 1.0 FTE Forensic kaimahi)

The two largest resources are in the Alcohol and Other Drug and Mental Health Team areas. Suggestions were raised by Provider Arm staff related to having the opportunity to meet with other Kaupapa Maori workers to share information and ideas around a number of subjects, predominantly whakawhanaungatanga, cultural assessment procedures, workforce development opportunities, reviewing policies, best practice and more importantly discussions on how to improve services to tangata whaiora. Recent CAOS results identified that episode costs for Maori are at a higher level than non-Maori. One of the contributing factors towards this could be that Maori present at a higher severity level than non-Maori. An established Maori mental health network could be helpful in developing methodologies to improve services and access to services to reduce these costs. All District Health Boards have Kaupapa Maori Community Mental Health workers either in Provider Arm services or in the Kaupapa Maori NGO sector.

The South Island Alcohol and Other Drug Services Review (SIAODSR) identify several recommendations that affect Maori. While still in draft form, Te Roopu Awhiowhio support the draft recommendations identified.

Te Roopu Awhiowhio are delighted that after some convocation around the closure of the Hanmer Taha Maori programme, the Ministry of Health have approved a ten to twelve bed Maori Alcohol and Other Drug regional based facility, with a day programme(s) available to tangata whaiora. This has the potential for satellite and associated community day programmes prior to, during and post treatment and will certainly alleviate some of the existing pressures on providers.

The SIAODSR also lists individual District Health Board priorities as follows:

### Canterbury

- Develop a kaupapa Maori AOD assessment, referral and outpatient counselling service in Christchurch for youth.
- Develop a Kaupapa Maori day treatment programme for both men and women in Christchurch in association with a Kaupapa Maori residential service.
- Develop a kaupapa Maori aftercare community support work service in Christchurch.
- Increase the level of kaupapa Maori outpatient assessment/referral and counselling in Christchurch.
- Establish a Kaupapa Maori AOD consult/liaison service for mainstream AOD services in Christchurch.

### West Coast

- Appoint a dedicated Maori AOD health worker in West Coast DHB Provider Arm outpatient services. Ensure worker is linked to other Maori personnel (MH/AOD) to avoid isolation and ensure safety.
- Trial a regional contract for week day/end treatment retreats or wananga.

### Otago

- Implement steps to establish a culturally appropriate Maori Community AOD

service in Dunedin.

Nelson Marlborough	<ul style="list-style-type: none"><li>• Appoint a dedicated Maori AOD health worker in Nelson Marlborough, DHB Provider Arm services. Ensure worker is linked to other Maori personnel (MH/AOD) to avoid isolation and ensure safety.</li><li>• Trial a regional contract for week day/end treatment retreats or wananga.</li></ul>
South Canterbury	<ul style="list-style-type: none"><li>• Appoint a dedicated Maori AOD health worker in South Canterbury DHB Provider Arm outpatient services.</li><li>• Trial a regional contract for week day/end treatment retreats or wananga.</li></ul>
Southland	<ul style="list-style-type: none"><li>• Trial a regional contract for week day/end treatment retreats or wananga.</li></ul>

In terms of residential services, there could be viability issues for some of the smaller District Health Boards to establish Kaupapa Maori residential services. There may however be the opportunity to look at cost neutral developments with existing providers or respite services. Otago has recently decided to develop Level III and Level IV supported accommodation beds and these will be established late 2003.

Several District Health Boards noted that further services were needed for Tamariki and Rangatahi and are in the process of establishing or planning these services. Early Intervention services would benefit specifically the 15-44 year age group, and this was seen as a priority area for development.

Several respondents identified the need for Kaupapa Maori advocacy/advice positions. Advocacy plays a key role in providing information, advising and advocating for tangata whaiora and whanau. Further development in this area could improve Maori access to mainstream services.

With the establishment of the Forensic Clinical Governance Group, an additional prison being built in Otago and the number of Maori presenting to existing forensic services, Te Roopu Awhiowhio suggest that further Maori capacity should be developed in this area.

The service description for Kaumatua and Taua services states *"The involvement of Kaumatua and Taua is essential if excellence is to be achieved in any Maori initiative. Their wisdom and guidance will ensure accountability to Maori"*. In this regard, they provide a sense of comfort and support in terms of cultural safety in general mental health services. Their status enables them to advocate for Maori and challenge practices that are inappropriate for Maori, particularly in the spiritual and tikanga areas. Te Roopu Awhiowhio strongly proposes and considers it an imperative, that each District Health Board has a Kaumatua and Taua service supporting their mental health services.

In summary, Te Roopu Awhiowhio after reviewing information supplied for the purposes of this review, priority development for new Maori mental health services would be in the areas of:

- Tamariki and Rangatahi
- Residential and Respite
- Forensic Services
- Kaumatua and Taua
- Advocacy
- Alcohol and Other Drug
- Investigate viability of a Kaupapa Maori Inpatient Unit

### 9.3 Blueprint Resource Guidelines

The Blueprint resource guidelines do not distinguish between mainstream and Kaupapa Maori services. As stated previously, Maori access both Kaupapa Maori and mainstream mental health services.

While the blueprint suggests that the target for access to mental health services for Maori should be double that for the general (*Maori and non Maori*) population i.e. 6%, on this basis since 15% of the national population is Maori, 26% of all mental health service provision in New Zealand should be for Maori. Following that logic, the South Island Maori population is 7.1% therefore approximately 13.3% of all mental health service provision should be for Maori. Te Roopu Awhiowhio acknowledges that for the South Island 13.3% is the vision, and we aspire to that vision. In terms of implementation, a realistic and achievable staged approach to more and better mental health services for Maori is needed.

The following table is a summary of mental health services purchased in the South Island for 2001/2002 compared to Blueprint Guidelines and a suggested target of purchasing additional Kaupapa Maori services based at 13.3% of blueprint guidelines.

Summary Code	Regional Total 2001/2002	Blueprint Target 2010	Blueprint % Achieved 2001/02	Volumes required to 2010	Actual KM Service July 03	KM @ 13.3 % July 03
Inpatient Beds	447	366	122	-81	0	59.45
Residential Beds	584	735	79	151	17.5	77.76
Community Mental Health	635	926	69	291	42.27	84.46
Community Support	207	325	64	118	10.9	27.53
Advisory Services and Initiatives	46	62	74	16	0	6.12
Detoxification beds	14	28	51	14	0	1.86
Residential Alcohol and Drug Beds	134	95	141	-39	0	17.82
Community Alcohol and Drug	124	155	80	31	19.6	16.49
Methadone	1318	1437	92	119	0	175.29

As the South Island is generally overachieved in Inpatient Beds, it is unrealistic to expect the purchase of additional beds specifically for a Kaupapa Maori Inpatient Unit. However, there maybe an opportunity to discuss the possible reconfiguration of existing Inpatient beds for a regional Kaupapa Maori unit.

Also note that in terms of the Kaupapa Maori Alcohol and Other Drug Residential facility, a 10 to 12-bed facility will be fully operational by June 2005. There are also opportunities for further development in Kaupapa Maori residential facilities for several District Health Boards. Kaupapa Maori Community Mental Health priority area is for tamariki/rangatahi, kaumatua/taua and early intervention services of which there is minimal capacity currently in this area.

Te Roopu Awhiowhio has no information in terms of the number of Maori currently accessing methadone services. Further clarification would be required on this kaupapa.

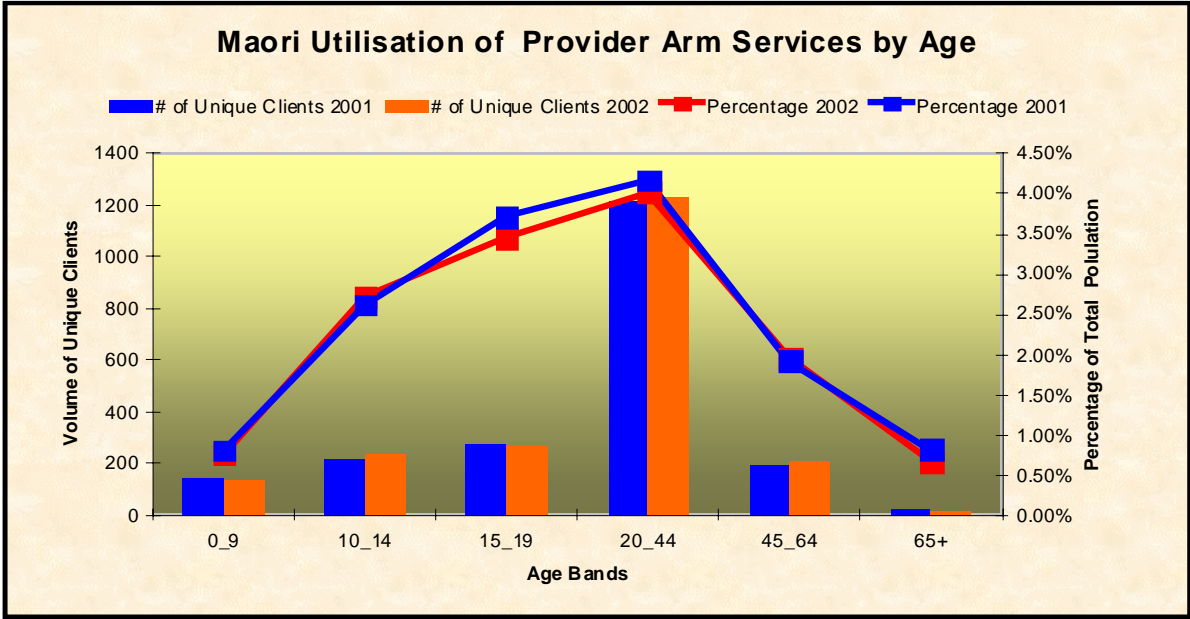
## **10.0 MENTAL HEALTH INFORMATION NATIONAL COLLECTION**

### **Maori Access/Utilisation Rates**

The blueprint suggests that the target for access to mental health services for Maori should be double that for the general population, that is 6%. In some instances, data integrity issues were acknowledged, two specific examples being ethnicity data being collected accurately before insertion into the database and tangata whaiora

having several NHI numbers. The MHINC data is processed through Provider Arm services. It does not capture access data from the Kaupapa Maori NGO sector (*some NGO's are able to manually report to MHINC, but there are no South Island Kaupapa Maori Mental Health Providers that currently report to MHINC*). We would estimate that 90-95% of Kaupapa Maori NGO clients are case managed by Provider Arm services, therefore in theory they should be included in the MHINC analysis.

Survey responses identified that DHBs were confident in the MHINC reporting accurate data in relation to Maori presenting to their services. All District Health Boards acknowledged a level of comfort with the data; therefore this provides us with some indication of access rates. However, there is still a level of concern from Te Roopu Awhiowhio concerning the reliability of MHINC data.



As expected, the largest number of Maori presenting to Provider Arm services is in the 20 – 44 year age group.

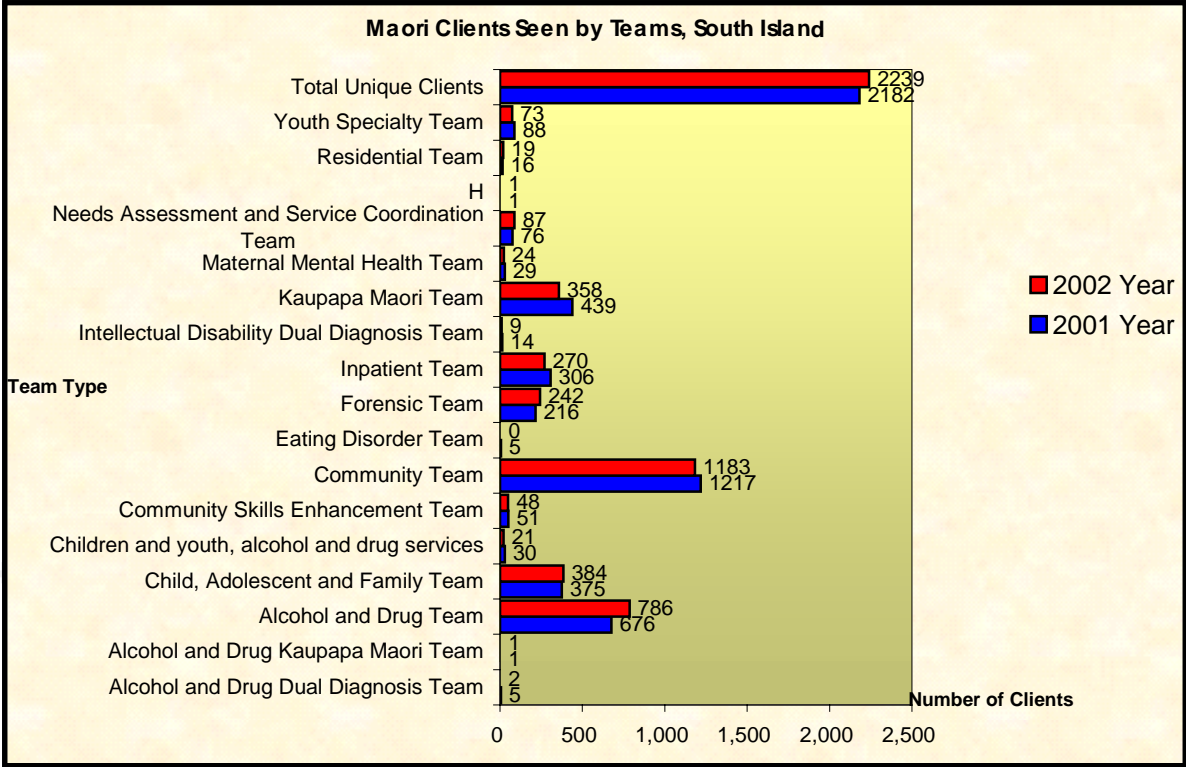
The South Island Maori Access Rates table below shows that across all age bands, access rates for Maori were 3.18% for 2001 (2182 unique clients) and 3.25% for 2002 (2239 unique clients). In terms of the 6% access rate, the aim would be for a further 2,257 Maori to access mental health services over the next three years. This includes Maori from the Kaupapa Maori Mental Health NGO sector. This is achievable given the District Health Boards commitment to improving ethnicity collection and providing a more culturally appropriate service, and the future inclusion of NGO reporting to MHINC. It is our understanding that NZHIS have established a timeline to develop the capability for all NGO's to report this data. The following table outlines realistic achievable targets for Provider Arm services in terms of Maori access rates in the next three years.

**South Island Regional Maori Access Rates – Provider Arm**

Age Bands	Maori Population	Maori at 3%	Maori at 6%	2001 Access %	2002 Access %	2003 Aim %	2001 Aim %	2001 Aim %
0-9	16,230	487	974	0.88%	0.85%	1.18%	1.25%	1.40%
10-14	7,824	235	469	2.75%	2.97%	3.15%	3.25%	3.44%
15-19	6,651	200	399	4.16%	4.06%	4.50%	4.70%	5.00%
20-44	23,817	715	1,429	5.09%	5.18%	5.50%	5.80%	6.10%
45-64	8,322	250	499	2.31%	2.51%	2.71%	2.91%	3.11%
65+	1,809	54	109	1.11%	1.00%	1.11%	1.15%	1.24%
<b>Total Population</b>	<b>64,653</b>	<b>1,940</b>	<b>3,879</b>					
<b>Total Average</b>				<b>3.18%</b>	<b>3.25%</b>	<b>3.55%</b>	<b>3.73%</b>	<b>3.96%</b>

The Mental Health Commission recently identified that from the 1<sup>st</sup> January 2002 to the 30<sup>th</sup> June 2002, the access rate nationally for Maori was 1.9%. In comparison, the South Island access rate is higher than the national average at 3.25%. One South Island DHB reports that their current access rate for Maori is twice that of non-Maori.

The following graph shows where the majority of tangata whaiora are seen within Provider Arm services.



The majority of tangata whaiora are seen by Mobile Community Mental Health Teams. As the first point of contact in crisis situations and because of continuing care services this is understandable.

Inpatient services numbers have dropped slightly, whereas Forensic services have increased. There could be further increases in forensic numbers given the new prison being established in Milton, Otago.

According to the MHINC data, there is a drop in Maori accessing Provider Arm Kaupapa Maori Mental Health and Alcohol and other Drug services and this is a concern when the total number of Maori seems to be increasing. There could be several reasons for this including the growth in NGO Kaupapa Maori mental health services, whether Provider Arm services are providing an appropriate bicultural service, misinterpretation of contract requirements or incorrect reporting of MHINC data. One District Health Board reports that Maori choose to access mainstream services as their first preference as opposed to accessing their Maori Mental Health team.

There is insufficient information to provide thorough in depth analysis. Te Roopu Awhiowhio recommends that the existing MHINC access rates provide the baseline for future monitoring.

## **11.0 SURVEY FINDINGS**

### **11.1 Tangata Whaiora me Whanau Issues**

*“We shouldn’t be treated differently because we have a mental illness or because we are Maori”*

This survey comprised two parts. One based on non-Maori based services and the other based on Kaupapa Maori based services:

Overall the majority of tangata whaiora and their whanau were satisfied with the mental health services they receive within Provider Arm and Kaupapa Maori NGO based services.

Tangata whaiora me whanau identified a number of ideas and options to improve services that have been amalgamated as consistent themes arose:

- Improving the waiting times to access specialist psychiatrist assessment. Tangata whaiora report that they become unwell waiting for assessment.
- Ensuring whanau get access to support in their own right.
- Strong Kaupapa Maori advocates who have a good knowledge of systems and processes, to assist tangata whaiora access services in a timely manner.
- Increased tangata whaiora me whanau participation in the planning, evaluation and delivery of all mental health services.
- Improving communication systems, and the need to collaborate more effectively with tangata whaiora and whanau.
- The provision of appropriate and timely information to tangata whaiora and whanau at point of entry or as soon as practicable. This could also be in the form of videotapes/cassettes/orientation packs as an introduction to the service.
- Mainstream services becoming more culturally appropriate.
- Maintaining a level of consistency, ensuring minimal changes with Case Managers, Psychiatrists and other professionals.
- Whanau seek an improvement in access to mental health services in general including the level of information provided.

*“Find out what turns on the red light, instead of giving medications to turn it off”*

Kaupapa Maori mental health services were viewed as culturally and clinically more responsive. This encompassed using Maori models of healing, having access to Rongoa and Tohunga and providing a higher level of support. Additional aspects of a Kaupapa Maori mental health service deemed important were Te Reo me ona Tikanga Maori, showing empathy and giving tangata whaiora me whanau the opportunity of being heard. Kaupapa Maori mental health services had a deeper understanding of what it is to be Maori; they provide more user friendly explanations around assessment and medications and demonstrate mutual trust, respect and confidentiality.

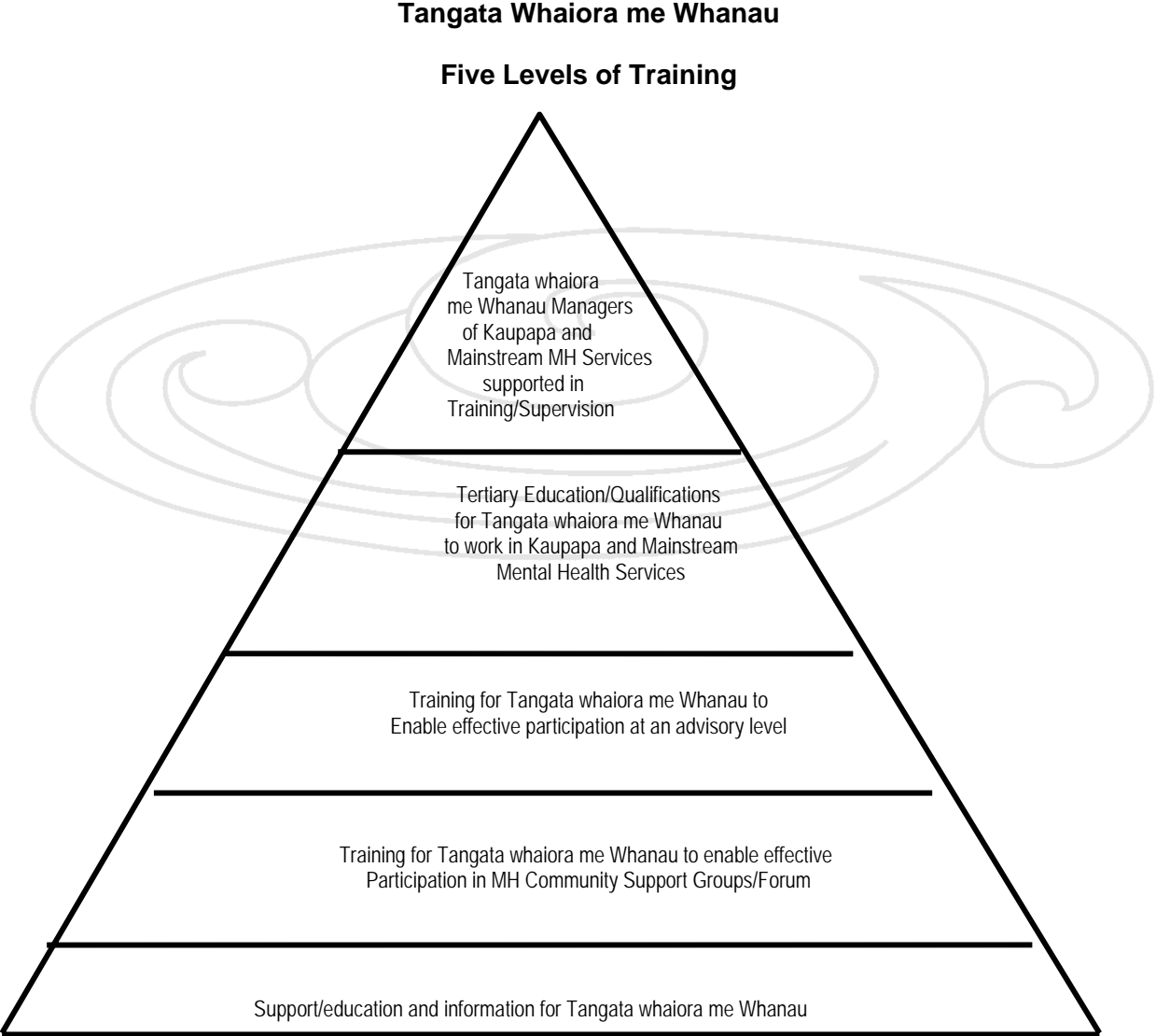
In terms of being involved in the planning, implementation and evaluation of mental health services within the South Island region, this differed district by district but overall, 35% of tangata whaiora had some level of involvement.

Te Roopu Awhiowhio understands that tangata whaiora participation in DHB processes is now part of the quarterly reporting framework to the Ministry of Health. However, there needs to be appropriate training mechanisms initiated to support tangata whaiora me whanau develop the skillbase and expertise to effectively contribute within all levels of the organisation.

Tangata whaiora me whanau identified several suggestions that would add value to existing services. In addition to the themes identified above, Provider Arm services could employ more Maori staff and provide additional home visits.

Kaupapa Maori NGO services could develop visual information videos, work on providing daytime, lifeskills and work rehabilitation services, investigate providing respite and inpatient facilities for Maori, provide Tohunga mahi, employ more Maori staff (*including Maori Information Officer and Maori clinicians*) and further support the usage of Te Reo me ona Tikanga Maori.

The following pyramid identifies the five levels of training required.



There were reports of stigmatisation not only within the wider community, but also at times within the Maori community itself. This was disappointing to note but not overly surprising. Every individual needs to take responsibility to counter discrimination associated with mental illness, counter stigma and empower tangata whaiora and whanau.

*‘A service that will address my cultural differences and not make fun, that I believe in family curses and that the spiritual world is real’.*

## 11.2 Defining a Kaupapa Maori Service

Defining a Kaupapa Maori service was an issue of concern for Planners and Funders, Kaupapa Maori NGO's and Provider Arm services. Responses were varied and no-one definitive statement could be drawn from the discussions. Te Roopu Awhiowhio acknowledges the diverse range of Maori models that have developed within the mainstream and NGO sectors.

The Nationwide Service Specifications identify that a Kaupapa Maori Mental Health service is distinguished by its kaupapa, and has a set of cultural characteristics or inputs that are generally not found in other mental health services. These are:

- The governance and mission of the service is based on a Kaupapa Maori model.
- Consumers are mostly Maori.
- The kaupapa of the service is consistent with the wider aims and aspirations of Maori development.
- The service operates using Maori tikanga, Maori beliefs, values and practices and these are incorporated into the operational aspects of the service.
- The majority of staff required is usually Maori.

The majority of Kaupapa Maori Providers felt they met the above definition. One consistent remedial action emerged that adds value to the above definition and this centred on having local iwi mandate or provide guidelines to each DHB of a Kaupapa Maori service. The service specifications acknowledge the flexibility to reflect the kawa of each area and there was general agreement that this should be determined by Iwi.

This alleviates some of the issues raised by survey participants:

- How can a DHB determine what is a Kaupapa Maori service?
- Are there times or circumstances when it may be appropriate for a non-Maori provider to be classed as Kaupapa Maori?
- Should all six characteristics required to be a Kaupapa Maori service. Should there of the six be set as a minimum?
- What evidence is needed to comply before a Kaupapa Maori contract is established?
- Can organisations such as Schizophrenia Fellowship NZ Inc be classified as a Kaupapa Maori provider? Does this have the potential to undermine existing Kaupapa Maori Providers?
- Can a DHB Provider Arm service be classified as a Kaupapa Maori service?
- Some Kaupapa Maori services would find it difficult to comply with the definition because of Maori workforce shortages and the increasing number of non-Maori wishing to utilise the service.
- Definition of a Kaupapa Maori service may differ in each of the tribal regions.

*"You have to feel it and live it to deliver it"*

## 11.3 Service Specifications

The majority of Kaupapa Maori providers at all levels of the organisation had a good understanding of the service specifications and these were often incorporated into job descriptions. Some providers see the service specifications as a Board/Management responsibility, and management holding wananga around them extended this further. The one major concern surrounding the service specifications were that there were emerging difficulties working Maori models of health within the strict definitions identified in the service specification.

One Kaupapa Maori provider *'works around them'*, finding it difficult to service only the 3% criteria and often working over and above their contract requirements to assist tangata whaiora and their whanau. Providers also identified that they do not have the opportunity to sit down with their Contract Managers and work through each section of the contract to ensure a shared and agreed understanding when it comes to service delivery expectations. They also suggested that this should be standard contract practice, providing a shared understanding at both governance and management level.

*"Having worked in the system, Kaupapa Maori is just an awesome comfortable way to work, you can be yourself and your tupuna. It's just the way it is"*

## 11.4 Consultation Processes with Maori

Positive benefits are accrued to District Health Boards, SISSAL and Maori when appropriate consultation occurs with Maori. Several recent consultation processes, which have been less than successful, provide learning for the future. Many District Health Boards have a consultation policy, but not specific policies identifying appropriate mechanisms of consultation with Maori. It is our understanding that these will be developed as part of the Treaty partnership arrangements.

In the interim, Te Roopu Awhiowhio is concerned that important decisions are being made that exclude Maori from participation. For example, Te Roopu Awhiowhio supports the rationale behind the establishment of the South Island Forensic Workgroup, however there is no Maori expertise on this body. Given Maori statistics in this area and the establishment of a new prison in Otago, there is valid concern due to the absence of a Maori voice on this important workgroup.

The key question is can the forensic group (*or any other mental health roopu*) achieve Maori health objectives when Maori are restricted from participation?

The development of the Youth Residential Alcohol and Other Drug service, while not specifically a Kaupapa Maori based service, it is estimated that 60% of the service users will be Maori, therefore Maori participation in the planning, purchasing and delivery of this service is essential. Similar concerns are raised around the regional Kaupapa Maori Residential Alcohol and Service and the challenges and opportunities arising from its establishment. Te Roopu Awhiowhio understands that appropriate consultation mechanisms are being developed for these two services led by Canterbury District Health Board.

To be responsive to Maori requires measures that reach the structure, strategies, systems, management, staff and culture of the organization. This needs to be done in a way that it will account for the needs and aspirations of Maori in all its activities and in particular its core business.

To not include Maori representation, breaches treaty principles and contravenes the requirements of the National Mental Health Sector Standards, He Korowai Oranga and Te Puawaitanga.

## 11.5 Access and Referral Criteria

Provider Arm services access criteria are set at the 3% definition. Their access criteria are as follows:

- Mental health diagnosis
- Referral from other mental health teams
- Needs Assessment
- Age specific
- GP
- Self referral

Provider Arm staff acknowledged that the majority of their referrals come from other mental health teams with Provider Arm services, and their focus is primarily those tangata whaiora considered to meet the 3% definition.

Kaupapa Maori NGO access criteria were identified as:

- Must have a diagnosis
- Needs Assessment
- Age specific
- Self referral

Kaupapa Maori NGO referrals are accepted from a wider range of sources including other Maori providers, mainstream agencies such as CYF, GP's, Justice, Court, Education Sector, Womens refuge, churches and other mental health providers. Kaupapa Maori NGO's acknowledged that they often work outside of the 3% definition and that the definition can impose barriers to working Maori models of health.

They have been flexible enough to assist tangata whaiora by:

- Directly servicing their needs

- Referrals to other health and disability services
- Providing a lower level of intervention to support tangata whaiora

Kaupapa Maori NGOs have noticed an increasing number of non-Maori wishing to access their services. The main reasons given for this is easier access, minimal waiting lists to receive the assistance they need and suitability in working from a Kaupapa Maori framework. The number of non-Maori registered clients with Kaupapa Maori NGOs and Provider Arm services ranges between 0-10% (*one outlier of 90%*).

## 11.6 Diagnostic Tools

Mental Health Services have a range of tools for diagnostic purposes. Kaupapa Maori Services who use a variety of frameworks and models in Te Ao Maori, are unable to use those tools to reflect the work and progress with tangata whaiora or whanau. For areas using cultural assessments, the worker and the service will understand the approach and value of skill and matauranga to gain the outcome necessary. For example, it may be that the assessment has identified tapu violations and that this has affected tangata whaiora connections to atua, whenua, and whanau, and ultimately their wairua has suffered. The worker would then have to use existing frameworks to capture this mahi. The above scenario is often a dilemma for those working in Mental Health.

## 11.7 Workforce Development

Both Provider Arm staff and Kaupapa Maori NGO's raised the issue of what is deemed a '*clinical*' as opposed to a '*non-clinical*' worker. Staff felt that there was minimal acknowledgement in mainstream services of the additional expertise that Maori bring to their positions in terms of Te Reo me ona Tikanga Reo, Rongoa Maori, Tohunga and life experiences. Staff believed there was a level of hesitancy in mainstream services to recognise Maori tertiary institution qualifications. Dual competence in both clinical and cultural expertise is very important when working with Maori. Some staff felt comfortable with their level of clinical expertise, but questioned whether culturally appropriate services could be provided without knowledge of Te Reo me ona Tikanga Maori.

The experience and academic qualifications across both sectors were diverse and this endorses the increased growth in Maori mental health. However, there was a noted absence of post-graduate qualifications and Maori need to be encouraged and supported to develop career paths that will eventually provide a Kaupapa Maori continuum of care.

The endorsement of a career pathway for Maori in these services needs to recognise the valued skill and matauranga that is necessary to work in this area. There is an obligation to those practitioners to acknowledge their commitment to best practice in cultural competencies. The workforce can feel undervalued if Maori matauranga is not recognised within organisations that employ specific Maori positions or deliver Maori services. Training by Maori can be delivered in a number of forms and locations, e.g. wananga based institutions, tertiary-based organisations, or the use of consultants throughout the motu. The cost is often high due to the geographical location in Te Waipounamu. For trainers and employers, there is an expectation that the trainees can demonstrate and implement core competencies learnt from these wananga and this in turn adds to improved service delivery to tangata whaiora me whanau.

Similarly and just as importantly, learning is not solely focussed on academic qualifications. Learning is a life long journey and the knowledge passed down by Kaumatua, individual experiences and personalities are just as significant to deliver a culturally effective service.

The most important workforce development areas identified were:

- Te Reo me ona Tikanga Maori
- Clinical training (*dual diagnosis*)
- Quality training
- Training for Kaumatua
- Cultural supervision
- Mental health support
- Statutory organisational training
- Bicultural models versus Maori models

Provider Arm staff indicated that working within a mainstream mental health service, while your focus is centred on Maori mental health, there is minimal opportunity to keep abreast of Maori aspirations and developments in the wider sector. This would provide staff with a greater level of understanding of current issues affecting Maori and how these impact on tangata whaiora. Management noted the difficulty in recruiting and retaining Maori mental health workers, especially in rural based areas.

All Providers reported that they had workforce development plans of some form, but identified several barriers to furthering their training:

- Lack of support at governance level
- Financial support
- Competition within other Provider Arm services to access resources for training
- Lack of recognition of the importance of Te Reo me ona Tikanga
- Maori mental health courses are predominantly offered in the North Island, this adds extra dimensions of requesting study leave, travel costs and time taken to reach the tertiary centre, and service coverage while on study leave
- Provider Arm staff felt that clinical training was readily available and that their preference would be attendance at Te Reo me ona Tikanga Maori wananga but this is not supported as training relevant to the position
- Recognised prior learning for Maori
- Timeframe for funding applications and confirmation that the application has been successful. This can affect not only the cashflow of the employer, but for many, the final decision whether to enrol

Within Canterbury District Health Board, Te Pukenga Atawhai developed Tikaka Hauora Maori Mental Health programme. Dependent on evaluation, Te Pukenga Atawhai could extend the kaupapa of the programme to other South Island District Health Boards if adequate funding was made available.

Te Roopu Awhiowhio endorses the micro-mental health workforce development system. Workforce development is not solely related to training opportunities but essentially includes the worker, the nature of the work and finally the working environment. Workforce development needs to take account of all aspects of the microsystem. Interventions focused on the worker alone would be less likely to be sustained

The following questions relate to both clinical and support work functions and workers engaged in a range of functions across the sector, including managers and consumers. These are essentially the challenges that face Te Waipounamu and need to be workshopped further:

1. How do we attract Maori to choose Maori mental health as a career path?
2. How can we support Maori to gain the clinical and cultural competencies to work in Maori mental health?
3. How can we support Maori develop career pathways, from community right through to tertiary levels?
4. How can we retain Maori workers once they are in the field?

There are a number of valuable Ministry of Health funded Maori workforce development initiatives. Staff identified that they are often unaware of the number of resources available to support them with training and other workforce development initiatives.

Kaupapa Maori NGO's wanted to acknowledge the Ministry of Health - Maori Provider Development Fund as a crucial part of their overall development. As a capacity building initiative, financial assistance has been given to Kaupapa Maori Health Providers for best practice, workforce development, quality assurance and infrastructure support. Te Roopu Awhiowhio also notes that the Ministry of Health works in close collaboration with the District Health Board Maori Managers to allocate these resources.

## **11.8 Service Development Needs**

The four priority areas for Kaupapa Maori Mental Health Providers service development needs were identified as:

*Workforce Development:*

Predominantly Te Reo me ona Tikanga Maori and a range of clinical based training.

*Additional Resourcing:*

All Providers felt stretched within their current contracts.

*Governance and Management Training:*

This was consistently voiced through the survey process.

*More referrals:*

Kaupapa Maori NGO's identified some hesitancy from Provider Arm services to refer clients to their service.

Planners and Funders identified the priority areas for developments were:

- Workforce Development
- More and improved Maori mental health services
- Building Maori capacity
- Compliance with the National Mental Health Sector Standards

One objective in He Whakatataka is to increase the capacity and capability of Maori providers to deliver effective health and disability services. Maori Development Organisations could play a role in supporting providers with service development.

## **11.9 Funding Issues**

Provider Arm services do not apply for any external sources of funding to support their service. However, over 50% of Kaupapa Maori NGO's applied for other sources of funding to supplement their income streams. The collective estimate of external funding contributions to their annual budget ranged from 1% to 20%.

These external sources of funding were:

- Maori Provider Development Scheme – Ministry of Health
- Maori Youth Contestable Fund
- Lotteries
- Community Funding Agency
- Safer Community Councils
- Community Employment Group
- Problem Gambling Foundation
- Community Corrections
- Mainstream services
- Ministry of Transport
- Other

This raises several questions:

- a. Is the rate paid for Kaupapa Maori NGO's appropriate? Are Kaupapa Maori Mental Health NGO's looking for additional income streams to supplement what is essentially a District Health Board service, therefore spreading overhead costs?
- b. Are services purchased by District Health Boards being delivered given the providers commitment to servicing external contracts?
- c. Are Kaupapa Maori NGO's looking for additional income streams to service those tangata whaiora that fit outside the 3% access criteria? Therefore providing several levels of intervention and being able to work more holistically using Maori models of care.
- d. What communication is there between agencies in terms of intersectoral opportunities to support providers?

Individual District Health Boards will also need to consider future funding levels to providers bearing in mind the impacts of Population Based Funding and Interdistrict flows.

### 11.10 Ethnicity Data

The surveys identified that the majority of providers have policies and procedures to ensure that information is recorded to the Statistics NZ definition. Provider Arm staff reported that the robustness of ethnicity data is questionable at times, often depending on the Clinician involved and the way the question is asked. An example was given for one client who was recorded as Maori because of their surname, when in fact they were non-Maori. In Provider Arm and Kaupapa Maori NGO services iwi affiliation information is not recorded as part of standard practice, however staff notate these details on case management files.

Improving ethnicity data collection is an urgent and ongoing issue for the South Island to address. Robust data improves planning and delivery of services and the South Island District Health Boards have identified a commitment to improving ethnicity data collection.

NZ Statistics does not include the registration of Iwi affiliation in the national standard and there was consensus that this should be included as a regional minimum standard. Te Roopu Awhiowhio acknowledges the capital investment this may require. Iwi affiliation information allows the Case Managers to identify the appropriate tribal support networks.

Te Roopu Awhiowhio is not aware whether DHBs were collectively addressing ethnicity data collection. If not, SISSAL (working alongside Maori) could take a lead role in reviewing and designing a methodology for improved ethnicity collection.

This has the added value of:

- ensuring a cohesive approach
- reduces duplication therefore saving financial resources
- consistent training approach
- stocktake of existing data collection procedures

It also aligns with He Whakatataka milestones, to develop tools and training for those individuals collecting ethnicity information. However, Te Roopu Awhiowhio acknowledges the challenges that lie ahead, two of the major barriers being training and information technology requirements.

### 11.11 Reporting Frameworks

While not a specific survey question, Providers raised the inadequacy of the current Performance Monitoring returns to HealthPAC. They suggested a methodology that reports qualitative data so they could demonstrate to the Funder that significant improvements to tangata whaiora wellbeing had been made. The current quantitative approach adds no value to their service and there is inconsistency on how Kaupapa Maori NGO's report this data. This therefore affects the reliability of consolidated data.

Te Roopu Awhiowhio support the MH-SMART (*Standard Measures of Assessment and Recovery*) initiative and look forward to the validation and implementation of Te Hua Oranga, as a tool that will measure changes in the health status of tangata whaiora.

### 11.12 Maori Models of Health

Provider Arm and Kaupapa Maori NGO's used 28 Maori models of health within their services. This alone demonstrates a depth of knowledge and learning that should be acknowledged and endorsed.

Providers identified the following barriers to incorporating Maori models of wellness:

- Lack of understanding and recognition amongst mainstream services.
- Mainstream services give priority to the biomedical/clinical model over cultural models.

- Shifting from the individual approach to the whanau approach.
- Providers are under-resourced to work fully with any given model.
- Minimal access to Kaumatua or access to Tohunga.
- Difficulty in incorporating within mainstream paperwork.
- Lack of an intersectoral approach.

Provider Arm Maori staff report that the wider mental health mainstream services struggles with cultural awareness and understanding. Maori staff are often put in the position of educating non-Maori staff around Maori concepts of health on an *ad hoc* or structured basis.

Anecdotal evidence of structured Treaty/Cultural Awareness training, demonstrates that there is a passion or curiosity by non-Maori staff to improve delivery to Maori at the time of training and shortly thereafter. However six months down the track most of this knowledge and transformation has been lost. One District Health Board is bringing in cultural training packages that will be a core competency for workers employed within the service. Core competencies must be met before other training programmes or conferences are approved.

He Whakatataka identifies that District Health Boards should share and expand on existing best practice guidelines for clinicians to ensure the clinical and cultural competence of their services to Maori.

*“The System doesn’t value Tikanga Maori, Matauranga Maori”*

### 11.13 Geographical Service Coverage

Providers operate outside of their service coverage area for three predominant reasons. Firstly, some District Health Boards cannot provide the level of service needed. Secondly, tangata whaiora may need to move back to their tribal rohe to obtain the support they need. Thirdly, inter-district arrangements between services.

### 11.14 Relationships

Overall, the relationship between Kaupapa Maori NGO's and Provider Arm services seems to be improving. Relationships are being formalised so expectations, roles and responsibilities are clearly articulated. These have been historically in the form of Memorandum of Agreements. The SIRMHN Regional Access Project has been developing Service Provision Frameworks (*SPF's*) for regional based services. Service Provision Frameworks provide more clarity in terms of the operational relationship between services.

There was an acknowledgement that differing philosophies can sometimes be a problem. These centred around two issues:

- Use of the *'individual'* approach as opposed to the *'collective'* approach.
- Predominant use of a bio-medical model and Kaupapa Maori staff as opposed to cultural models.

The primary suggestion to improve relationships between Provider Arm and Kaupapa Maori services, were the provision of clarity around referral and discharge mechanisms, resource sharing in terms of training, education and supervision, and improved communication processes.

### 11.15 Service Delivery Gaps

Planners and Funders, Kaupapa Maori NGO's and Provider Arm services were asked what the service delivery gaps were for Maori mental health within their district. The following table lists all services identified:

District Health Board	Service Areas
Southland	<ul style="list-style-type: none"> <li>▪ Violence Intervention</li> </ul>
Nelson Marlborough	<ul style="list-style-type: none"> <li>▪ Day programmes</li> <li>▪ KM Mental health worker alongside KM AOD</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Calming and restraint training</li> <li>▪ Social workers attached to services</li> <li>▪ Maori Clinical assessor</li> <li>▪ Respite</li> <li>▪ Marae rehabilitation and residential services</li> <li>▪ Employment/Vocational services</li> <li>▪ Rangatahi wahine</li> <li>▪ AOD mothers and babies.</li> <li>▪ Nutrition and Physical Activity for tangata whaiora</li> <li>▪ Maori Doctors</li> <li>▪ Kaumatua advice</li> <li>▪ Gambling and Sexual abuse</li> <li>▪ Intensive wrap around services</li> </ul>
Canterbury	<ul style="list-style-type: none"> <li>▪ Maori Homes for Life</li> <li>▪ Short term residential care</li> <li>▪ Respite care</li> <li>▪ Progressive Care (<i>managing relapse</i>)</li> <li>▪ Education on Maori mental health to the mainstream.</li> <li>▪ Mate Maori.</li> <li>▪ More Pukenga Atawhai</li> <li>▪ Youth</li> </ul>
West Coast	<ul style="list-style-type: none"> <li>▪ Alcohol and Other Drug</li> <li>▪ Tamariki and Rangatahi</li> <li>▪ Kaumatua</li> <li>▪ More Maori Nurses both Maori Mental Health/Mainstream</li> <li>▪ Access to alternatives e.g. Rongoa, Tohunga, Mirimiri</li> </ul>
Otago	<ul style="list-style-type: none"> <li>▪ Rangatahi and Tamariki Mental Health</li> </ul>
South Canterbury	<ul style="list-style-type: none"> <li>▪ Need determined by Knowing the People Planning and Strengths Model.</li> </ul>

### 11.16 Maori Development Organisations

There are currently two Maori Development Organisations operating in Te Waipounamu, they are Poumanawa Oranga Ltd (*Nelson Marlborough*) and He Oranga Pounamu (*West Coast, Canterbury, South Canterbury, Otago, Southland*). MDO contract service specifications include:

- Improving and managing access and utilisation to services by various Maori and other consumers.
- Improving service coverage and choices for the same people.
- Where agreed, ensure the robust management of Maori health service providers.
- Assist and implement agreed Maori Provider Development and MDO development pathways.
- Where agreed, exercise innovation in the delivery, promotion and integration of health and disability support services to Iwi Maori.

The MDOs are one mechanism that the DHBs can engage with in terms of supporting this review.

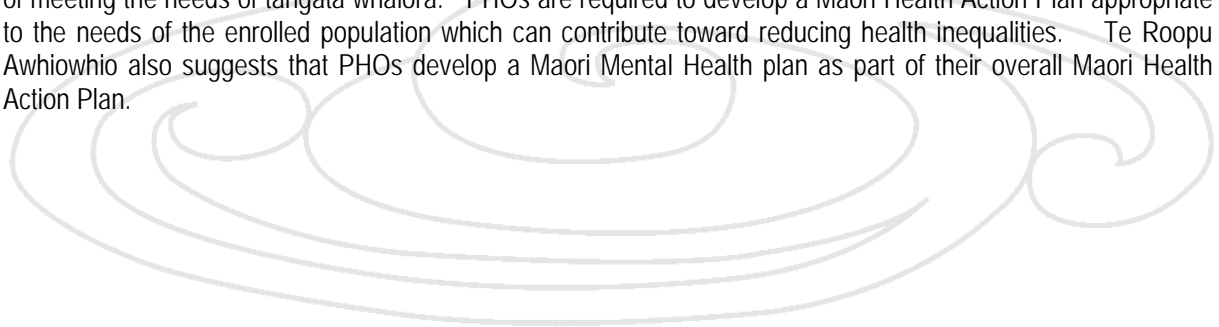
## **12.0 PRIMARY HEALTHCARE ORGANISATIONS**

The Primary Healthcare Strategy with the establishment of PHO'S and a focus on population health has enabled greater commitment to the health needs of all New Zealanders. But more particularly, those with the greatest health needs will be amongst the first to have those needs addressed by PHOs, reducing financial barriers and improving access.

Reducing health inequalities is a key government priority including those that affect Maori. If Maori are to live longer, have healthier lives and fulfil their potential to participate in Aotearoa, then the factors that cause inequalities need to be addressed. The factors that lead to poor health are complex. The challenge is for PHOs to identify and address those factors. Addressing this will mean a gradual re-orientation of the way PHOs plan and deliver their services.

Un-intended adverse consequences can arise if initiatives are implemented without reference to the appropriate models of service development. A number of useful frameworks for reducing inequalities for Maori are identified in the national PHO contract.

There needs to be developed a strong interface between primary and secondary mental health services in terms of meeting the needs of tangata whaiora. PHOs are required to develop a Maori Health Action Plan appropriate to the needs of the enrolled population which can contribute toward reducing health inequalities. Te Roopu Awhiowhio also suggests that PHOs develop a Maori Mental Health plan as part of their overall Maori Health Action Plan.



## **13.0 SUMMARY**

This review carried out by Te Roopu Awhiowhio on behalf of the South Island Regional Mental Health Network, while challenging to deliver without a Project Manager and administrative support, it has resulted in several key outcomes.

First and foremost we have a South Island stocktake and baseline of services and resources so that Maori mental health progress can be strengthened and its growth monitored. Secondly, it acknowledges the importance of whakawhanaungatanga in building the capacity of Maori mental health services. Thirdly, it acknowledges concerns raised by Maori mental health providers, tangata whaiora and whanau, DHB Planner and Funders, and DHB mainstream services.

Finally, it has developed a three-year strategy and guidelines for implementation that will be monitored and reviewed by Te Roopu Awhiowhio on an annual basis.

*“Ma te huruhuru, ka rere te manu”  
“With feathers, a bird can fly”*

No reira, tena koutou, tena koutou, tena koutou katoa.

*Ruahine Crofts*

*Eunice Brown*

*Bruce Wikitōa*

*Anne Hobby*

*Lucy Bush*

*Ranui Wilson*

*Walter Fowler*

*Aroha Noema*

*Moira Gear*

*Barbara Halliday*

*Cazna Luke*

*Lorraine Eade*

*Geoff Bristowe*

## **14.0 Glossary of Terms**

Atua	A God
Kaumatumā	Māori elder
Mātauranga	Knowledge
MDO	Māori Development Organisation
Motu	Island
Rangatahi	Māori Youth
Rongoā	Traditional medicines
Tamariki	Māori Child
Tangata whaiora me whanau	Consumers and Families
Tapu	Sacred
Tauā	Female Māori elder
Te Hua Oranga	A Māori measure of mental health outcome
Te Reo me ona Tikanga Māori	Māori Language and Customs
Tipuna	Ancestor
Tohunga	Person with expert knowledge
Tupuna	Ancestor
Wairua	Spirituality
Wananga	Place of learning
Whenua	Land