



Kaupapa Māori Mental Health and Addiction Services:

Best Practice Framework



Karakia

Tōkū Piringa Poho - E tū.

E tū rangatira ki te manaaki te iwi o te hau kainga.

Te iwi haere mai nei.

Ā tātou tamariki, ā tātou mokopuna. Ka mate kainga tahi, ka ora kainga rua

E tū, tuia

Tuia i runga, tuia i raro Kia whakawātea.

Kia whakawātea mai te huarahi kia tae mai te iwi nunui.

Kia tangohia.

Kia tangohia atu ngā mea kikino i waenganui i te iwi.

Kia hikitia.

Kia hikitia atu ngā mea kikino.

Kia whiua.

Kia whiua ki te urupā ā ō tātou mātua tūpuna.

Kia taiapatia.

Kia taiapatia ngā mea kikino kia kore e hoki mai anō ki Tōku.

Ki Tōkū Piringa Poho whakararu ai.

Kia pūpurutia.

Kia pūpurutia ngā mea papai o te kainga.

Kia whangaia.

Kia whangaia tonutia ngā taonga mirimiri ā kui mā ā koro mā.

Ko te rangimārie.

Ko te rangimārie me te aroha ēnei.

Kia eke.

Kia eke panuku, kia eke Tangaroa. Tūturu-o-whiti whakamaua ki a tina!

Tina! Haumi e! Hui e! Tāiki e!

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Introduction

Hapū, iwi and the Māori community have an important role in shaping the way in which communities and services respond to people experiencing mental health or addiction issues and in supporting recovery for Māori who use services (Ministry of Health, 2012,p7). Kaupapa Māori mental health and addiction services are an indigenous response to effectively meeting the mental health and/or addiction needs of tangata whaiora and their whānau. As Māori working in the mental health and addiction sector it is critical that we continue to lead and develop Māori mental health and addiction models of care, solutions and strategies.

The Kaupapa Māori Mental Health and Addiction Service: Best Practice Framework revalues the importance of a framework that enhances understanding of, and confidence in, the unique elements and contributions made by the Kaupapa Māori mental health and addiction service workforce. Intended as a resource to guide best practice, the Best Practice Framework identifies six core dimensions, and their associated descriptors, exemplars and implications. Central to each dimension is the identification of what is required for Kaupapa Māori mental health and addiction services and programs to realise excellent outcomes for tangata whaiora and their whānau.

This Kaupapa Māori Mental Health and Addiction Service: Best Practice Framework was informed by a review of relevant literature, in addition to a review of over 50 Kaupapa Māori mental health and addiction service web pages and discussions amongst the Māori health workforce. It was also informed by seven regional hui held by Te Rau Matatini during February 2015.

Participants in these hui were Māori who worked in mental health and addiction services/roles, and those who engaged with Māori experiencing mental health and addiction related harm. These hui explored workforce visions, challenges, solutions, needs, capacity building, and promising practices (Baker, 2015).

The Wider Context for Kaupapa Māori Services

Māori Development Aspirations

Māori have always conceptualised health and wellbeing within a broad context. In the 1980s Māori aspirations for health and wellbeing commenced active assertion toward a greater emphasis on self-determination, economic self-sufficiency, social equity, and cultural reaffirmation (Durie, 2008). Guided by the principle of adding value, as opposed to deficit focused frameworks based solely on disparity reduction, the ultimate aim of Māori development is to add value to Māori lives, Māori knowledge and Māori society (Durie, 2003). Māori development is an infinite process with no end point.

Māori development agendas also exist within the context of kaupapa Māori theory; a framework which evolved from a base of being Māori, asserting recognition, affirmation and validation of Māori cultural world views (Pihama, 2001; Smith, 1999). The 'principle of indigeneity' is underpinned by the determination of indigenous peoples to retain their own distinctive cultural identity, avoid assimilation, and exercise a degree of autonomy (Durie, 2008). Fundamental to this principle is the well established premise that although wellbeing depends on many factors, for indigenous peoples, cultural identity is a critical prerequisite (Durie, 1999, 2008).

Contemporary Māori aspirations have been broadly characterised as resting on Māori values, the realities of Māori experience and worldviews, and the need to retain the distinct identity that comes from a unique heritage, common journeys, familiar environment and a set of shared aspirations (Durie, 2005). Although Māori individuals will share similar aspirations to those of other New Zealanders, there are specific outcomes desired by Māori which stem directly from being Māori; aspirations, values and affiliations that align Māori with each other (Durie, 2005). Importantly, and as has been explicitly recognised in government health policy (Ministry of Health, 2002), it is the self-determined aspirations of Māori to participate as Māori which lie at the heart of Māori development agendas.

Whānau Ora

A guiding principle of Rising to the Challenge Mental Health and Addiction Service Development Plan 2012-2017 is that a whānau ora approach will be undertaken when working with Māori, with it emphasised that priority actions must contribute to whānau ora initiatives (Ministry of Health, 2012). Whānau ora is Māori whānau achieving their maximum health and wellbeing, and provides an overarching principle for recovery and maintaining wellness (Ministry of Health, 2002).

Whānau ora rests on a foundation of realising whānau potential and giving effect to the collective aspirations of the whānau by building on the strengths and capabilities that are already present within whānau (Taskforce on Whānau-Centred Initiatives, 2009). The interdependence and interconnectedness of whānau is central to wellbeing, both individually and collectively.

Although underpinned by a philosophy of collective wellbeing, whānau ora explicitly recognises and encompasses the diverse needs across the life span, including developmentally specific needs of pepi, tamariki, taiohi, pakeke and kaumātua.

Individual and collective needs can be addressed and all interactions with whānau converted into opportunities for whānau enablement via the provision of knowledge, skills, and resources which support and facilitate sustainable change for whānau (Te Rau Matatini, 2014). Whilst whānau configurations may differ, whānau as a fundamental construct in Māori society remains the same. Prioritising collective wellbeing, whānau provides an environment where security, connection, support, belonging and identity can be nurtured (Irwin, Davies, Werata, Tuuta, Rokx-Potae, Potaka, McCausland, & Bassett, 2011).

Whānau-centred best practice is the mechanism by which whānau ora is realised. Solid foundations have been laid to realise the Government's expectation of whānau ora. It is evident there is support for a premise for holistic, integrated and culturally responsive models of health and wellbeing are the most effective means by which to improve outcomes for Māori (Durie, 2013).

Whānau ora is not a one size fits all approach, and contributing to whānau ora outcomes via whānau-centred practice is everyone's business, not just that of dedicated Whānau Ora practitioners (Te Rau Matatini, 2014). Whānau ora can simultaneously describe an overarching philosophy, a process of service delivery and/ or model of care, and a desired outcome (Te Rau Matatini, 2014).

As an overarching philosophy, Whānau Ora and whānau-centred best practice prioritise the collective wellbeing and autonomy of the whānau. As a process of service delivery or model, whānau ora and whānau-centred best practice maximises all opportunities to facilitate sustainable change for whānau, utilises the collective resources of whānau, recognizes the value and validity of Māori concepts and frameworks in practice, and transcends sectors and weaves resources together into an integrated approach or pathway of care. As a desired outcome whānau ora and whānau-centred practice can be expected to contribute to the following broad dimensions of whānau wellbeing, as determined by whānau:

- Self-managing
- Living healthy lifestyles
- Participating fully in society
- Confidently participating in te ao Māori
- Economically secure and successfully involved in wealth creation
- Cohesive, resilient and nurturing (Taskforce on Whānau-Centred Initiatives, 2009)

Māori Mental Health Need

Te Rau Hinengaro, the New Zealand Mental Health Survey (Oakley-Browne, Wells, & Scott, 2006), undertaken in 2003/04 provided information regarding Māori mental health prevalence and need for Māori. This survey clearly identified significant levels of unmet need among Māori with only half of Māori with serious mental illness having contact with mental health services in comparison with two-thirds of non-Māori (Oakley-Browne, et al., 2006).

Despite this, Māori are over represented in mental health services relative to non-Māori, and are more likely to be diagnosed with a psychotic illness, and be admitted to the acute inpatient unit under the Mental Health Act (Baxter, 2008). Subsequently, Māori experience more readmissions than non Māori with high exposure to the use of seclusion and restraint by mental health staff whilst in acute care (Te Pou, 2014).

Kaupapa Māori Mental and Addiction Health Services

Foundations

Kaupapa Māori mental health and addiction services are indigenous solutions which have, by providing treatment based environments based on Māori cultural values, processes, and beliefs (Boulton, 2005), transformed approaches to addressing Māori mental health and addiction needs. Designed to facilitate healing via access to cultural resources within a service run by Māori, for Māori (Taitimu, 2007), Kaupapa Māori mental health and addiction services are grounded within accepted best practice methodologies which derive from holistic Māori models of health and wellbeing.

Solid foundations have been laid to realise the Government's expectation of whānau ora, within current evidence supporting the premise that holistic, integrated and culturally responsive models of health and wellbeing are the most effective means by which to improve outcomes for Māori (Durie, 2013).

Te Whare Tapa Whā (Durie, 1985) is one such model. With its four cornerstones of health and wellbeing, Te Whare Tapa Whā endorses a Māori world view and an ecological approach to health which is congruent with indigenous philosophies (Durie, 2011). In this model four dimensions of health are

positioned as platforms for an integrated approach to the delivery of health services to Māori. Taha Wairua (spiritual wellbeing) is the most essential requirement for health, it is the capacity of faith and communion. It recognises the significance of long-standing connections between people, ancestors, and the natural environment. Taha Hinengaro (mental wellbeing), a cognitive and emotional dimension, is based on Māori ways of thinking, feeling, and behaving. Taha Tinana (physical wellbeing) encompasses the more familiar aspects of physical health and recognises socioeconomic factors. Taha Whānau (family wellbeing and connections) reflects the importance of social wellbeing, family supports, relationships and connections. All four dimensions, acting in unison, are foundations for health and relevant to the full range of health services (Durie, 2011).

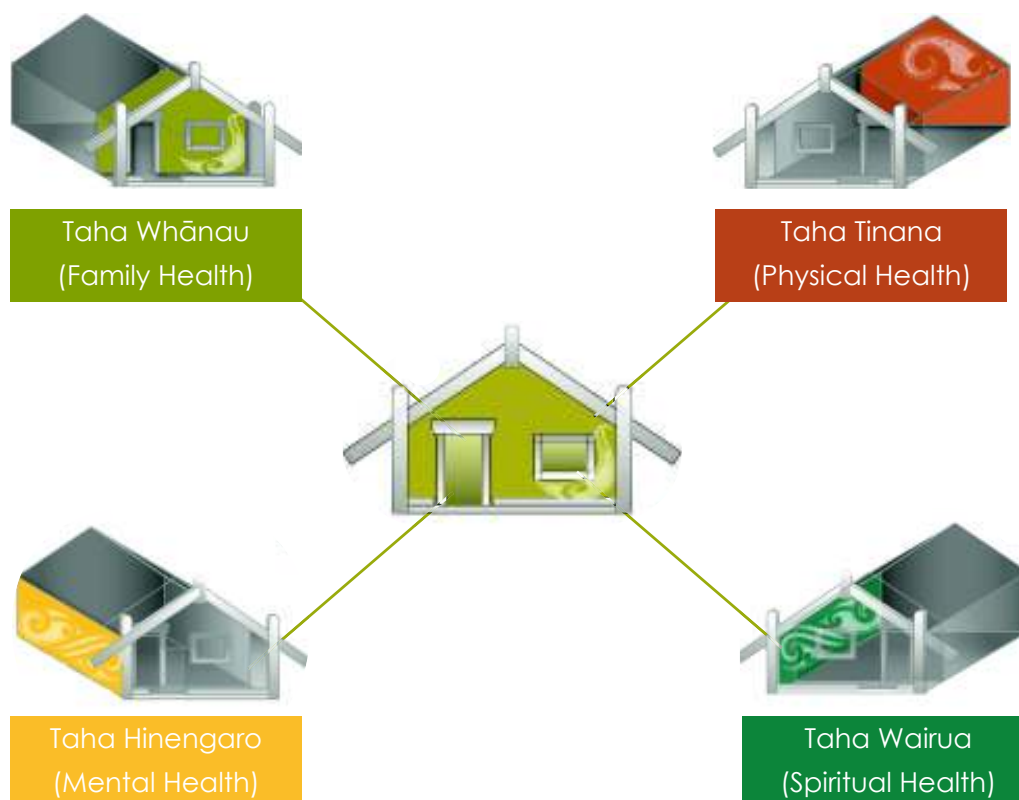


Figure 1. Dimensions of Māori Wellbeing

(Adapted from: <http://www.hauoratane.co.nz/te-whare-tapa-wha-health-whare/>)

Te Whare Tapa Whā also provides the foundation for Hua Oranga, a Māori mental health outcome measurement tool. Developed by Māori the purpose of Hua Oranga is to assist health professionals and services with the ongoing evaluation of care provided by mental health and addiction services to Māori, inclusive of their whanau. By utilising Te Whare Tapa Wha as the foundation, tangata whaiora, whānau and clinicians are supported to collaboratively identify needs and areas of improvement (McClintock, Sokratov, Mellsop, & Kingi, 2013).

Kaupapa Māori services address the cultural and spiritual needs of Māori alongside physical and psychological health needs. By connecting people to their culture, language and customs, people are supported to achieve hinengaro (mind), tinana (body), wairua (spirit) and whānau (family) wellbeing.¹

¹ Purapura Whetu. Retrieved January 2015 from <http://www.pw.Māori.nz/what-we-do/what-is-kaupapa-Māori-mental-health>

Ministry of Health Service Definition (Ministry of Health, 2009)

The Ministry of Health defines Kaupapa Māori mental health and addiction services as:

Services that have been specifically developed and delivered by providers who identify as Māori. Providers of those services may be within a District Health Board Provider, a community, or iwi organisation, and may be accountable to local, whānau, hapū, iwi, Māori communities and the District Health Board (Ministry of Health, 2009, p2)

Fundamental components of Kaupapa Māori mental health and addiction services include, but are not limited to:

- Connections with Māori whānau, hapu, iwi and community organisations;
- Support by manawhenua and/or the local Māori community;
- Utilisation of Māori derived beliefs, values and practice;
- Staff who are predominantly of Māori descent;
- Aims that are consistent with wider aims and aspirations of Māori development;
- Facilitation of access to, and support of, kaumātua; and
- An emphasis on whakawhanaungatanga.

Kaupapa Māori mental health and addiction service providers will be cognisant of the specific needs and service settings of different age groups within the whānau including pēpi, tamariki, taiohi, pākeke, and kaumātua.

Services may include health education; health promotion; engagement; assessment including cultural assessment; diagnosis; treatment; rehabilitation; case management; consultation; liaison; support; review process; and discharge. Kaupapa Māori mental health and addiction services may be provided in the community, including Marae and at home, and within clinical settings.

Kaupapa Māori mental health and addiction service providers will use Māori frameworks and models of care that encompass a holistic approach to health. Underpinned by the concepts of mana, tapu, and mauri, common elements of Māori models include:

- Taha tinana
- Taha whānau
- Taha hinengaro
- Taha wairua
- Turangawaewae
- Te Reo Māori
- Tikanga Māori

The Ministry of Health (2009) outlines five broad objectives of Kaupapa Māori mental health and addiction services:

1. A recognition that culture and health for Māori are inextricably linked;
2. The prioritisation of Māori and Māori Responsiveness;
3. Delivery of services for Māori, by Māori;
4. Building on and improving Māori health gain; and
5. Whānau Ora.

Essential elements for each objective of Kaupapa Māori Mental Health and Addiction Services (Adapted from Ministry of Health, 2009) are outlined.

1. Recognition that culture and health for Māori are inextricably linked.

Kaupapa Māori mental health and addiction services will be committed to:

- Advancing the health of Māori by linking the health response to the Māori paradigm;
- Achieving a balance between gaining wellness and managing illness;
- Establishing and maintaining collaborative relationships with other health and social agencies e.g. housing, education, employment, and social services;
- Supporting integrated service provision that responds to a range of needs holistically; and
- Embracing the elements of a Māori setting and a safe cultural environment for whānau.

2. Prioritising Māori and Māori Responsiveness.

Kaupapa Māori mental health and addiction services will be committed to:

- Providing a range of services and interventions that support early identification and improve access to services for Māori;
- Promoting choice through relationships and partnerships with other providers both in Māori services and non Māori services; and

- Strengthening responsiveness through workforce development initiatives and engagement of Māori in leadership activities.

3. Delivering Services for Māori by Māori

Kaupapa Māori mental health and addiction services will be committed to:

- Engaging with other Māori organisations, and between Māori and non Māori organisations;
- Identifying and implementing specific Māori roles to respond to the needs of Māori including securing their identity as Māori, and the strengths derived from this;
- Deploying Māori service navigation specialists where required to assist with accessing services and to navigate tangata whaiora and whānau through the health and social systems in order for their needs to be met; and
- Enhancing the role of kaumātua within the services with relationships with local iwi, hapū and whānau.

4. Building On and Improving Māori Health Gain

Kaupapa Māori mental health and addiction services will be committed to:

- Identifying the strengths of whānau, working with whānau, building on established foundations and gains already achieved;
- Fostering and encouraging Māori in developing their own solutions and following their aspirations; and
- Promoting whānau working alongside other whānau such as peer support.

5. Whānau Ora

Kaupapa Māori mental health and addiction services will be committed to:

- Placing Māori as a priority, at the centre of planning, service delivery, review and evaluation of services; and
- Supporting a paradigm shift from individualised western models of care to collective holistic models of wellbeing that contribute to whānau ora.

Unique Elements of Kaupapa Māori Mental Health and Addiction Services

Kaupapa Māori mental health and addiction services present in a range of ways depending on their unique whakapapa, kaupapa and context. The workforce and interventions provided are diverse, with the level of care, support and resources dependent upon the service funding available, as well as contractual requirements.

Despite this diversity, there are a number of essential elements which are common across Kaupapa Māori services. It is these elements which contribute to the uniqueness of Kaupapa Māori service delivery within the mental health and addiction sector. Seven essential elements were identified via a review of existing Kaupapa Māori mental health and addiction service information, as well as seven regional hui held by Te Rau Matatini during February 2015.

Seven Essential Elements of Kaupapa Māori Mental Health and Addiction Services

1. Whakapapa & Kaupapa

Kaupapa Māori mental health services have a whakapapa: a history and clear rationale for its existence. Central to this rationale is a desire to effectively meet Māori needs and contribute to Māori aspirations. Kaupapa Māori mental health and addiction services clearly articulate and demonstrate its vision and objectives. Encompassing the purpose of effectively meeting Māori needs, and contributing to Māori aspirations. Kaupapa Māori mental health and addiction services seek to provide an indigenous solution for Māori and their whānau experiencing mental illness and addiction. These solutions will be firmly embedded within Kaupapa Māori paradigms, and specific to the age and specific mental health and/or addiction needs of their service user group.

2. Wairuatanga

Kaupapa Māori mental health and addiction services recognise and address fundamental interconnectedness with wairua. With the maintenance of balance between the physical, mental, social, whanau and spiritual aspects of the person, and their experiences. There is an ability to read the wairua of a situation and to respond appropriately. In addition to the ability to facilitate, nurture and restore wairua with karakia, tikanga and healing practices.

3. Whānau-Centred

Kaupapa Māori mental health and addiction services have a whānau-centred focus, which recognises that the interdependence and interconnectedness of whānau is central to wellbeing, both individually and collectively: whānau are central to the wellbeing of tangata whaiora.

4. Accessible

Kaupapa Māori mental health and addiction services prioritise locally led solutions able to be easily accessed by Māori. Ensuring any door is the right door via a range of mechanisms including low/no cost, community outreach, home visiting, locally held clinics, programmes and Marae visits is critical to ensuring services are accessible to Māori within their communities.

5. Advancing Māori Practice Models

Kaupapa Māori mental health and addiction services are founded on Māori models of health and wellbeing, such as Te Whare Tapa Whā, with its four cornerstones of wellbeing: Hinengaro; Tinana; Wairua; and Whānau. Kaupapa Māori mental health and addiction services develop and advance comprehensive Māori models of care and practice which are firmly based within Māori knowledge bases. The implementation of such models in practice is underpinned by core Māori values, such as manaakitanga, rangatiratanga, kotahitanga, and whanaungatanga.

The culturally specific services/interventions offered by Kaupapa Māori mental health and addiction services can include:

- Whanaungatanga
- Whānau hui
- Cultural assessment
- Cultural therapy, including wairua work
- Waiata, kapa haka, te reo Māori, access to whenua, whānau and whakapapa, waka ama, and kori kori tinana

6. Advancing Bicultural Practice Models

Kaupapa Māori mental health and addiction services reflect the importance of gaining good outcomes for whānau via an effective interface between Māori knowledge bases and Western clinical knowledge. The effective delivery of care using bicultural practice models is demonstrated in a range of ways, for example separate teams providing cultural and clinical expertise, or collaborative service arrangements between Iwi Hauora services with mainstream services.

7. Skilled Māori mental health and addiction workforce

Kaupapa Māori mental health and addiction services have a skilled multi-disciplinary Māori workforce, comprised both of a culturally expert workforce and a dually competent (cultural and clinical) workforce.

Kaupapa Māori mental health and addiction services are versatile, with this facilitated by the range of roles able to be encompassed within services. Roles unique to Kaupapa Māori mental health and addiction services include:

- Māori Mental Health Worker
- Māori Addiction Practitioner
- Whānau Ora Kaimahi
- Whānau Navigator
- Kaumatua and Kuia
- Cultural Therapists
- Pukenga Atawhai
- Cultural Advisor
- Kaimahi Tautoko
- Kaiawhina
- Iwi Support Worker

Other Māori mental health and addiction workforce roles include:

- Registered Nurses
- Psychiatrists / Doctors
- Psychologists
- Therapists/Counsellors
- Social workers
- Community Support Workers
- Whanau Support Workers
- Addiction Practitioners
- Case Managers
- Programme Coordinators
- Administrators
- Managers

Unique Contributions of Kaupapa Māori Mental Health and Addiction Services

Some of the unique contributions of Kaupapa Māori mental health and addiction services as identified by tangata whaiora, whānau and service providers.

Kaupapa

Kaupapa Māori mental health and addiction services:

- Enhance the cultural identity of Māori (Mental Health Commission, 2000; Wharewera Mika, 2012)
- Provide access to Māori healing pathways (Taitimu, 2007)
- Facilitate mauri tau (inner peace), and turangawaewae (safety) (Taitimu, 2007)

- Sooth wairua (Wharewera Mika, 2012)
- Support whānau (Fenton & Te Koutua, 2000; Lapsley, Nikora, & Black, 2002; Taitimu, 2007)
- Enhance mana (Star, Mulgrew, Akroyd, Hemaloto, Goodman, & Wyllie, 2005)
- Reduce stigma and discrimination (Star, et al., 2005)
- Increase trust (Star, et al., 2005)

Environment

Kaupapa Māori mental health and addiction services provide:

- An environment supportive of whānau (Fenton & Te Koutua, 2000; Lapsley, et al., 2002; Taitimu, 2007).
- A culturally defined healing space' hā a Koro ma a Kui ma' (inherited strength) - the breath of life that comes from ancestors (Wharewera Mika, 2012)
- An escape from unwellness, and an opportunity and safe space for whānaungatanga (relationships and connections) (Wharewera Mika, 2012)
- Culturally based healing, including karakia, whakawātea, waiata and kapa haka (Lapsley, et al., 2002; Wirihana, 2008)

Workforce

Kaupapa Māori mental health and addiction services have a workforce who:

- He tāngata manaaki, atawhai (caring, helpful people) (Wharewera Mika, 2012)
- He tāngata pumahara (thoughtful and understanding people) (Wharewera Mika, 2012)

- Operate from holistic Māori models of practice such as Te Whare Tapa Whā, and utilise holistic approaches to healing and wellbeing in their practice. (Cherrington, 2003; Manna, 2003; Star, et al., 2005)
- Actively promote, practice and facilitate tikanga based practice including pōwhiri, karakia, whānau ora, whanaungatanga, manaakitanga, kotahitanga, wairuatanga tautoko, tuakana/teina and awhi (Lapsley, et al., 2002; Star, et al., 2005; Taitimu, 2007).
- Include and value the presence of kaumātua and kuia (Lapsley, et al., 2002)

Uniqueness of Kaupapa Māori Mental Health and Addiction Services

Unique Elements

- Whakapapa / Kaupapa
- Wairuatanga
- Whānau-centred
- Accessible
- Advancing Māori Practice Models
- Advancing Bicultural Practice Models
- Skilled Māori mental health and addictions workforce



Unique Elements

Kaupapa

- Enhance cultural identity
- Access to Māori healing pathways
- Support whānau
- Enhance mana
- Reduce stigma and discrimination
- Increase trust

Environment

- A culturally defined healing space
- A safe escape from unwellness
- An opportunity for whanaungatanga
- An environment supportive of whānau

Workforce

- Operate from holistic Māori models of practice
- Utilise holistic approaches to healing and wellbeing
- Actively promote, practice and facilitate tikanga based practice including pōwhiri, karakia, whānau ora, whanaungatanga, manaakitanga, kotahitanga, wairuatanga tautoko, tuakana/teina and awhi
- Include and value the presence of kaumātua and kuia.

Kaupapa Māori Mental Health and Addiction Service: Best Practice Framework

Kaupapa Māori mental health and addiction services are a well established indigenous solution to addressing Māori mental health and addiction needs. This Best Practice Framework has been developed from the evidence available to support the effectiveness of Kaupapa Māori mental health and addiction models of care and service delivery. Intended as a resource to guide best practice, the Best Practice Framework identifies six core dimensions, and the associated descriptors, exemplars and implications. Central to each dimension is the identification of what is required for Kaupapa Māori mental health and addiction services to realise optimum outcomes for tangata whaiora and their whānau.

Dimension Kaupapa	Descriptor Kaupapa Māori mental health and addiction services provide an indigenous solution for Māori and their whānau experiencing mental illness and/or addiction. Key principles underpinning Kaupapa Māori mental health and addiction service delivery are: <ul style="list-style-type: none"> • Contribute to Māori aspirations; • Contribute to whānau ora; • Firmly embedded within accepted best practice methodologies which derive from holistic Māori models of health and wellbeing; • Founded upon core Māori values including manaakitanga, rangatiratanga, kotahitanga, and whanaungatanga; • Have a dually competent workforce; and • Specific to the age and mental health and/or addiction needs of their service client group. 	Best Practice Examples Kaupapa Māori mental health and addiction services vision, purpose, core values and strategic directions actively reflect the key principles of Kaupapa Māori service delivery. Kaupapa Māori mental health and addiction services are located within, and accessible to, the communities they serve.	Implications Kaupapa Māori mental health and addiction services ensure their service delivery and practice aligns with the key principles of Kaupapa Māori service delivery. The resources necessary to sustain the unique contributions made by Kaupapa Māori mental health and addiction services are secured. Kaupapa Māori mental health and addiction services actively engage whanau, hapu, iwi and Māori communities. Kaupapa Māori mental health and addiction services focus on ensuring care for tangata whaiora and whānau are removed.

<p>Dimension Whānau Ora</p>	<p>Descriptor Whānau are central to the wellbeing of tangata whāiora. Kaupapa Māori mental health and addiction services are whānau-centred and contribute to whānau ora.</p>	<p>Best Practice Examples Kaupapa Māori mental health and addiction services implement whānau-centred best practice models of care. These models recognise the interdependence and interconnectedness of whānau is central to wellbeing, both individually and collectively. Kaupapa Māori mental health and addiction services are an integral part of whānau ora collectives.</p>	<p>Implications Kaupapa Māori mental health and addiction services are part of Whānau Ora collectives/alliances. Kaupapa Māori mental health and addiction services are trained in the delivery of whānau-centred best practice models. Kaupapa Māori mental health and addiction services are engaged in the development and implementation of innovative and collaborative cross-provider solutions.</p>
<p>Rangaitiratanga</p>	<p>Kaupapa Māori mental health and addiction services have visionary, and transformative Māori leadership across the policy, management, funding, planning, research, evaluation and practice spectrums. This leadership:</p> <ul style="list-style-type: none"> • Facilitates the achievement of vision, purpose, core values and strategic directions within the context of contributing to Māori aspirations and whānau ora. • Supports the conditions required for the effective implementation of whānau centred models of care in Kaupapa Māori mental health and addiction services. 	<p>Kaupapa Māori mental health and addiction service leaders actively recognise, value, and validate the practice and unique contributions of the culturally expert and dually competent workforces. Kaupapa Māori mental health and addiction service leaders are:</p> <ul style="list-style-type: none"> • Fully cognisant of the underpinning principles of Kaupapa Māori mental health and addiction service delivery. • Able to secure the resources necessary to sustain the unique contributions made by Kaupapa Māori mental health and addiction services 	<p>Prioritise the development of local Māori mental health and addiction champions. Implement leadership development initiatives which take a uniquely indigenous approach to the growth of visionary and sustainable Māori leadership who can build the unique workforce required to effectively deliver Kaupapa Māori mental health and addiction services.</p>

<p>Dimension Rangaitiratanga</p>	<p>Descriptor</p> <ul style="list-style-type: none"> Has the ability to take a uniquely indigenous approach to the ongoing growth of sustainable Māori leadership and Māori mental health and addiction workforce development 	<p>Best Practice Examples</p> <ul style="list-style-type: none"> Able to effectively operate at the interface between indigenous and mainstream world views. Strategic and futures oriented. Able to lead others beyond the status quo. Connected to indigenous communities, health and professional peers, policy and government. Part of wider leadership networks. <p>Kaupapa Māori mental health and addiction service leaders:</p> <ul style="list-style-type: none"> Influence broader change, for example in areas such as addressing the determinants of health, early intervention, and workforce development. Activate change through a range of indigenous, professional and political networks, and Be part of a visible network of Kaupapa Māori mental health and addiction service leaders. 	<p>Implications</p> <p>This includes:</p> <ul style="list-style-type: none"> A comprehensive understanding of the underpinning principles of Kaupapa Māori mental health and addiction service delivery. A comprehensive understanding of what is required, including infrastructural support, for the Kaupapa Māori mental health and addiction workforce to achieve good outcomes for tangata whaiora and their whānau. The importance of actively recognising, valuing, and validating the practice and unique contributions of Kaupapa Māori mental health and addiction services culturally expert and dually competent workforces. Initiatives which focus on creating pathways for Kaupapa Māori mental health and addiction service leaders to support innovative workforce development initiatives which strengthen the embedding of matauranga Māori.
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<p>Dimension Matauranga Māori</p>	<p>Descriptor Kaupapa Māori mental health and addiction services are founded upon, and advance, holistic Māori models of care and practice which are underpinned by matauranga Māori.</p>	<p>Best Practice Examples</p> <p>Māori models of practice and care form the foundation of Kaupapa Māori mental health and addiction services. These models will visibly demonstrate core Māori values such as:</p> <ul style="list-style-type: none"> • Manaakitanga; • Rangatiratanga; • Kotahitanga; • Whanaungatanga; and • Wairuatanga. <p>Kaupapa Māori mental health and addiction services provide easily accessible, culturally defined therapeutic interventions and healing spaces for tangata whaiora and their whānau. These interventions and healing spaces incorporate:</p> <ul style="list-style-type: none"> • Tikanga • Karakia, pōwhiri, mihihihi • Cultural assessment • Rongoa • Whānau hui • Kaumātua / Kuia korero • Access to whenua, and whakapapa • Whakawātea, whakanoa • Waiata, kapa haka, te reo Māori • Waka ama, kori kori finana, raranga, mahi a toi. 	<p>Implications</p> <p>Policy and procedures that support the validation and genuine embedding of matauranga Māori as best practice are developed, implemented, and supported.</p> <p>Comprehensive practice guidelines based on Māori models of care and practice are articulated, developed and advanced across the spectrum of mental health and addiction needs.</p> <p>Forums and mechanisms dedicated to building and sharing the knowledge base relevant to the integration of matauranga Māori within mental health and addiction services are supported.</p> <p>Tangata whaiora and whānau are actively supported to access pathways of care founded upon matauranga in Kaupapa Māori mental health and addiction services.</p>
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Dimension Specialist Kaupapa Māori mental health and addiction workforce	Descriptor Kaupapa Māori mental health and addiction services have a multi-disciplinary workforce who have the specialist skills and expertise required for a Kaupapa Māori service environment. This workforce includes: <ol style="list-style-type: none"> 1. Cultural experts who practice solely from a matauranga Māori knowledge base; and 2. Those who are dually competent, integrating both cultural and clinical knowledge. Specialist skills and expertise include the capacity to: <ul style="list-style-type: none"> • Effectively implement holistic Māori models of care and practice. • Actively facilitate access to and/or deliver culturally defined therapeutic interventions and healing spaces which are underpinned by tikanga, manaakitanga, rangatiratanga, kotahitanga, whanaungatanga, wairuatanga, awhi, tuakana/teina and whānau-centred best practice. • Actively advance bicultural practice models via an effective interface between Māori knowledge bases and Western clinical knowledge. 	Best Practice Examples Kaupapa Māori mental health and addiction services encompass a range of roles, both regulated and unregulated, which meet the needs of tangata whaiora and their whānau. <p>Roles unique to Kaupapa Māori mental health and addiction services include:</p> <ul style="list-style-type: none"> • Māori Mental Health Worker • Māori Addiction Practitioner • Whānau Ora Kaimahi • Whānau Navigator • Kaumatua and Kuia • Cultural Therapist • Pukenga Atawhai • Cultural Advisor • Kaimahi Tautoko • Kaiawhina • Iwi Support Worker Other workforce roles who have the specialist skills and expertise required to work in Kaupapa Māori service settings include: <ul style="list-style-type: none"> • Registered Nurses • Psychiatrists • Psychologists • Therapists/Counsellors • Social workers • Addiction Practitioners 	Implications Prioritise the development of capacity building in Māori mental health and addiction services, with a particular focus on recruitment and retention, career pathway development, and flexible work-based training options. <p>Undertake ongoing training, mentoring, support and supervision with a dedicated focus to the continuous development of best practice within Kaupapa Māori mental health and addiction service settings. This includes:</p> <ul style="list-style-type: none"> • Ongoing professional development opportunities for the specialist cultural workforce, including mentoring, supervision and wānanga. • Training, supervision, and mentoring opportunities for the dually competent workforce (including registered nurses, psychiatrists, doctors, psychologists, social workers, managers, addiction practitioners) which focuses on the integration of both cultural and clinical competency needs. This includes ongoing wānanga, with access to tohunga, kaumatua, kuia, te reo me ona tikanga, and iwi wānanga, with access to tohunga, that encourage the continual development and advancement of Māori models of practice.
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<p>Dimension Continuous Service Development</p>	<p>Descriptor Kaupapa Māori mental health and addiction services actively recognise, value, and validate the unique contributions made by their culturally expert and dually competent workforces</p>	<p>Best Practice Examples</p> <ul style="list-style-type: none"> • Case Managers • Administrators • Managers <p>The culturally expert and dually competent workforce feel valued and are supported in the unique contributions they bring to Kaupapa Māori mental health and addiction services.</p> <p>The additional requirements that being a dual competency clinician/practitioner brings are understood by Kaupapa Māori mental health and addiction service leadership.</p>	<p>Implications</p>
<p>Continuous Service Development</p>	<p>Kaupapa Māori mental health and addiction services routinely engage in a process of evaluation, review, and ongoing best practice development.</p>	<p>Kaupapa Māori mental health and addiction services are able to routinely measure and articulate the unique contributions and positive outcomes which result from their unique model of service delivery.</p> <p>Kaupapa Māori mental health and addiction services routinely measure outcomes which are appropriate for, and of relevance to, tangata whāiora and their whānau.</p>	<p>Initiatives to facilitate the embedding of relevant outcomes-focused and continuous service development culture across the Kaupapa Māori mental health and addiction workforce are developed and implemented. This includes:</p> <ul style="list-style-type: none"> • Building workforce capacity to engage in routine review and evaluation of Kaupapa Māori mental health and addiction service policies, procedures, and outcomes, including those relevant to whānau.

<p>Dimension Continuous Service Development</p>	<p>Descriptor Kaupapa Māori mental health and addiction services routinely engage in a process of evaluation, review, and ongoing best practice development.</p>	<p>Best Practice Examples Culturally relevant outcome measures developed by Māori such as Hua Oranga, and culturally relevant research and evaluation are routinely used to inform practice and service delivery.</p>	<p>Implications</p> <ul style="list-style-type: none"> Ensuring service delivery and practice is focused on contributing to Māori aspirations for whānau ora, and reflects whānau-centred best practice models of care; and Ensuring ongoing culturally relevant research and evaluation is utilised to inform practice and service delivery.
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Conclusion

Kaupapa Māori mental health and addiction services are an indigenous response to effectively meeting the mental health and addiction needs of tangata whaiora and their whānau. Kaupapa Māori mental health and addiction services sit within a wider context of Māori development aspirations and whānau ora. Solid foundations have been laid to realise the Government's expectation of whānau ora. Within the current evidence is support of the premise that holistic, integrated and culturally responsive models of health and wellbeing are the most effective means by which to improve outcomes for Māori (Durie, 2013).

Kaupapa Māori mental health and addiction services are indigenous solutions which have transformed approaches to addressing Māori mental health and addiction needs. Designed to facilitate healing via access to cultural resources including a Māori health workforce, Kaupapa Māori mental health and addiction services are grounded within accepted best practice methodologies which derive from holistic Māori models of health and wellbeing. As Māori working in the mental health and addiction sector there is a need to revalue indigenous models of practice given the health needs of Māori. All health professionals and services must continue to support, lead and develop Māori mental health and addiction models of care, solutions and strategies. The Kaupapa Māori Mental Health and Addiction Service: Best Practice Framework in seeking to guide best practice, is a tool to assist in the ongoing journey to provide services which contribute to whānau ora for tangata whaiora and their whānau.

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