Meeting of International and National Mental Health Commissions  
11 and 12 March 2013, Sydney, Australia  

Aboriginal and First Nations Mental Health  
(NZ Mental Health Commissioner, Australian Mental Health Commission, Mental Health Commission of Canada)

Proposition: The Wharerātā* Group is an international network of Indigenous leaders in mental health working together to make their vision of Indigenous mental health a reality. This session will provide an overview of work to date, and a chance for delegates to talk about how their jurisdictions are addressing these issues.

*Wharerātā - A house of wisdom and understanding, a house of shelter and protection

i) Introduction

Indigenous populations and communities around the world have experienced discrimination and abuse leading to intergenerational trauma with negative impacts on all aspects of their mental health and wellbeing.

The vision started with indigenous health leaders using their collective influence and networks to contribute to positive indigenous mental health, locally, regionally, nationally and internationally.

The international indigenous peoples agreement arose out of shared concerns that the sector needs more indigenous leaders who can articulate the issues and advocate for change.

Prior to the 2009 International Initiative for Mental Health Leadership (IIMHL) conference in Australia, an indigenous mental health leaders’ group was hosted by Dr. Mason Durie at Massey University in New Zealand. The Group included indigenous leaders in policy, practice, and research from Canada, USA, Australia, Samoa, and New Zealand. In May 2010 the second Wharerātā meeting was held with additional participation and since then the “Group” has continued to gain momentum.

The Wharerātā Declaration: Healthy indigenous individuals, families and communities through indigenous leadership based on indigenous knowledge (May 2010)

The goal of indigenous leadership is the protection and support of health and mental health. The foundation for healthy indigenous individuals, families, and communities lies in the shared valuing of indigenous knowledge.

The shared concerns of the Wharerātā Group include:

- Indigenous peoples continue to face higher rates of mental illness
- Mainstream health systems demonstrate inconsistent culturally competent services
- Low numbers of indigenous leaders in mental health
- Challenges in bridging indigenous and non-indigenous fields.
It is critical that we support this vision to address significant inequalities in mental health and wellbeing for tangata whaiora (indigenous Māori people who are having mental health problems) and their families/whānau (carers and supporters).

**Key challenges and opportunities:**

1. Building a policy environment that understands and embraces the concept that in mental health, and in health, not only are indigenous perspectives on health worthy of inclusion, but they add value to western and biomedical perspectives
2. Professional bodies setting standards and providing training to develop a culturally safe and competent workforce
3. Developing indigenous research capability to build an evidence base to inform service development and resourcing
4. Pilot ing and evaluating indigenous services based on models of best/wise practice
5. Scaling up programs to meet levels of need and to address inequalities in mental health and wellbeing
6. Ensuring sustainability of Kaupapa Māori/indigenous services in the current economic climate
7. Simultaneous access for tangata whaiora to Indigenous knowledge or wise practices along with clinical best practices in mental health.

**ii) Progress to date**

In New Zealand the Mental Health Commission supported the Wharerātā Declaration. In the new arrangements at the Office of Health and Disability Commissioner (HDC), the team has no prior involvement with the declaration and none of the staff are Māori. The Mental Health Commissioner is giving priority to improving Māori Health as follows:

- Advocating to ensure the Crown’s Treaty of Waitangi obligations and clinical best practice form the basis of government policy to further develop services for Māori
- Monitoring KPIs being developed to measure progress against national strategy to improve Māori mental health and wellbeing (includes level of investment in Kaupapa Māori services, monitoring access to services, seclusion rates, clinical improvement, readmissions etc)
- Appointed a Kaumātua to provide wise leadership and advice
- Seconded a Māori Consumer Consultant to support and undertake work in priority areas including a collaborative project with Te Rau Matatini (Māori Workforce Development Agency) to determine models of care and factors that contribute to the effectiveness of services for rangatahi (youth).
- Supporting previous Commissioner, Ray Watson, to attend IIMHL Wharerātā to ensure continuity of development
- Providing “clinical best practice” resources to improve mental health literacy, to be used by a recognized Māori leader working with at-risk youth and whānau
- Implementing a real-time feedback system to enhance the voice of consumers and family whānau and to provide information to drive service development
- Exploring opportunities for international information exchange and benchmarking activities
• Advocating for the development of an organizational strategy on providing a culturally competent service including providing training to HDC staff

• Jointly undertaking a review of kaupapa Māori mental health services to determine what advocacy is needed to support their development.

iii) What would success look like in 5 years time?

The next generation of Māori mental health leadership is being developed. The key issues for Māori are clearly identified and the community is focused on addressing these issues via programmes such as Whānau Ora.

iv) Evidence, Metrics and Research?

Mason Durie has developed advice on appropriate tools for measures for Māori mental health and Well being [http://www.treasury.govt.nz/publications/media-speeches/guestlectures/pdfs/tgls-durie.pdf](http://www.treasury.govt.nz/publications/media-speeches/guestlectures/pdfs/tgls-durie.pdf)

We need to undertake more studies to determine the cost effectiveness of culturally-based indigenous wise practices and clinical models of care to ensure appropriate investment decisions are made by planners and funders.

v) Main Suggested Areas for Discussion and Debate

• Share information on initiatives occurring in other jurisdictions

• Identify common issues and goals and consider opportunities to benchmark measuring progress

References and Suggested Reading

The Mental Health Foundation of New Zealand has compiled a comprehensive list of key references as attached.

RECOMMENDED READING ON MĀORI MENTAL HEALTH

Please note this is not intended to be a comprehensive list of research available on this topic. The majority of these resources can be accessed through our Resource Centre or online. In some cases, you may need to contact your local or tertiary library.

Introduction


Descriptions of the Māori Model of Mental Health


Māori Mental Health Registrar Training Website

Government Strategies


**Mason Durie Works**


Durie, Mason. (2004). *Indigeneity, and the promotion of positive mental health*. Mason Durie, Massey University, Auckland at the Third World Conference for the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, held in Auckland in September 2004.


**Consumer’s Stories**


**Bibliography**


**Research**


**Competency Documents**


*See also Māori people and depression recommended reading sheet*

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