

Indigenous Mental Health


Presentation to Māori Health Managers



Te Kaitiaki Oranga
Mental Health
COMMISSION

Setting the Scene

- Mental health and addiction problems are common
- High prevalence among youth, Maori



Indigenous Mental Health

The Commission's role




- Providing leadership
- Being an independent voice
- Monitoring
- Advocating for change
- Promoting research, service development and best practice.

Indigenous Mental Health

Two Projects

- Wharerātā Declaration
- MHC Māori Mental Health project
- Rationale = to be an independent voice that can articulate change



Indigenous Mental Health

Wharerātā Declaration

- An international indigenous peoples agreement to promote mental health sector leadership.
- Arose out of shared concerns
- Sector needs more Maori leaders who can articulate the issues and advocate change.

Indigenous Mental Health

Māori Sector Visits

- Six visits are planned this year.
- Outcome of each visit = report identifying the issues for the region.

Indigenous Mental Health

The Future



- Next generation Māori mental health leadership developed.
- Key issues for Māori identified and community focus on addressing these issues via programmes such as Whānau Ora



The Wharerātā Declaration

Healthy indigenous individuals, families
and communities
through indigenous leadership based
on indigenous knowledge

May 2010

Wharerātā



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



Wharerātā Group



- In advance of the 2009 International Initiative for Mental Health Leadership (IIMHL) conference in Australia, a special 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



Wharerātā Group



- In May 2010 the second Wharerātā meeting was held with additional participation, and the "Group" will continue to grow in size.
- Like all collective action, this vision starts with indigenous health leaders using their influence and networks to contribute to positive indigenous mental health, locally, regionally, nationally and internationally.



The Common Ground



- Shared concerns of the Wharerātā Group:
 - Indigenous continue to face higher rates of mental illness
 - Inconsistent culturally competent services from mainstream health systems
 - the low number of indigenous leaders in mental health in the countries, and the challenges that they face in bridging indigenous and non-indigenous fields



Wharerātā Declaration



- The Group wrote the Wharerātā Declaration as an approach to systematically resolve these concerns in IIMHL countries
- While the Declaration focuses on mental health, the Group believes it also applies to health



The intent of the Declaration



- The Wharerātā Declaration hereby asserts:
 - That the foundation for healthy indigenous individuals, families and communities lies in the shared valuing of indigenous knowledge.
 - That the protection and support of health and mental health is the goal of indigenous leadership.



The intent of the Declaration



- In mental health and in health, not only are indigenous perspectives on health worthy of inclusion, but they add value to western and medical perspectives on health.



The Wharerātā Declaration: Overview



- There are five themes that underlie indigenous contributions to mental health, or factors that lead to health:
 1. Indigeneity
 2. Best / Wise Practice
 3. Best / Wise Evidence
 4. Indigenous Leadership
 1. Informed
 2. Creditable
 3. Strategic
 4. Connected
 5. Sustainable
 5. Indigenous Leadership which influences through networks



The Wharerātā Declaration: Overview



- The Declaration envisions wellness for indigenous peoples, and indigenous leadership contributes and leads to **five goals** in health:
 1. Pathways to health
 2. Cultural integrity
 3. Value for money
 4. Facilitation of change
 5. Contribution to community development

*Indigenous leaders search for the higher ground,
reclaiming our cultures and communities*



Wharerātā Declaration In Depth: Indigeneity



- **Indigeneity** encompasses the diversity of indigenous groups and cultures, and the similarities:
 - A longstanding and enduring relationship with the natural environment
 - A distinctive language
 - A world view that is derived from ecological associations
 - Experiences that threaten language, land, custom, and social organisation
 - A determination to survive and prosper as indigenous peoples – and as global citizens
 - An aspiration that indigenous families and communities should have optimal health and wellbeing



Wharerātā Declaration in Depth: Best Practice / Wise Practice



- Health viewed from a western scientific lens leads to different questions and answers, than health viewed from an indigenous lens
- Indigenous worldviews
 - emphasise an ecological perspective that locates illness and poor health within a broad landscape - spiritual, social, economic, customary and environmental dimensions
- Clinical worldviews and practice
 - focuses on the individual with attention to psychological and biological dimensions
 - treatment and care are primarily structured around individual patients, often on the premise that bio-medical perspectives are sufficient for a process of recovery

Best Practice / Wise Practice continued...



- Wise practice upholds indigenous and cultural knowledges, and adds in clinical knowledges
- Cultural and clinical perspectives have cumulative gains that outweigh the benefits from a single track
- A combined approach that explores the biological and psychological functioning of individuals and at the same time locates the individual in an ecological context which is at the heart of an indigenous contribution to best practice.



Wharerātā Declaration in Depth: Best Evidence / Wise Evidence



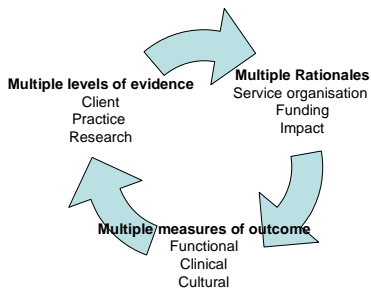
- Best Evidence/Wise Evidence is the measurement of Best Practice/Wise Practice
 - Where an intervention is based on western science, scientific measurement is appropriate.
 - Where an intervention is based on indigenous knowledge and custom, another set of measures is necessary.
- More than one set of criteria is necessary to determine a satisfactory outcome, and with an indigenous lens there is more room for discussion about the validity of evidence, and multiple levels of evidence
 - client based
 - practice based
 - research based

Best Evidence/Wise Evidence continued.....



- Determining outcomes is not solely about resolving the symptoms of an individual – there are broader changes that should also result from programs and services:
 - **Functional outcomes:** Whānau functioning, a capacity to work, involvement in tribal or community life, and a sense of contentment are relevant to health gain
 - **Clinical outcomes:** personal insight, the absence of psychopathology, and sound reality testing are also markers of health gain
 - Indigenous research points increasingly to advantages accruing from traditional healing and cultural affirmation.

Best Evidence continued



Wharerātā Declaration in Depth: Indigenous Mental Health Leadership



- Leadership is not for its own sake, but is driven by outcome goals to achieve indigenous wellness, within networks and using influence
- Indigenous mental health leadership is characterised by five qualities
 1. Informed
 2. Creditable
 3. Strategic
 4. Connected
 5. Sustainable

Indigenous Mental Health Leadership: Informed



- Informed by conventional wisdom and new knowledge – the “bridge builder”
 - ability to work at the interface between old and new
 - ability to move between disciplines (addictions and mental health, qualitative and quantitative, etc)
 - well versed in indigenous and non-indigenous worldviews
- Comfortable with ambiguity and the unknown
- Able to find common ground through negotiation and mediation, but without losing integrity or reputation



Indigenous Mental Health Leadership: Credible



- Leadership can be measured by one's credibility, as this has a direct impact on one's influence:
 - Credibility within indigenous circles
 - Credibility within the health sector and other sectors
 - Personal credibility – values such as integrity, creativity, self reflection, humour, empathy, vision, capacity to care for others



Indigenous Mental Health Leadership: Strategic



- Future oriented
- Creative – moving beyond convention in order to advance the cause
- Facilitating and empowering others
- Able to promote consensus through skilled negotiation
- Negotiates to advance longer term goals

Ehara taku toa, he taki taki, he toa taki tini

My success should not be bestowed onto me alone, as it was not individual success but success of a collective



Indigenous Mental Health Leadership: Connected



- Tribal connections
- Community connections
- Sector connections
 - In health, with professional peers
- Professional connections
 - In policy and leadership
- Part of a leadership network



Indigenous Mental Health Leadership: Sustainable



- Sustaining one's own leadership is about work-life balance, to maintain one's own leadership as relevant and useful
 - Supportive operating environment – social, work, family
 - Succession pathways for one's career
 - Opportunities for ongoing training
 - Consistent with wider development goals of tribes, of communities



Indigenous Mental Health Leadership: Networks and Influence



- Indigenous leaders have visible and active networks, through which change can be influenced:
 - Tribal
 - Indigenous communities
 - Service sector
 - Professionals
 - Political



Indigenous Mental Health Leadership: Networks and Influence



- Leadership is about the ability to influence change, and to raise awareness of indigenous health perspectives in such areas as:
 - Mental health development
 - Political purchase
 - Contracting for outcomes
 - Population health
 - Primary mental health care
 - Relationships and boundaries
 - Workforce development initiatives

The 5 x 5 x 5 Indigenous Health Leadership Framework



Indigenous leadership is about protecting community, it is about *Wharerātā*

Next Steps



- Circulate the Wharerātā Declaration in the recent volume of the International Journal of Public Service Leadership
- Continue to add successful models examples of activities in indigenous mental health to the Wharerātā website at www.indigenous-mental-health.ca

Next Steps



- Maintain close relationships with the IIMHL executive, and offer options and solutions on how to strengthen cultural competency and indigenous leadership through IIMHL with member countries
 - Offer to work closely with the IIMHL to highlight indigenous mental health and success stories at next conferences

Next Steps



- Continue to raise awareness of the Declaration to indigenous leaders and mental health organizations, and support indigenous peoples to define their own ways to show official support for the Declaration

What can you do to support the Wharerātā Declaration?



- The Wharerātā Declaration can be used to spark discussion on real-world application of Best Practice/Wise Practice in mental health:
 - What works in the intentional and thoughtful combination of cultural supports and clinical supports in mental health?
 - What works in the application of Best Practice/Wise practice in mental health leadership?
- Consider ways to increase your own culturally competent practice, in relationship with indigenous peers and local community.
- Use the Wharerātā Declaration as a basis for growing Indigenous leadership in mental health and health.

Whānau Ora



- The Wharerātā Declaration and its indigenous leadership aspects are relevant to Whānau Ora



For More Information



The Wharerātā Group
Homepage:

www.indigenous-mental-health.ca

- Online Library on indigenous mental health topics, cultural competency
- Discussion Forum

- The 2009 Wharerātā Group members and authors of the Declaration:
 - Dr. Mason Durie - Massey University, New Zealand
 - Ray Watson - Commissioner, Mental Health Commission, New Zealand
 - Carole Maraku - Te Upoko o Te Rae, New Zealand
 - Dr. Reese Tapsell - Director, Midland Forensic Mental Health Services, New Zealand
 - Dr. Te Kani Kingi - Director of Academy of Maori Research, Wellington, New Zealand
 - Nani McCloskey - Te Upoko o Te Rae, New Zealand
 - Kimini Anderson - Queensland Health, Australia
 - Dr. Helen Mirov - University of Western Australia
 - Saliu Sualii-Sauni - Otago University in Samoa
 - Dr. Spero Manson - Cook Inlet Tribal Council Inc., United States
 - Carol Hopkins - Youth Solvent Abuse, Canada
 - Rose Sones - Assembly of First Nations, Canada

