Ngā Kōmata o Te Rangi
Māori Mental Health Hui Report 2019
Oranga Tangata, Oranga Whānau
Oranga Taiao


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Table of Contents

Partners ........................................................................................................................................3
Sponsors........................................................................................................................................3

INTRODUCTION ..........................................................................................................................7
Hui Aims and Objectives ..............................................................................................................8
Te Haukāinga and Mangatoatoa ..................................................................................................9

Day One Speakers ......................................................................................................................14
Rovina Maniapoto-Anderson ..................................................................................................14
Mere Balzer ................................................................................................................................15
Jamesina Kett .............................................................................................................................16
Ron Baker ....................................................................................................................................16
Materoa Mar ...............................................................................................................................17
Emeritus Professor Sir Mason Durie .........................................................................................19
Kerri Butler and Wi Te Tau Huata ............................................................................................22
Dr Maree McCracken ................................................................................................................24
Dr Rees Tapsell ..........................................................................................................................26
Turaukawatu Bartlett and Gill Genet ......................................................................................28
Tamati Peni ..................................................................................................................................29
Materoa Mar ...............................................................................................................................30

Day Two Speakers ......................................................................................................................32
Riki Nia Nia ................................................................................................................................32
Dr Maria Baker ..........................................................................................................................33
Michael Naera ............................................................................................................................35
Lynne Russell, Dr Lisa Cherrington & Dr Michelle Levy .............................................................37
Iwi Hauora, Mental Health ........................................................................................................40
Kataraina Hodge – Raukawa .....................................................................................................40
Christine Brears – Maniapoto ....................................................................................................40
Te Pora Tamehana – Waikato-Tainui and Ngāti Hauā .................................................................41
Riana Manuel – Pare Hauraki ....................................................................................................41
Glen Tupuhi – Pare Hauraki ......................................................................................................41
WORKSHOP SESSION – Overview .......................................................................................43
Mark Kopua and Dr Dianne Rangihuna-Kopua ........................................................................45
Tio Sewell and Laurie Hakiwai .................................................................................................48

CONCLUSION .............................................................................................................................50
Recommendations .......................................................................................................................50
Summary – Key Messages from Speakers ................................................................................53

GLOSSARY .....................................................................................................................................59

ATTENDEE LIST ..........................................................................................................................61
In this Gallery – Taha Wairua, is the greatest gift,
Given by Io (The Supreme Being), to Mankind.

Taha Wairua is:
The timeless twinkle of celestial lace - - - in a crystal-crisp night sky;
The warm, open smile - - - of an innocent child;
The calm, caring touch - - - of a faithful friend;
The denial of pleasures - - - to give to another
And the protection of basic principles - - - for the Families
Of Nature and Humankind.

Taha Wairua is also - - -:
The gleeful joy - - - of the roaring surf;
A half-halo rainbow - - - on a clouded rain-swept sky;
The pristine gold - - - of an un-trodden beach;
The hypnotic quality - - - of natural masterpieces;
The spiralling beauty - - - of Bird and People song
And the fractured reflections - - - of a mosaic raindrop.

It is the unforgettable cry of BIRTH;
The magical moment of natural DEATH
And the sobering hallowed anguish
From CRUCIFIED HUMANITY.

Taha Wairua allows each person, in time,
To see their true inner selves
And to amend any deficits in a more enlightened way.
EVERYONE - has some Taha Wairua,
But rarely is it used - all day and every day.
Some people deny its existence
And endure a life-time of spiritual emptiness.
Others misuse it and are denied further riches to their lives.

Taha Wairua is the GOD-FORCE
That transcends all Man-made boundaries.

Taha Wairua can be found “behind a grotesque façade”
In a “wretchedly deformed container”
Or tragically mirrored “across a brutally-shattered window.”

Taha Wairua is the most difficult gift to receive
But the easiest to use.
It is the only gift that is indescribably beautiful
With a magnificent purity that beautifies the environment.
It also shows as a quiet incandescence in the eyes of those so "afflicted".

Taha Wairua makes the Intolerable - - - TOLERABLE;
The biased - - - OBJECTIVE; Despair - - - HOPEFUL
And People-kind - - - GOD-LIKE.

It is the SEED - - - for World Peace,
The POWER - - - for Brotherly and Sisterly LOVE
And the crucial element - - - for the MATURITY of Earth-kind.
These are some of the Divine and Forgotten Treasures in this Gallery.
INTRODUCTION

Ngā Kōmata-o-te-Rangi

‘Tirohia atu ki ngā Kōmata-o-te Rangi kia tūrama ai te ara oranga Māori’

Look up to the highest zenith to illuminate the path to Māori wellbeing

The “Ngā Kōmata-o-te-Rangi: Hauora Hinengaro Māori Mental Health and Addiction Hui” was a tenacious call to Māori to take a proactive stance for the mental health and wellness of our Māori people, ngā mana whenua o Aotearoa. The call to hui focused on realising a vision of –

Oranga Tangata, Oranga Whānau, Oranga Taiao, Oranga Māori.

Te Rōpu Tautoko ki Waikato issued the call, and from January 2019, led the planning of Ngā Kōmata o te Rangi, inspired by Te Tongi a Te Puea Herangi –

Mehemea ka moemoeā ahau, ko ahau anake.

Mehemea ka moemoeā tātou, ka taea e tātou.

If I dream alone, only I benefit. If we all dream together, we can all succeed together.

The Government’s disappointing findings, last year, following their commissioned Inquiry into New Zealand’s Mental Health systems, was another motivating factor to hui together. That inquiry invited the public to share their experiences, aspirations and future hopes for mental health and wellbeing to 2030 and beyond.

Many submissions showcased the failings of New Zealand’s mental health systems for our people, thereby urging the need for radical change and different solutions. And yet, the submissions and voices of Māori were subordinated in priority, and virtually lost in the quagmire and noise of the wider populace.

We know, as Māori, we have our own effective models and solutions for realising Oranga Māori. They are enriched with Matauranga Māori, and by such concepts as Pae Ora, Oranga Tangata, Oranga Whānau, and Oranga Taiao. Our models and solutions are anchored in te Tiriti o Waitangi, and so require engagement and the practice of genuine partnerships and participation by our Tiriti partner.
In light of these circumstances Ngā Kōmata-o-te-Rangi gathered Māori to share their inter-generational and lived experiences, their expertise and energy, and their responsibilities. Why? So, we would start exploring how we can move forward together, to achieve a positive deserving future that improves, helps and heals the mental health and wellbeing environment for our people.

**Hui Aims and Objectives**

The Hui aims were four-fold:

- Acknowledge our achievements – where we have come from, and where we need to go from here.
- Showcase local and national Māori approaches that work for our people and how such wellbeing programmes can be implemented.
- Explore how to realise Pae Ora, Oranga Tangata, Oranga Whānau, Oranga Taiao and Oranga Māori for our people.
- Explore and agree to a clear action-orientated pathway for Hauora Hinengaro Māori, from 2019 to 2030.

**Sub-themes**

Key sub-themes of the hui were:

- **Tū Māori Mai, Tū Rangatira Mai** – *Stand proud as Māori, stand together as Māori.*
- **Nā to rau, nā taku rau** – *Leading genuine partnership.*

**Whānaungatanga**

A unique strength of this huia was the local, regional and national collaboration. The organising committee acknowledge their Partners and sponsors who, together, made this kaupapa possible.

**Our Partners:**

- Te Rōpū Tautoko ki Waikato
- Te Huinga o Ngā Pou Hau Ora (Midland MH&A Māori Leadership Network)
- Waikato District Health Board
- Te Rau Ora

Key supporting sponsors were Careerforce te toi pūkenga, Pinnacle PHO, Hauraki PHO, Lakes DHB, and the Bay of Plenty DHB.
Te Haukāinga and Mangatoatoa

Ngāti Paretekawa, Ngāti Maniapoto (Tainui) the Haukāinga of Mangatoatoa paa, were hosts of the hui wānanga. Located about 15 minutes south of Te Awamutu, Mangatoatoa was chosen because of its significance to:

- Tainui history and early encounters between tangata whenua and early colonial/settler Pākehā; and
- Tokanui Psychiatric Hospital, which was located across the road, on Ngāti Paretekawa lands, and where certain Kaupapa Māori mental health models originated from.

Tainui History and Early Encounters

“At the battle of Ōrākau, (a short distance from Mangatoatoa paa, Ngāti Paretekawa) the command went out: ‘Ka whawhai tōnu mātou, āke, ake, ake’ – We will fight forever and ever until the end. That call was made when the ancestors were at the very end of a hopeless, despairing situation. Given in true Māori warrior fashion, they battled on. Today, we are still in an on-going battle, the only difference is, the fight now is for the progress of our mental health and wellbeing.” (Haukāinga kōrero)

Whaiora Māori Cultural Unit at Tokanui Psychiatric Hospital

More than a century after the Ōrākau battle, the Whaiora Māori Cultural Unit at Tokanui Psychiatric Hospital was opened, in 1984. Whaiora was a beacon that led the way for many other kaupapa Māori indigenous models that followed. Whaiora is acknowledged as the first Hauora Māori Mental Health Whare in Aotearoa.

Ko te hoki māhara ki ngā poutokomanawa o taua waa, rātou katoa i whai tikanga ki te motu, moe mai raa.

Rōpū whakahaere

The Ngā Kōmata-o-te-Rangi organising committee comprised of:

- Tio Sewell, Chair/Convenor (Te Rau Ora)
- Aimee Bartlett, Secretary (MANAvation, Careerforce te toi pūkenga)
- Kiri Leach, Pūtea (Pai Ake Solutions)
- Marata Haereroa and Moana Maniapoto, Haukāinga (Ngāti Paretekawa, Ngāti Maniapoto)
- Turaukawa Bartlett (MANAvation, Careerforce te toi pūkenga)
- Glen Tupuhi (Iwi Māori Council, Hauraki)
- Shirley Titoko and Laurie Hakiwai (Te Awhi Whānau Charitable Trust)
- Shirley Turner (Maniapoto Marae Pac Trust)
• Akatu Marsters, IT and Presentations (HealthShare – Midland MH&A)
• Aroha Waetford, Programme (Te Awhi Whānau Charitable Trust).

Rēhita
Registration was available on line at https://nga-komata-o-te-rangi-hui.eventbrite.co.nz
The fee range was $65 to $75 per attendee, for two full days. It included kai and marae accommodation.
Complementary registrations were available for invited speakers, VIP guests, presenters and facilitators/MCs.
Also, limited sponsored registrations were available, upon request, to whānau with lived experience, students, and unwaged whānau who would otherwise not have been able to attend.

Ngā Manuwhiri Matua
There was upward of 200 attendees at the hui including Māori Health sector leaders, Māori health workforce, providers of services, tāngata whaiora, whānau with lived experience, Hauora partners, Public Health Organisations, Government agencies, Mental Health staff and the haukāinga.
The entire North Island had representation, regionally. The strongest presence was local, 53% (Waikato/Te Rohe Pōtae). Te Tai Tokerau/Tamaki-Makaurau had a 13% presence, followed by Te Arawa/Taupo (9%), Tauranga Moana/Mātaatua (7%) and Taranaki region with 6%. Together, the remaining 12% comprised of attendees from Hauraki, Whanganui/Rangitikei, Manawatu, Horowhenua, Te Whanganui-a-Tara, Te Matau-a-Maui Wairarapa, and Te Tairawhiti.
The majority of attendees were Māori (88%), 5% were New Zealand Europeans, 1% were Pacific Island and 5% identified as Other.
The ‘attendees workforce profile’ showed 44% were from the frontline workforce, 23% in management, 10% in cultural positions, and 13% in other positions. Whānau attendees made up 10% and 1% were from an administration role.
‘Organisation-wise’ 56% were from Kaupapa Māori Services, with NGOs being nearly 50%, and the remainder spreading across community-based, DHBs, whānau and others.
The ‘gender profile’ showed 70% were females, and 30% were males.
‘Age-wise’ around 50% were either in the 45 to 54 years or 55 to 64 years age range, followed by 30% in the 25 to 34 years and 35 to 44 years. Kaumatua had a solid presence of about 15% (65 + years) and nearly 5% were 18 to 24 years old.
Interesting Facts – 5 reasons why people came to Ngā Kōmata o te Rangi Hui!

- **Responsibility**: To enhance the care and services delivered for Māori, and to find solutions personally and professionally.

- **Learning**: More about the history of Māori Mental Health, what the future holds for us, to hear what others had to share, and to extend their own knowledge and professional development.

- **Whanaungatanga**: To connect, reconnect and network.

- **Manaakitanga**: To provide hospitality for the two days of hui.

- **To heed the call for action!**

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**Ngā Wāhanga Kōrero**

A wide range of national and local speakers were invited, and available, to present at the hui. A couple of apologies and change of speakers occurred, otherwise the programme flowed as planned.

The **Day 1** themes acknowledged the locality of the wānanga; the past we had come from; and how to strengthen our future in Māori mental health.

The **Day 2** themes shifted focus to where we are currently; and what needs to happen to change Māori mental health from now through to 2030, both locally and nationally.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Details</th>
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<tbody>
<tr>
<td>8.45</td>
<td>POWHIRI - Mangatoa Marae</td>
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<tr>
<td>9.45am</td>
<td>MORNING TEA &amp; Registration</td>
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<tr>
<td>10.30</td>
<td>Karakia, Welcome, Opening Remarks – MCs, Moe Milne, Hori Kingi &amp; Phyllis Tangitu</td>
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<tr>
<td>10.45</td>
<td>Haukainga, Rovina Maniapoto-Anderson</td>
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<tr>
<td>12.30pm</td>
<td>LUNCH</td>
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<tr>
<td>1.15</td>
<td>Key Note Speaker – Emeritus Professor Sir Mason Durie Māori Mental Health – Our Past, Present and Future</td>
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<tr>
<td>2.00</td>
<td>Kerri Butler, Wi Te Tau Huata – Te Kete Pounamu</td>
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<td>2.30pm</td>
<td>AFTERNOON TEA</td>
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<tr>
<td>2.50</td>
<td>Doctors in the Whare: A diagnosis of Māori Mental Health needs Dr Rees Tapsell, Dr Maree McCracken GP - Facilitator, Phyllis Tangitu</td>
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<td>3.45</td>
<td>Tamati Peni (Te Puna Oranga Māori Health, Waikato DHB) – Puna Waiora; Turaukawa Bartlett, Gill Genet (Careerforce te toi pūkenga) – What are Genuine Partnerships?</td>
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<td>4.25</td>
<td>Materoa Mar – Insights to Strengthen Hauora Hinengaro</td>
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<td>5.00-5.15</td>
<td>Reflections and close for Day 1</td>
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<td>5.45pm</td>
<td>DINNER</td>
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<td>7.00</td>
<td>Karakia (Wharenui) &amp; evening session. Thomas Maniapoto about Mangatoatoa.</td>
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<tr>
<td>8.45am</td>
<td>Karakia, Welcome to Day 2 – MCs, Phyllis Tangitu &amp; Mihaka Hohua</td>
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<tr>
<td>9.00</td>
<td><strong>Riki Nia Nia</strong> (Tumu Whakarae); <strong>Dr Maria Baker</strong> (Te Rau Ora) – Hauora Hinegaro Māori</td>
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<tr>
<td>9.45</td>
<td><strong>Dr Lynne Russell, Dr Michelle Levy, Lisa Cherrington</strong> – Māori submissions to the Mental Health Inquiry 2018</td>
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<td>10.35</td>
<td><strong>Michael Naera</strong> (Tūramarama Ki te Ora)</td>
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<td><em>(Matthew Tukaki (NZ Māori Council) apologies received, video shown in absence)</em></td>
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<tr>
<td>11.00am</td>
<td>MORNING TEA</td>
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<td><em>(Group Photo)</em></td>
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<td>11.20</td>
<td>Iwi Hauora, Mental Health needs – Tū Māori mai, Tū Rangatira mai</td>
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<td><strong>Glen Tupuhi, Kataraina Hodge, Christine Brears, Te Pora Tamehana (in absence of Timi Maipi).</strong> Facilitator – Hori Kingi</td>
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<tr>
<td>12.05</td>
<td>WORKSHOP, Facilitator <strong>Moe Milne</strong> – Explore and agree to a clear action orientated pathway for Hauora Hinegaro Māori</td>
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<tr>
<td>12.45pm</td>
<td>LUNCH</td>
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<tr>
<td>1.30</td>
<td><strong>Dr Diana Rangihuna-Kopua, Mark Kopua</strong> – Kuwatawata, Mahi a Atua</td>
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<tr>
<td>2.30</td>
<td><strong>Tio Sewell, Laurie Hakiwai, Te Roopu Tautoko ki Waikato</strong>, Hauora Hinegaro Māori</td>
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<tr>
<td>2.55</td>
<td>Summary reflections of Wananga – <strong>Moe Milne and Phyllis Tangitu</strong></td>
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Day One Speakers

Rovina Maniapoto-Anderson  
Haukāinga, Mangatoatoa Pā

Mana whenua:  
Ko wai mātou? He iwi iti noa iho nei?
Ka Rewatu te whenua. Ko Mangatoatoa te Pā.

Whaea Rovina presented an historical account of the Ngāti Maniapoto rohe (region) regarding significant battles that occurred, pre and post European arrival.

Hingakaka was fought at Lake Ngaroto, near Te Awamutu in 1792, and it impacted significantly on Ngāti Paretekawa and many other Ngāti Maniapoto and Tainui hapū (subtribe). One of the largest battles ever fought on Aotearoa soil, the name, Hingakaka refers to those who fell, wearing the Kākā feathered cloak – it signified Ariki lines.

Less than a century later, British colonial troops invaded the Waikato. It brought unprecedented death and land confiscations from iwi of Tainui. In February 1864, close to 1000 colonial soldiers invaded Rangiaowhia. They shot and burnt alive helpless elders, women and children. At Ōrākau, in March 1864, 473 were killed by the British. With the loss of lives also went the loss of lands because the British Crown confiscated 1.2 million acres of land from Waikato. Ngāti Paretekawa, were one of 33 hapū affected.

Key Messages – Rovina Maniapoto-Anderson

Ngāti Paretekawa, Ngāti Maniapoto have remained resolute of purpose, despite the upheaval and trauma of war and atrocities they experienced over the past two centuries.

They remember the history of hard-fought gains and their resistance to injustices. To this day, they remain focused on wellness and the future. Ngā Kōmata o te Rangi hui is committed to the same agenda.

We acknowledge the Maniapoto whānau, brothers Harold, Winston and sister Moana (in the middle) and their many combined years of contribution to Mental Health and Addiction.

Video Link: https://drive.google.com/open?id=1Zz6Tf0PzEAE_1jLIWbyKPa55t3EvvGha
**Whaiora, Whare Paia, Te Wharemarie:**

*Indigenous stories of Māori Mental Health development, 1980s to 1990s*

Mere Balzer facilitated the session for three stalwarts of the Māori Mental Health sector. They all shared their experiences and reflections about the ground-breaking emergence of Māori Cultural Units at the Psychiatric Hospitals of Tokanui, Carrington and Porirua, during the 1980s to 1990s.

**Mere Balzer**

Mere Balzer reflected on how the escalating numbers of Māori patients entering psychiatric hospitals, in 1964, mimicked the increase of Māori being sent to prison. Back then, although Tokanui Psychiatric Hospital was the largest of its kind in Aotearoa, most of its 1300 patients were Pākehā (European). Also in that same year, a landmark achievement occurred with the appointment of Dr Henry Rongomau Bennett as the Medical Superintendent of Tokanui. With Te Arawa whakapapa (genealogy), Dr Henry Bennett was the first Māori psychiatrist in the country.

Mere acknowledged two further kaumātua, Ben Rangitaawa and Reverend Rua Anderson, of Ngāti Maniapoto. They were significant contributors towards the cultural development and support provided to:

- Staff and patients;
- 850 nursing staff, many of the nurses who were Māori; and
- Many other Māori non-nursing staff who were responsible for different units, such as laundry and kitchen.

By 1970, Māori psychiatric patient numbers were on the rise and obvious, and yet, some illnesses for admission were debatable, e.g., those who heard voices were all deemed mentally unwell by Pākehā doctors.

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Materoa Mar, Ron Baker, Mere Balzer (Facilitator), Jamesina Kett
The 1970 and 1980s were viewed as magnificent years for Māori sovereignty and Māori development. Māori emerged to the forefront as brave ‘change agents’. Examples were:

- Kōhanga Reo (Māori language preschool), Kura Kaupapa (Primary schools); and
- The start of Māori Units for Mental Health were on the rise throughout the country.

Tihei Mauri Ora, ‘a call to speak out’, encouraged Māori to start standing tall and to hold their heads high.

Māori writers were doing mahi (work) to put things into place. One such person was Robert (Bob) Elliott* of Ngāti Paretekawa, Ngāti Maniapoto. He established Whaiora, Tokanui Hospital in 1981. It was the first Māori Cultural Unit opened in the country. How did he do it? By doing this –

- Matua Bob would call meetings with other senior Māori nurses at Tokanui. They called the meetings ‘Operation Lamb Chops’. They would plan how to put Whaiora into place, unbeknown to the Pākehā staff.
- The unit was about cultural services for Māori and from the viewpoints of Māori staff and Māori patients, and it was a great success.

A major aspiration was to open their own whare (house), under their own terms, and away from the mainstream hospital itself. However, this didn't happen. Instead, Hauora Waikato, a Kaupapa Māori non-Government organisation, established in 1993 as a one stop shop. Offering many services for Māori, it has partly achieved the aspiration.

*Remembering Robert Elliott - Matua Bob was also an author and poet. He authored “Cultural Perspectives in Māori Nursing”, a script that was well referenced in the mid 1990s, to support mainstream understanding of a Māori world view. Matua Bob also developed writings that reflected on his work in Mental Health.

Ron Baker

(Whare Paia, Carrington Hospital)

In 1984, Matua Ron Baker started, as a Staff nurse, at Tokanui Hospital in the Whaiora Unit, and was later promoted to be a Charge nurse. During that time, Matua Ron acknowledged he was honoured to learn from the vision of Bob Elliott. In the late 1980s, Ron became the Manager of the second Māori Cultural Unit, known as Whare Paia, at Oakley/Carrington Hospital. It was established on part of 500 acres taken from Ngāti Whātua.

Whare Paia had 30 staff, and Matua Ron replaced security staff with kaumātua (elders). Over 18 months, Ron received an increased budget from $600,000 to $2.9m. From this came a whole
provision of services that included: a Kohanga (Māori language preschool), a Women’s service, Residential service, Clinical service, and cars for Whare Paia to provide a mobile community service.

At the time, Whare Paia was not reliant on the District Health Board (DHB). Instead, they looked to Ngāti Whātua, Orakei, for land to develop independence. But, it was not to be.

Matua Ron still works in the Mental Health and Addictions area, as a kaumatua. His stories and contribution provides a backdrop to many developing services especially concerning the importance of Mātauranga Māori acknowledging Māori process, Māori staff, and a Māori environment. He tino Rangatira koe a Papa.

**Materoa Mar**

*(in the absence of Simon Phillips) Te Whare Marie, Porirua*

The birth of the bicultural unit Te Whare Marie, at Porirua Hospital, was in 1989. Connected to others already experienced in kaupapa Māori delivery – Whaiora, Tokanui and Te Oranga Hinengaro at Palmerston North, encouraged Te Whare Marie by sharing ‘aspirational time’ with Māori working in the cultural space. Back then, the kaupapa Māori pathway was shifting resources from Pākehā institutions into the Māori arena, and this was supported by the Mental Health Directorate and the Ministry of Health.

Nowadays, Te Whare Marie still has yet to reach their aspirations. However, it is not the end of their story, instead it is another beginning for them. Materoa emphasised to everyone that we must remain committed to:

- Ring-fencing resources, as the platform is there to do so.
- Bringing back activism again, to achieve these aspirations.
- Being inspirational and bringing back the moemoeā, the vision.
- Remembering our good people, the many good kaumātua who have contributed in the past.

*Note: Materoa Mar spoke about Te Whare Marie because Simon Phillips was no longer available to attend. Also, Materoa was the closing speaker for Day 1.*
Key Messages – Mere Balzer, Jamesina Kett, Ron Baker, Materoa Mar

The cultural units Whaiora, Whare Paia and Te Whare Marie are encouraging examples of legacy that Māori ‘change agents’ created during the 1980s.

‘Change agents’ at Tokanui strategised and led action to create kaupapa Māori service models to improve care and wellbeing practices for Tangata Whaiora. Māori ‘change agents’ at Carrington, and then at Porirua Hospital, followed suit, designing kaupapa Māori services to suit the needs of their respective areas.

Nowadays, such development requires Māori to again – articulate their current needs; indicate what is important for Māori wellbeing; and remain driven by the pursuit of self-determination and autonomy.

As ‘change agents’ we need to be tenacious in our activism, inspirational in our convictions and moemoeā, and stay connected with a plan of action.

Video Link:
https://drive.google.com/open?id=1mn4x8Hy-xtVv8AjLUqkWyYVtzskQVv5U

Change Agents

Koromiko Richards (Kuia Te Rau Ora), Moe Milne, and Phyllis Tangitū (Tumu Whakarae Lakes DHB).

Moe Milne (centre) has invested in mental health for over 40 years.

In 2017, Moe Milne was made an Officer of New Zealand Order of Merit for services to health, education research, and the revitalisation of Te Reo Māori.
Emeritus Professor Sir Mason Durie

During the 1970s, it was expected that community-based facilities would be established. However, not all hospital boards were prepared when it came to decision making.

In the 1980s, Palmerston North and Invercargill operated outside of an institutionalised approach. They established Kaupapa Māori / whānau (family) services. Innovative development also occurred nationally during the 1980s to 1990s.

In 1983, Raukura Hauora, was an iwi initiative.

In 1984, Whānau o Waipareira Trust, was an urban initiative.

Also in 1984, Hui Whakaoranga, a strategic Māori health hui was held. It prompted a rediscovery of Māori health within the Whare Tapa Whā model. The 1990s offered a new way of delivering Māori health services through kaupapa Māori services.

By the 2000s, the importance of whānau involvement for health was recognised. It led to Whānau Ora being proposed, with Māori being a central focus for health. Recent years saw the establishment of the Whānau Ora Commissioning bodies, to ensure this was delivered. Nearly two decades later, Whānau Ora is embedded with three commissioning bodies:

- Te Putahitanga, the South Island Whānau Ora Commissioning body.
- Te Pou Matakana, the North Island Whānau Ora Commissioning body.
- Pasifika Futures uses a Pacific approach as a Pasifika Commissioning body.

Tā Mason posed the following questions, along with suggested solutions:

**What will it look like for Māori health in the next two decades?**

In the year 2039: will the system be too broken to fix up to meet our needs?

**Wellness related solutions**

- Mental Health, Addiction and General Health should be addressed together, rather than as separate entities.
- Don’t treat a sickness as an illness, but rather as a ‘wellness’ and from a strengths-based approach.

**Whānau related solutions**

- Help whānau reach beyond their potential and to realise their own aspirations.
• Be an advocate for whānau.

**Government and Commissioning bodies related solutions**

• There must be linkages between Government services of Health, Housing and Education, along with a focus on building positive wellbeing.

• Funding must be taken away from District Health Boards and given to Commissioning bodies.

• Commissioning bodies can be easily accessible and work directly with Government.

• Activate a Memorandum of Agreement with wānanga (educational gathering), whakapapa (lineage), Te Reo (Indigenous language), and with representation on boards of Commissioning bodies.

**Collaboration examples**

• A collaboration example could combine Waikato Health, Primary Health Organisations, insurance corporations, educational entities, along with iwi, and work across the globe.

• Waikato Tainui Iwi has positively assisted their tribal members through making alliances, so they can make more gains for iwi members.

**Concerning the suggested solutions**

• Is it desirable? Yes

• Is it possible? Yes

• Is it probable? Yes, if we want it to happen! Will this be realised in 2039?

• It is imperative that discussions occur with the Hon. Nanaia Mahuta (Minister of Māori Development) and the Hon. Peeni Henare (Minister of Whānau Ora) to obtain support. Also, succession planning needs to include:

  • Rangatahi (youth) through forums like Ngā Kōmata o te Rangi; and

  • Rural services link through technology and a better use of digital communication.

**Change Agents**

*Winston Maniapoto and Sir Mason Durie – Two long-serving, outstanding contributors to Māori Mental Health over several decades.*

*(In the background) Koro Beau Haereroa, another ongoing, respected contributor.*
**Key Messages – Emeritus Professor Sir Mason Durie**

While there have been gains for Māori by Māori, the health system still remains a largely burdened system.

Māori, Iwi and Government need to work directly with each other to ensure a more focussed, efficient and effective system of delivery is developed and implemented.

We need to move away from trying to fix a broken system, to one instead that is self-determined, innovative and meets Māori aspirations.

Whānau Ora and its respective commissioning bodies are innovations that highlight the effectiveness of a ‘whānau-centred’ approach for health and wellness.

Rangatahi involvement and improved rural services are essential factors for succession planning our future.

**PowerPoint Link:**
https://drive.google.com/open?id=1ysvfewslCNfHbkwjweLRgc7LxDa5DIL

**Video Link:**
https://drive.google.com/open?id=1yE2d5fjantBySYV_2IsYY7Y9gCQBTAze
Kerri Butler and Wi Te Tau Huata

Te Kete Pounamu: National Māori Lived Experience Leadership Network

Kerri Butler

“Te Kete Pounamu comes from strengths first, then we see where the gaps are.”

Te Kete Pounamu is a national Māori Lived Experience Leadership Network that uses Tūmata Kōkiritia – Shifting the Paradigm as a vehicle to advocate for change in the health system. Its focus is Māori with lived experience and advocating their knowledge and leadership, because:

- Whaiora Māori want to be part of ensuring the provision of effective services.
- A Māori workforce with lived experience can provide a service from knowing how it should be supported.
- Matauranga Māori needs to be included as its the foundation for service provision.

Māori Peer Support Workforce Development

Following a 2018 conference that was focused on Māori peer support workforce development, a Best Practice Strategy emerged. It included workforce pathways. The strategy aims to increase Māori peer support, and consumer perspectives, in mental health and addiction services.

Ma Purapura Mai, is a Māori leadership training programme developed in this space. It is for established and emerging kaimahi Māori leaders who have lived experience of mental distress and/or addictions. Its aim is to support people who want to contribute to Māori Peer Support, and thereby contribute towards better health outcomes for Māori.

Restrictive Practice

Restrictive practice tikanga is being developed by Te Kete Pounamu and it includes a Māori lived experience lens. Workforce planning and development is about having the right number of people, with the right skills, in the right place, at the right time, with the right attitude, doing the right work, at the right cost, with the right work output.

The Tūmata Kōkiritia programme is the strength and growth for people in these spaces.

Having a voice makes a difference.

This is about change – change in a mind frame – only you know your journey.
Wi Te Tau Huata

Currently the korowai (traditional Māori woven cloak) that embraces us is damaged – kua pākaru kē.

How do we get back to ourselves to make us well?

How do we help whānau see the future so they can stand up and have this kōrero? Pākehā seem to want to take everything from us.

Do our Māori know how to stay Māori these days, including our rangatahi? Is that the korowai we’ve been talking about?

This is the space where we need kaumātua/kuia to talk about this. Karakia (prayer) is helpful to give us strength, to toil, to labour.

Non-Government Organisations (NGO) are in a prime position to make change. It’s all about a mind change and processes within our NGOs. We are the drivers of our own future.

Government must recognise Māori as a Treaty partner and reflect this by supporting our progress in building a Māori Peer Support Group that maintains our wellbeing, expressed as:

- Whānau Ora.
- A continuum of care, with a wellness hub. Tā Mason Durie suggested these should be available and easy to access for our people.

How do we implement this? All services need to integrate and collaborate.

Key Messages – Kerri Butler and Wi Tau Te Huata

Having a voice makes a difference.

Māori with lived experiences are ready to make significant changes:

- Through Māori Peer Support
- As a vital component of the Māori health workforce
- To champion innovative Māori health service delivery through a ‘Māori lived experience’ lens.

This is about change – change in a mind frame – only you know your journey.

PowerPoint Link: https://drive.google.com/open?id=1kBxfhkHa38PV2DPjcDGK0KuiajsH1LG

Video Link: https://drive.google.com/open?id=1PchvXRLTosvAA1ksjkxvSFuedvFLBll
Dr Maree McCracken

General Practitioner (GP) Midland Health Region

In the Midland Health Region, key features of concern for Māori health are:

- Poor early intervention, detection and outcomes; and
- Inadequate care of those with mental health needs.

Primary Mental Health is about everything that the DHB is not, and yet, what is happening in the community? Non-Government organisations are poorly funded with no enduring funding, poor access issues and increased inequity.

Although efforts may be designed and intended to improve the situation for Māori, at times it has done the opposite and resulted in poor access to mental health support. There are significant problems because the centric-system is assessed and based on non-delivering systems, causing poor decisions to be made.

Recommended solutions to consider, include:

- Design and use systems to purposely understand whānau.
- Encourage services to talk to each other for early detection and early intervention.
- Improve access to services where Māori feel they are safe and they belong.
- Enable easy access for Māori support to address e.g., social issues, education, housing, employment.
- Integrate physical health care and mental health care as one, because mental health impacts on physical health and vice versa.
- Improve Postvention care, i.e., suicide has happened to those who visited their GP, within their last 4 weeks, for physical health care.

A whole whānau approach is essential!

We need:

- To look after the mental health needs of the rangatahi, the kaumātua and the kuia.
- To know things about whānau when you are the GP for multiple members. As a GP we need to ask the questions early, for early detection. GPs can hold all the pieces of the jigsaw.
- An onsite mental health professional to provide instant support instead of a deferral of weeks later.
- Onsite self-management support and an integrated support worker.
**Key Messages – Dr Maree McCracken**

Primary Mental Health, Non-Government Organisations and General Practitioners have a vital role in the early detection and early intervention of mental health and addiction issues, suicide prevention and postvention.

Government needs to ensure that funding is increased in this area to meet equity.

A whole whānau approach is essential!

**Video Link:**
https://drive.google.com/open?id=1LbUFcV3fcXXy1oUV1iNTR4rsPXifsBco

**Q & A Link:**
https://drive.google.com/file/d/1fdjaLcEYfywCAQM_4Sr_CH41vqTm35/view?usp=sharing
Dr Rees Tapsell

Acting Chief Medical Officer, Waikato District Health Board

Community empowerment and community development is paramount. Health is the people around us, the people who love us, a house to live in, a job. Having a loving, caring whānau is most important. Surround yourself with people who are calm and want to be with you.

Psychiatry is not all about mental health, it’s about how to help the other parts of a person’s being.

*Mental health – healing and restoration – takes time.*

Māori Mental Health people experience triple bias. Substance and alcohol abuse is significantly higher for Māori than non-Māori. Access to health service remains poor for Māori.

There are no access problems in secondary services. Māori are over-represented, and high rates of compulsory treatment orders may be contributing to this situation.

Recommended solutions to consider, include:

- We need a group to broach the position with Government to support Māori to have the opportunity to look after our own.
- Equity needs to be taken seriously.
- Invest in small communities to improve early access by geographical distance. Think of the appropriate vehicles for provision of service delivery to Māori.

We need to find other ways to do things that work, such as:

- Co-designing with other organisations.
- Encouraging people to come forward from different communities to design community initiatives. We need staff who are qualified and able to support Māori.
- Our services need to be services our people want to come to and use.
Messages – Dr Rees Tapsell

Emphasis on community driven, and community based Mental Health and Addiction services, is essential to address the considerable and multiple issues facing Māori.

Government, Māori and iwi need direct opportunities with each other to develop and finalise the pathway.

- We need a group to broach the position, with Government to support Māori to have the opportunity to look after our own.
- Equity needs to be taken seriously.
- Invest in small communities to improve early access by geographical distance.

Mental health – healing and restoration – takes time.

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Video Link: https://drive.google.com/file/d/1S4Y1LUB3VxfKZBjjKpC_1KGKaq2npP/view?usp=sharing

Q & A Link https://drive.google.com/file/d/1fdjaLcEYfywcAQM_45r_CH41lvqcTm35/view?usp=sharing
Without systemic, genuine partnership within mainstream organisations, between Māori and tauiwi, we don't have equity. Relationships evolve and are based on shared common ground, understanding aspirations, and understanding what it truly means to whakamana the tauira-trainee and their whānau as a collective unit – and basically, walking the talk.

The place of hauora (wellbeing) equity for our people starts today, along with understanding that developing and sustaining genuine partnerships is a journey, not a destination.

With over 20,000 trainees and apprentices in the Health and Wellbeing sector, and approximately 17% identifying as Māori, Careerforce are focused on establishing true partnership directly with their Māori trainees. We are developing a Whānaungatanga approach to sector-training, which is led by Māori for Māori! This Whānaungatanga approach is underpinned with redefining what ‘assessment’ means in today’s context. Also, when thinking about ‘whakamana tangata’ it is about enhancing the Hauora of the people we work with.

**Key Messages – Turaukawa Bartlett and Gill Genet**

Working with whānau must be based on:

- What is tika (correct), true partnership and Whānaungatanga that embraces whānau aspirations.
- We promote ‘feeling the walk’ as a new genuine partnership and Whānaungatanga approach for gaining equity between Māori and tauiwi in sector-training.

**PowerPoint Link**
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**Q & A Link:**
https://drive.google.com/file/d/1gj5ygl6ID4Gqu-mN63BN1HhiL_Km-Ryn/view?usp=sharing
Tamati Peni

Puna Waiora – unleashing and empowering rangatahi ambition for high achievement and success

Puna Waiora is a kaupapa Māori support system offered by the Waikato District Health Board to empower and support rangatahi Māori to pursue a career in health. Puna Waiora offers services supporting from Year 9 education through to successful meaningful employment. Puna Waiora services include:

- Tailored local responses to meet the needs of rangatahi
- Individual planning and pastoral care from education to employment
- Wānanga Pūtaiao – providing a foundation and passion for science and health related education
- Wānanga-ā-whānau – providing whānau with the mātauranga they need to support their rangatahi on their health career journey
- Te Tomokanga Māori Gateway Programme – direct access to health professionals in clinical and non-clinical settings through the Waikato DHB, hospital and community services
- Tuakana Kūmara Mentoring – rangatahi are linked with Māori professionals in their area of health interest.

Key Messages – Tamati Peni

Māori Hauora Recruitment strategies must start with our schools. It is where the future, our potential workforce, is located.

Puna Waiora is about unleashing and empowering rangatahi ambition for high achievement and success.

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Video Link:
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Q & A Link:
https://drive.google.com/file/d/1gi5ygj6jD4Gqu-mN63BN1HhiL_Km-Ryn/view?usp=sharing
About Materoa Mar – Materoa currently works in Primary Healthcare and Whānau Ora. Her work endeavours to ensure whānau have earlier access to services, and acknowledges and considers their wider social issues, to support their health and wellbeing journey.

We need to bring our dreams to life!

Sometimes in the busyness of life we forget to dream.

As a country we tend to spend a lot of money repairing broken stuff. Yet, if the system is broken, why do we continue trying to fix it up? We all have something to continue, so, consider how fearless can we be?

We can reclaim and redefine our future, yet lately we have reverted to accepting Pākehā dominance over Māori in all areas of health.

We can make lots of changes, in a way and for a future that realises potential for ourselves.

- We are the Change Agents of ourselves, we have to step into the unknown and be brave.
- If we believe in the eventuality, eventually it will become a reality!
- Whānau Ora is a solution.
- Working alongside whānau, not to tell whānau what to do, but to support them to make their own decisions.

What do you hope to take away from here?

From today, we can make lots of changes, in a way, by realising a future of potential –

- The future is bright if we make it that way.
- Our space is potential.
- Make change by finding motivation and inspiration.
- Redefine the rhetoric, change the rhetoric, and don't allow ourselves to be defined in unacceptable ways.
- Change the way we describe ourselves.
- Break the rules and make new ones.
- It's not ok to be in a Master / Servant relationship.
- Act with aroha (love), be courageous and bold.
- Look at Whānau ora – It is about making a social future and we have to make it.
Key Messages – Materoa Mar

Dream big!

We are the Change Agents of ourselves.

We have to step into the unknown and be brave.

Whānau have dreams.

We need to assist for our dreams to become our reality.

PowerPoint Link:
https://drive.google.com/open?id=1tErvMG-NMx6kghik7C25hSuaEc9ZQ1fy

Video Link:
https://drive.google.com/open?id=1aYkptRte9UTIIdXh7K3W5k8sVI0WRomIU

Photo: The Whānau, Tūraukawa Bartlett (Career Force – Workforce Development);
Tricia Keelan (GM, Māori, Bay of Plenty DHB)
Day Two Speakers

Riki Nia Nia
Tumu Whakarae, GM, Waitemata DHB/Auckland DHB

Racism

If it smells, tastes and feels like racism, then it probably is racism.

Riki Nia Nia spoke about the Speak Up / Kaua e patu wairua programme that DHBs initiated to support the reduction of harm in hospitals throughout the country.

It's a programme to help and encourage anyone who experiences or witnesses unacceptable behaviour to 'Speak Up. 'Kaua e patu wairua' means do not offend my spirit or my soul and captures the essence of the programme.

Concerning the programme, however, Riki raised the challenge of whether racism could be one of the issues raised by staff. For example, if there is a process that supports racism in the workplace. Riki reminded everyone to stop being tolerant of racism. Value our intelligence and be limitless, don't be limited. As well, start recording racism, many pākehā don't believe it exists even though they are the main perpetrators. At his workplace, any racism at Auckland and Waitemata DHB will be recorded and those responsible held accountable.

It's important that we care for our whānau in a way that they deserve to be cared for.

High quality ethical data and relevant intelligence is essential for improving service delivery.

Whakamana Mātauranga Māori (empowering Māori knowledge) is essential.

We owe it to our tamariki (children), mokopuna (grandchildren) and future mokopuna, they should not have to endure what we, our whānau, now and in the past, have had to endure.

Key Messages – Riki Nia Nia

Racism is unacceptable and must be addressed by offering an anti-racism programme of vigilance and responsibility.

Stop being tolerant of racism. Value our intelligence and be limitless, don't be limited.

We owe it to our tamariki (children), mokopuna (grandchildren) and future mokopuna, they should not have to endure what we, our whānau, now and in the past, have endured.

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Video Link:
https://drive.google.com/open?id=1qAQzhLS5nDgz0FsBcygw1_k80T04jTU
Dr Maria Baker
Pou Whakahaere Matua, CEO, Te Rau Ora

Turuki Turuki! Paneke Paneke!
Move, Move! Move Forward! Move Forward!

Māori voices of the Māori Mental Health sector are continually vocal of the need to keep fighting for the things spoken of by Ngā Kōmata o te Rangi speakers.

As a workforce, we are both clinically qualified, and culturally qualified in our Māori models of practice and in Te Reo Māori. Most of us are in significant roles to awhi (assist) our whānau.

Our people are our ‘drivers for change’ and the changes we need are:

• A Māori Manifesto: A framework of change – a call to action that deliberately targets the advancement of Māori, led by Māori.
• An active and direct relationship with Government that we desire.
• Use the power of Mātauranga – Listen to our whānau when they say that Kaupapa Māori services work.
• Learn from the voices and ‘change agents’ who have gone before us, to move us forward.

Funding issues we face could be addressed with these solutions:

• Establish a Commissioning model, as stated by Tā Mason Durie.
• Speak about equity and focus on quality (such as, the quality of experience for whānau using services).
• Build our own “communities of influence” because we have the intelligence and sophistication.

Reflecting on Mangatoatoa – This was the source of Whaiora, Tokanui. It was the source of innovation in the 1980s. Hauora Waikato and their community model continues those aspirations. As well, Waikato-Tainui Iwi has articulated the dreams of their tūpuna (ancestors) and how their moemoeā will be realised in the future.
Key Messages – Dr Maria Baker

Turuki Turuki! Paneke Paneke! Move, Move! Move Forward! Move Forward!

The changes we need are:

• A Māori Manifesto: A framework of change that deliberately targets Māori advancement, led by Māori.
• An active and direct relationship with Government.
• Use the power of Mātauranga to provide Kaupapa Māori services that work for our whānau.
• Learn from the voices and ‘changes agents’ who have moved us forward, with their innovations.

Funding issues we face could be addressed with these solutions:

• Establish a Commissioning model, as stated by Tā Mason Durie.
• Speak about equity and focus on quality.
• Build our own “communities of influence” that optimizes our intelligence and sophistication.

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Video Link:
https://drive.google.com/file/d/1xIGUEPK3twz6HzyOuOyDYdxGqSh8yBj-/view?usp=sharing

About Te Rau Ora – This year, Te Rau Matatini was rebranded as Te Rau Ora – www.terauora.com. At 17 years old, “it is New Zealand’s indigenous Māori organisation providing a range of local and national programmes to improve Māori Health”. They maintain “a commitment to the mental health and addiction sector” and are “not just a workforce centre, but rather their overall focus is about the health and wellbeing of Māori.”
Michael Naera

Te Rūnanga o Ngāti Pikiao, Kia Piki te Ora

Michael spoke of the Māori suicide work he’s involved in, the origins of the Tūramarama Declaration, and the influence of his own whakapapa on his work in the health sector. Bereaved whānau pani, who had lost whānau lives to suicide were acknowledged.

Concerning his whakapapa (genealogy), Michael spoke of his kuia (grandmother), a skilled Tohunga (expert) who was sought after by Tohunga Tā Moko (traditional tattoo experts) and for her expertise in Mahi rāranga (traditional weaving) and Mahi rongoā (natural Māori medicine).

However, Pākehā views were that practicing Tohungaism was paru (dirty) and so their introduction of the Tohunga Suppression Act 1907 denied the utility of many tohunga, including his kuia and her expertise in rongoā Māori.

In 2009, the first National Suicide Prevention Conference was held and attended predominantly by Pākehā. Topics were about Māori suicide, yet it was non-Māori who spoke about it. The next conference showed some progress by including an Indigenous Panel to speak on Māori suicide prevention.

In 2015, at the World Indigenous Suicide Prevention hui held in Rotorua, Te Rūnanga o Ngāti Pikiao Trust gifted the name Tūramarama ki te Ora for the Tūramarama Declaration that was written, along with a strategy.

In 2017, Kia Piki te Ora (www.pikiaorunanga.org.nz/kia-piki-te-ora-services) was charged with taking the Tūramarama Declaration to the Iwi Chairs forum and to establish a National Māori Suicide Prevention Strategy. Both the Declaration and notion of a Strategy, were fully endorsed by the Iwi Chairs forum.

In 2018, a contingent met with the Hon. Minister Peeni Henare (Whānau Ora), the Hon. Minister David Clarke (Health) and the Hon. Nanaia Mahuta (Māori Development) about the Tūramarama Declaration and the proposed Strategy. The response was that the Ministerial Inquiry of Mental Health and Addiction being undertaken at the time was to be the priority and Suicide Prevention would be included.

Submissions on behalf of Kia Piki te Ora and Tūramarama were made to the Ministerial Inquiry of Mental Health and Addiction. However only the Tūramarama Declaration was included in the public Mental Health and Addiction Report, the Strategy was not.
Key Messages – Michael Naera

Māori Suicide is a high priority.

A Māori Suicide Prevention Strategy is essential.

Māori have the solutions and must be supported to lead their development.

Video Link:
https://drive.google.com/open?id=1v2aj1TGenncgDAUjeZ7Hh8DY_blo1MDW
Lynne Russell, Dr Lisa Cherrington & Dr Michelle Levy

Māori Authors of the Whakamanawa Report, Government Mental Health Inquiry 2018

This is the most significant opportunity Māori have had in decades.

Dr Lynne Russell, Dr Lisa Cherrington and Dr Michelle Levy are the authors who were officially tasked with writing the Whakamanawa Report. It was intended to include a full summary of the Māori submissions to the Ministerial Mental Health Inquiry 2018 and to be a public record for distribution. However, access to the Report was hampered by authorities within the inquiry processes, thus preventing its distribution to the public and to Māori submission contributors themselves! An unofficial release of the Report, to its contributors, attracted the threat of legal action against the writers.

To date (29 March 2019), the Report had not been released. Instead, it is understood the Ministry of Internal Affairs uploaded a ‘more palatable’ publication onto their website. (Refer to https://mentalhealth.inquiry.govt.nz/inquiry-report/)

Honouring the voices – These are our voices, this is what we say matters.

From the outset, difficulties were experienced during the consultation period of the Mental Health Inquiry 2018. Dr Lynne Russell, the lead author of the Whakamanawa Report, was appointed to join a team of Inquiry writers. She found herself as the only Māori writer, alongside a non-Māori majority. Issues with cultural competency was evident and ongoing for the other writers. Near the end of the consultation process, two more Māori writers were appointed to help with the completion of the Whakamanawa Report, which brought some relief.

The Whakamanawa Report authors sought to amplify the voices of whānau, people on the frontline, and those behind desks who had the strength to submit. It was about giving mana (authority) to all the submissions made. The Report was a means to honour all the contributions made by Māori and there was excitement about its potential and there was hope that the information was in safe hands.
Shared kōrero from people with lived experience –

Hope is not a small thing, it is life and death.

The Report was written in two parts.

**Part 1: Looking to the future**

Part 1 addressed *Transformation: Wellbeing System Responses*. It highlighted that our Māori people are calling for a whole paradigm change, e.g., a shift to the paradigms of Whānau Ora, Pae Ora and Wai Ora. They are calling for holistic Māori approaches.

Furthermore, our Iwi are ready for direct communication with the Government.

**Part 2: Challenges faced**

Part 2 highlighted the multitude of challenges Māori encounter throughout the Mental Health sector, such as:

- District Health Boards have a conflict of interest as a funder and provider.
- District Health Boards have failed Māori, as Māori continue to die at a younger age than their non-Māori counterparts.
- Clinical and scholarly leadership of our international, and national, Hauora leaders has been ignored for years. We as Māori and Indigenous leaders should no longer accept this racist situation which is largely led by a dominant Western bias.
- Kaupapa Māori services, do not have a place in mainstream services. Why? Because mainstream services are racist and seek to destroy kaupapa Māori services.

Although whānau talked about the huge issue of “P”, methamphetamine, addiction was not ‘loud or obviously’ portrayed in the Inquiry. Reference was also made to people who had progressed through successful Taha Māori (Paraire Huata) and kaupapa Māori services and programmes which were no longer available.

Suicide Prevention featured, whereby:

- We need to talk with people with lived experience.
- People talked about crises and not knowing what to do, and are concerned that “we are winging it”.

38
Key Messages – Dr Lynne Russell, Dr Lisa Cherrington and Dr Michelle Levy

Honouring the voices – These are our voices, this is what we say matters.

Māori will not be silenced especially when their aspirations are being denied because of Western based privilege, bias and racism.

The Whakamanawa Report is full of the voices of Māori contributors to the 2018 NZ Government’s Mental Health Inquiry, and yet the publication of this document has been prevented. Māori have been guaranteed recognition as a Treaty partner. The Government, in this partnership, needs to honour what that means in the delivery of Māori aspirations.

Shared kōrero from people with lived experience –

Hope is not a small thing, it is life and death.

PowerPoint Link:
https://drive.google.com/open?id=11I3pUTz6UthDa_0hnvmPmPEeujnVj_3I

Video Link:
https://drive.google.com/file/d/1snrw3fSlBuVHN1Ph1RplJlstUemXNWI_/view?usp=sharing

Te Rau Ora
Ngā Mokopuna o Ngāti Paretekawa
Dr Kahu McClintock, Marata Haereroa and Sue Stephens
Iwi Hauora, Mental Health

Iwi Hauora, Mental Health needs – Tū Māori Mai, Tū Rangatira Mai.

How do Iwi plans impact on Oranga?

Kataraina Hodge – Raukawa

Raukawa has 16 marae who granted the Raukawa Settlement Trust permission to carry out their Treaty claims. Until the iwi are able to provide marae funding, they have Government contracts that require them to work with the wider community. Currently, they have a five-year Hauora Plan and they provide kaumātua grants and education grants.

Raukawa are working with Oranga Tamariki (Ministry for Children) to sign a service agreement as they are the only Māori provider of such services in Tokoroa.

Along with the health of their people, the health of the Awa (Waikato River) is important to Raukawa.

The majority of members on their board are women, wāhine toa. The chair is a woman. They are fighting for their people and trying to make the place better for those who will come.

Christine Brears – Maniapoto

The wellness of our people, our environment and everything around us, is significant to us. While not developed yet, the hope would be that the Board plans to address all of this.

We have suffered atrocities, but we have the resilience, the mātauranga (knowledge) and the kaha (strength) to strategise forward. We do need to move quickly though because our kaumatua (elders) are ageing. With that in mind, as an iwi, there is a broad landscape of focus for wellness, and many stories we have to draw on to address our wellness needs.
Te Pora Tamehana – Waikato-Tainui and Ngāti Hauā

“So land is lost, so shall it be returned.” Innately we are tied to our whenua (land). We still bear the brunt of the impact of the atrocities we suffered from Raupatu. In 1995, we had our Raupatu Whenua (Confiscation) settlement, and in 2008, the Waikato River settlement followed. Our negotiated Treaty claim space has enabled us to have accords with our Crown partners. While this is good, we still deserve better, so it’s a tool we have to keep going back to the table. Concerning iwi ownership, the Crown has done a bad job, so let us do it now, commission us – we will look after our own people.

Waikato-Tainui completed a five-year Hauora Plan this year. Our Wellness Strategy is not just about indicators. Instead it goes back to pou (pillars), its where our wellness belongs and comes from. In the long term, we want to run our own hauora (health) and have a tribally lead hauora system and resources.

Riana Manuel – Pare Hauraki

In Pare Hauraki, they have such developments as doctors’ surgeries, health promotion and kaumātua services. They are keen to diversify their investment into housing and employment and know they need to make sure whānau are supported. To them, ‘rural location’ is not a ‘con’ it is a ‘benefit’.

They are facing the question – **What do you solve first, primary services or prevention?** Do they focus on the person with diabetes in front of them, or the health of Mokopuna yet to come. Also, there are other iwi in the space, at Counties Manukau and Tauranga Moana. So, they have a lot of support. Yet still, they have a lot of things to work on.

Glen Tupuhi - Pare Hauraki

Glen Tupuhi spoke about Te Puea protesting about liquor, in 1947, and the removal of restrictions on selling alcohol. Alcohol is the killer. Many years ago, he and 17 family members put themselves through the best bicultural unit in the country, Hammer Springs, to rid themselves of alcoholism. Alcohol and drugs continues to be a problem our people face, and in the future it will be climate change.

There is something about a collective approach that is needed, and using the common denominator – we are all human, we are all Māori. *Mā te kahukura, ka rere te manu – Take flight like the bird.*
Key Messages – Iwi Hauora, Mental Health Needs

Iwi are poised for self-determination and ready to articulate and implement their own Hauora aspirations.

Iwi have ongoing expectations that Government will continue honouring their responsibility as a Treaty partner.

The wellness of our people, our environment and everything around us, is significant to us.

Mā te kahukura, ka rere te manu.

Video Link:
https://drive.google.com/file/d/1I6WaOZMieOUN5iafjvXXV1c9NRaiEULf/view?usp=sharing
Whaea Moe Milne facilitated a Workshop Session on Day Two of Ngā Kōmata-o-te-Rangi Hui. The workshop theme was:

*Explore and agree to a clear action orientated pathway for Hauora Hinengaro Māori.*

*Me Pehea ka ea? How do we complete.....?*

The theme was explored using these five key statements:

1. Tū Māori Mai, Tū Rangatira Mai, Iwi-Hapū Involvement
2. Whānau – kia maia, kia manaaki: Caring & Kindness
3. Matauranga Māori Whakamana, Whakaoho
4. Oranga Wairua – Kia Ora te Tangata, te Whānau / Taiao, Whakamōtū, Aukati Iwi (kaikiri) – Eliminate Racism
5. Te Ara Tika, Te Ara Matatika – Accountability, responsibility for kaupapa

Each statement was examined through the lenses of these questions:

*Is it desirable? Is there potential? Is it probable?*

Attendees were divided into five groups: Kaumātua, Whaiora, Pakeke, Taiohi/Rangatahi, and Mauri Ora Advocates. Each group discussed and added their responses on poster sheets of each ‘key statement’.

A separate paper, *Ngā Kōmata-o-te-Rangi, Workshop Session Summary Notes*, has been written. It sums up the responses Attendees shared about each key statement.

The overarching themes of Ngā Kōmata-o-te-Rangi were used to categorise the responses – Oranga Tangata, Oranga Whānau, Oranga Taiao.¹

The following table provides a ‘snapshot only’ of key sub-headings of the ‘calls to action’, raised during the Workshop.

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<table>
<thead>
<tr>
<th>Key considered</th>
<th>Oranga Tangata</th>
<th>Oranga Whānau</th>
<th>Oranga Taiao</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Whānau – kia maia, kia manaaki: Caring &amp; Kindness</td>
<td>• Our Values of care and kindness  <em>Te Ao Māori is rooted in care and kindness.</em></td>
<td>• Whānau driven  Kaumatua responsibilities  Whānau responsibilities  Noho marae living  <em>Ae nui ngā whānau kei te noho i runga i ngā Tiriti.</em></td>
<td>• Kia maia, kia manaaki  Lead organisations with care and kindness  <em>Lead by example.</em></td>
</tr>
<tr>
<td>3. Matauranga Māori Whakamana, Whakaoho</td>
<td>• Values and practices matter  <em>Kia Tū Tangata, kia kaha – Take up the challenge.</em></td>
<td>• Whānau – Matauranga Māori  Reconnect and pass knowledge through the generations.</td>
<td>• Establish Wananga  Matauranga Māori Whakamana  Matauranga Māori Whakaoho  Hapai Te Reo Māori me ōna Tikanga  Kaupapa Māori  <em>Ae kia kaha tonu tatau ia iwi ki te whakahaere kia tutuki te kaupapa. Be an activist for change.</em></td>
</tr>
<tr>
<td>4. Oranga Wairua – Kia Ora te Tangata, te Whānau / Taiao, Whakamōti Aukati iwi – Eliminate Racism</td>
<td>• Kia Ora te Tangata  Oranga Wairua  Whakaoti te mahi kaikiri  <em>Tangata Tū, tangata ora, tangata noho, tangata mate! Get up, stand up!</em></td>
<td>• Kia Ora te Whānau  Kia Ora ngā Rangatahi, ngā Pepe  <em>Recognise whānau as the decision makers.</em></td>
<td>• Kia Ora Te Taiao  Upskill our workforce in Oranga Wairua  Oranga Hinengaro  Tohunga  LGBT / Takatāpui  Rangatahi  Mate Whakamomori  <em>Provide safe places to be Māori!</em></td>
</tr>
<tr>
<td>5. Te Ara Tika, Te Ara Matatika – Accountability, responsibility for kaupapa</td>
<td>• Whai tikanga ora  Hui tahi, mahi tahi  <em>Aroha tangata ki te tangata</em></td>
<td>• Accountable to whānau &amp; co-design with whānau  <em>Acknowledge gifts of whakapapa</em></td>
<td>• Establish Board to monitor services  Agents of our own change – Tino Rangatiratanga  Māori leadership and specialist workforce  <em>Remain tūturū ki ngā uara katoa!!</em></td>
</tr>
</tbody>
</table>

*Note: For more details & ‘action’ examples of each ‘bullet point’ refer to the separate paper, “Ngā Kōmata-o-te-Rangi, Workshop Session Summary Notes”, as they are sub-headings only, of Attendees’ feedback.*
Mark Kopua and Dr Dianne Rangihuna-Kopua

Mahi A Atua In Action: The Potential for Change

Mark Kopua

Mark Kopua has a long-held passion and mātauranga for Mahi Toi. He has dedicated decades to bringing the art form back, to re-instate the mana status of Moko.

Dr Dianne Rangihuna-Kopua

Dr Dianne Rangihuna-Kopua started out as a teen mum and in a reggae band. She gained a Diploma in Nursing and grew up in Te Whare Marie, Porirua. From there, she went to Otago Medical School and qualified as a psychiatrist.

Reinstating Moko

There was a time in the 1970s and 1980s when there weren't a lot of Moko. Mark recalls being told to leave it in the past and living in an existence of restriction. Yet, Mark chose to storm ahead anyway, to reinstate Moko. Nowadays, it is usual to see Moko Kanohi (distinguished facial markings) in Te Tai Rawhiti.

A Dynamic couple

Mark and Dianne spoke of the contrasts between them, highlighting the strengths and passion they bring to their work to create change in Hauora Te Tai Rāwhiti. Between them they are: sharp vs. smooth/curvy; future focused vs. the past; and ‘dreaming in the clouds’ vs. ‘firmly on the ground’.

The Status Quo

The ‘status quo’ we all face needs us to be critical in our thinking.

Institutional racism needs to be addressed. So, can we have that conversation? If we want to change the institution we have to understand it, e.g., a cardiologist acknowledged discrimination takes place and yet didn’t think they had a role in addressing it.

Putting people under the Mental Act means ‘medication for life’. Concerning ‘functionalism’, when people try to disrupt a system they find that stability and solidarity are maintained, at the expense of an early death for Māori. ‘Whiro, the God of Challenges’, works hard to maintain the status quo.

Change is difficult, but it can be achieved.
Need for change – Using the Te Kūwatawata Process

‘Embrace Mātauranga Māori’

Mahi Atua (Gods works) is a vehicle for change. Communities can get together and try hard to indigenise the environment, however, be deliberate about how you do this.

Embrace and invite feedback. Know the enemy within you – ask where you can improve so that you can always be improving. Always be open to learning. Be open to change within yourself, before changing anyone else.

‘Kura Huna’ – Find the taonga (gift) hidden within you, e.g. learn pūrākau (stories), learn whakapapa.

Te Kūwatawata Pathway

There is a ‘single point of entry’ for anyone experiencing distress and no exclusion. We work collectively to find solutions.

It’s important to stop pathologizing people in distress and to ask those in mainstream the question, why wouldn’t you? Because no one wants to say the real reason, why.

Previously, Mark and Dianne had been in wānanga, for two years, before receiving funding. They encourage using ‘Whanaungatanga’ instead of competition. They know that not everyone will resonate with the service and sometimes another service will be better. It is all about shifting the mindset. If we grew up in a racist education system/environment, it will have had an impact on us.

Te Kūwatawata – principles of service delivery

If your services are good they will come. Know that we are not alone, people vote with their feet.

Supervision can be good, e.g., through reflection and consultation, co-working, debriefing, giving feedback to each other, koha and reciprocity. Focus on your Whare Wānanga.

You need to deal with your own fear, before you can help others. Understand oneself through the lenses of Tūmatauenga (Atua of war). It is important to keep learning about ourselves, and it’s alright to have lots of different emotions.

Key Messages – Mark Kopua and Dr Dianne Rangihuna-Kopua

Embrace Mātauranga Māori

Elevate Mātauranga Māori to a credible position and as an obvious option for addressing Māori Wellbeing.

Eradicate the racism that continues to ensure Māori encounter ongoing trauma, and die early.

Change is difficult, but it can be achieved.
PowerPoint Link:
https://drive.google.com/open?id=1ohRXzuiPzSSjLMCuRjndicve3XRba2W4

Video Link:
https://drive.google.com/file/d/1iHHPvt0XXD4TbsRAhkJGflnj73SdhfQf/view?usp=sharing

Ngā mokopuna o Paretekawa
Mau tonu Mau tonu
Tio Sewell and Laurie Hakiwai

Te Rōpu Tautoko ki Waikato

Te Rōpu Tautoko ki Waikato formed some 19 years ago. This year, they led the call of *Ngā Kōmata o te Rangi*.

Why a wānanga, why now?

Where have we come from? Where are we going? How will we get there?

The situation for Māori was, and continues to be grim, although there has been some change.

In 1910, Tokanui Hospital was opened servicing the Midlands region. At the start, there was no Māori involvement. It wasn’t until 1964, when it had its first Māori Psychiatrist, Henry Rongomau Bennett, who demonstrated progressive leadership throughout his years of service. By then, there were also increases in Maori admissions.

During the 1980s, Annual Wānanga were held, Te Rōpu Awhina o Tokanui emerged, and the Whaiora Bicultural Unit was established in August 1984.

The 1990s saw significant ‘changes’ occur. Deinstitutionalisation was introduced (which meant the closure of Tokanui). The Mental Health (Compulsory Assessment and Treatment) Act 1992 (CAT Act) arrived in 1992. November 1997 saw the opening of the Henry Rongomau Bennett Centre at Waikato Hospital. By 1998, the Health Commission’s Blueprint (Mental Health Commission 1998) followed, and it described a ‘recovery approach’ to be used in all mental health services.

Key changes in the 2000s included the introduction of the New Zealand Public Health and Disability Act 2000. In 2002, *He Korowai Oranga* (the first Māori Health Strategy) was introduced (and was since refreshed in 2014). Increased specialisation occurred with the emergence of non-Government organisations (NGOs), Hauora and Primary Mental Health Services (MHS), along with rural outreach services.

The current ‘State of Play’ indicates that Māori continue to endure:

- Ongoing Health inequalities.
- Poverty and homelessness.
- Unacceptably high Māori youth suicide rates.
- High imprisonment rates, such as Waikeria Prison with 100 Mental Health beds.

We also have leadership changes, ongoing ‘deinstitutionalisation’, discussions of a New Mental Health Commission, and a new Government that called for last year’s Mental Health Inquiry.
Similar to Tā Mason Durie and his presentation, back in December 2017, Te Rōpu Tautoko ki Waikato applied a ‘time-machine’ approach, up to 2042. From that process, the themes of ‘Oranga Tangata, Oranga Whānau, Oranga Taiao’ were coined as the vision of the Rōpu. Te Rōpū highlighted key focus areas they believe are essential for realising their vision. It requires planning and the delivery of good mental health services for Māori.

An all of Mental Health ‘Model of Oranga’ (wellbeing)

Mental Health systems and services needs to shift its focus from ‘illness’ to ‘wellness and oranga’.

Mental health systems need to be integrated and connected across early prevention, primary, and secondary specialist spaces, and with the communities they service

Contribute and build up the health and wellbeing of individuals, whānau, and the environment. Keep it seamless, connected and visible.

Transparent, Accountable, Leadership

Embrace being Whānau-led and strive to achieve tangible and measurable Māori mental health gains. It's our duty to those who went before us, who set the benchmark going forward. Let's use the teachings of the past, and those successful models, for our people to move into the future. We acknowledge our past and present ‘Change Agents’.

Key Messages – Te Rōpu Tautoko ki Waikato

We need vision for the future to 2042 – ‘Oranga Tangata, Oranga Whānau, Oranga Taiao’

We must continue to be Change Agents and designers of our destiny.

Use the mātauranga of our past to strengthen the future we desire for our people.

Ka whahai tonu mātou!

PowerPoint Link:
https://drive.google.com/open?id=1yO-NgGGWSXwTipCmkzEMEiaQBXSz5X7m

Video Link:
https://drive.google.com/open?id=1OqxQVM9d87lqZ2SLfIMYqZw4SFERFXxO
CONCLUSION

Around 200 attendees heeded the call to action and came to Ngā Kōmata o te Rangi hui in March this year. From the outset, at Mangatoatoa, we were immersed in the layering of karanga and whaikōrero, timeless voices and kupu, of the hauainga and ngā iwi o te motu.

Within the wharenui, Te Maru o Ihoa, we traversed experiences and innovations of the past, that lead us to where we are now. We were challenged by various speakers, to cast our dreams forward, to continue being our own ‘transformational, change agents’ and to design our own future and direction of Māori Mental Health.

A focused, driven energy and momentum was stirred by the call, and the response to take action, by Māori for Māori, was positive.

The following recommendations are a culmination of the insights and inspirations for action, that resulted from Ngā Kōmata o te Rangi hui.

Recommendations

*Realising a vision of Oranga Tangata, Oranga Whanau, Oranga Taiao, Oranga Maori*

*Leadership is key*

1. Organise a Māori Leadership Group, matanga “Mauri Ora Advocates” (M O A), to strategise and lead a clear action pathway for Hauora Hinengaro Māori.

   M O A Group members are representative of Hauora Hinengaro Māori and the call for action that emerged from Ngā Kōmata o te Rangi hui, and includes rangatahi leadership.

   M O A responsibilities include:
   a. Meeting together to strategise and lead a clear action pathway for Hauora Hinengaro Māori, and key action steps (refer below to #4).
   b. Optimising the high interest to seek significant changes to the Māori Mental health sector, including the current funding systems.
   c. Engaging with the Ministry of Health, Government, and sector peers for the purpose of advocacy and change-making.
   d. Exploring the hosting of Māori Mental Health hui in different rohe on a biennial basis.
Information is essential

2. Disseminate key reports resulting from the Ngā Kōmata o te Rangi hui to attendees, i.e., speakers’ presentations report and the workshop report.

Stay engaged through purposeful local hui

3. Encourage and establish local and regional leadership groups to remain engaged, active and inspired.

Turuki Turuki! Paneke Paneke!

4. In summary, changes sought after are:
   - A Māori Manifesto: A framework of change that deliberately targets Māori advancement, led by Māori.
   - An active and direct relationship with Government.
   - Use the power of Mātauranga to provide Kaupapa Māori services that work for our whānau.
   - Learn from the voices and ‘changes agents’ who have moved us forward, with their innovations.

Address funding issues we face, with these solutions:
   - Establish a Commissioning model, as stated by Tā Mason Durie.
   - Speak about equity and focus on quality.
   - Build our own “communities of influence” that optimizes our intelligence and sophistication.

5. In detail, ‘Calls for action’ and changes are:
   a. Remain focused on wellness and the future.
   b. Articulate current needs of Māori, indicate what is important for Māori wellbeing.
   c. There must be linkages between Government services of health, housing and education.
   d. Funding must be taken away from District Health Boards, and given to Commissioning bodies.
   e. Activate a Memorandum of Agreement with wānanga (educational gathering), whakapapa (lineage), Te Reo (Indigenous language), and with representation on boards of Commissioning bodies.
   f. Rangatahi involvement and improved rural services are essential factors for succession planning our future.
g. Champion innovative Māori health service delivery through a ‘Māori lived experience’ lens.

h. GPs share a vital role in early detection and early intervention.

i. Government, Māori and iwi need direct opportunities with each other to develop and finalise the pathway.

j. We need a group to broach the position, with Government to support Māori to have the opportunity to look after our own.

k. Equity needs to be taken seriously.

l. Invest in small communities to improve early access over geographical distance.

m. Promote ‘feeling the walk’ as a new genuine partnership and Whānaungatanga approach for gaining equity between Māori and tauiwi in sector-training.

n. Māori Hauora Recruitment strategies must start with our schools. It is where the future, our potential workforce, is located.

o. Racism is unacceptable and must be addressed by offering an anti-racism programme of vigilance and responsibility.

p. A Māori Suicide Prevention Strategy is essential.

q. Māori will not be silenced especially when their aspirations are being denied because of Western based privilege, bias and racism.

r. Māori have been guaranteed recognition as a Treaty partner. The Government, in this partnership, needs to honour what that means in the delivery of Māori aspirations.

s. Iwi are poised for self-determination and ready to articulate and implement their own Hauora aspirations.

t. The wellness of our people, our environment and everything around us, is significant to us.

u. Elevate Mātauranga Māori to a credible position and as an obvious option for addressing Māori Wellbeing.

v. Use the mātauranga of our past to strengthen the future we desire for our people.

w. Dream Big! We are the Change Agents of ourselves. We have to step into the unknown and be brave.

x. A whole whānau approach is essential.

y. As ‘change agents’ be tenacious in our activism, inspirational in our convictions and moemoeā, and stay connected with a plan of action.

z. Remain driven by the pursuit of self-determination and autonomy.
Summary – Key Messages from Speakers

The following reiterates the key messages from each speaker of Ngā Kōmata o te Rangi Hui. It highlights an array of specific actions that must take affect for improvements to the Māori Mental Health to progress ‘beyond a dream’ and towards the Māori cultural calibre, rigour and professionalism our people deserve and need.

Resolute from our past

Ngāti Paretekawa, Ngāti Maniapoto have remained resolute of purpose, despite the upheaval and trauma of war and atrocities they experienced over the past two centuries.

They remember the history of hard-fought gains and their resistance to injustices. To this day, they remain focused on wellness and the future.

Embraced by Ngāti Paretekawa, exactly 155 years since the atrocities of Rangiaowhia and Ōrākau, Ngā Kōmata o te Rangi hui is committed to the same agenda.

– Rovina Maniapoto-Anderson

Innovations of Kaupapa Māori ‘Change Agents’

The cultural units Whaiora, Whare Paia and Te Whare Marie are encouraging examples of legacy that Māori ‘change agents’ created during the 1980s.

‘Change agents’ at Tokanui strategised and led action to create kaupapa Māori service models to improve care and wellbeing practices for Tangata Whaiora. Māori ‘change agents’ at Carrington, and then at Porirua Hospital, followed suit, designing kaupapa Māori services to suit the needs of their respective areas.

Nowadays, such development requires Māori to again – articulate their current needs; indicate what is important for Māori wellbeing; and remain driven by the pursuit of self-determination and autonomy.

As ‘change agents’ we need to: be tenacious in our activism, inspirational in our convictions and moemoea, and stay connected with a plan of action.

– Mere Balzer, Jamesina Kett, Ron Baker, Materoa Mar

Projecting to our future in 2039

While there have been gains for Māori by Māori, the health system still remains a largely burdened system.

Māori, Iwi and Government need to work directly with each other to ensure a more focussed, efficient and effective system of delivery is developed and implemented.
We need to move away from trying to fix a broken system, to one instead that is self-determined, innovative and meets Māori aspirations.

Whānau Ora and its respective commissioning bodies are innovations that highlight the effectiveness of a ‘whānau-centred’ approach for health and wellness.

Rangatahi involvement and improved rural services are essential factors for succession planning our future.

- Emeritus Professor, Sir Mason Durie

A ‘Māori lived experience’ lens

Having a voice makes a difference.

Māori with lived experiences are ready to make significant changes:

- Through Māori Peer Support
- As a vital component of the Māori health workforce
- To champion innovative Māori health service delivery through a ‘Māori lived experience’ lens.

This is about change – change in a mind frame – only you know your journey.

- Kerri Butler and Wi Te Tau Huata

GPs share a vital role in early detection and early intervention

Primary Mental Health, Non-Government Organisations and General Practitioners have a vital role in the early detection and early intervention of mental health and addiction issues, suicide prevention and postvention.

Government needs to ensure that funding is increased in this area to meet equity.

A whole whānau approach is essential!

- Dr Maree McCracken

Solving multiple issues together is needed from Government, Māori, Iwi and community

Emphasis on community driven, and community based Mental Health and Addiction services, is essential to address the considerable and multiple issues facing Māori.

Government, Māori and iwi need direct opportunities with each other to develop and finalise the pathway.

- We need a group to broach the position, with Government to support Māori to have the opportunity to look after our own.
• Equity needs to be taken seriously.
• Invest in small communities to improve early access over geographical distance.

  Mental health – healing and restoration – takes time.

  – Dr Rees Tapsell

Genuine partnerships & ‘feeling the walk’

Working with whānau must be based on:
• What is tika (correct), true partnership and Whānaungatanga that embraces whānau aspirations.
• We promote ‘feeling the walk’ as a new genuine partnership and Whānaungatanga approach for gaining equity between Māori and tauiwi in sector-training.

  – Turukawa Bartlett & Gill Genet

Unleashing and empowering rangatahi ambition

Māori Hauora Recruitment strategies must start with our schools. It is where the future, our potential workforce, is located.

Puna Waiora is about unleashing and empowering rangatahi ambition for high achievement and success.

  – Tamati Peni

Call out ‘Racism’, it’s unacceptable

Racism is unacceptable and must be addressed by offering an anti-racism programme of vigilance and responsibility.

Stop being tolerant of racism. Value our intelligence and be limitless, don’t be limited.

  We owe it to our tamariki (children), mokopuna (grandchildren) and future mokopuna,
  they should not have to endure what we, our whānau, now and in the past, have endured.

  – Riki Nia Nia

Changes we need to move forward

Turuki Turuki! Paneke Paneke! Move, Move! Move Forward! Move Forward!

The changes we need are:
• A Māori Manifesto: A framework of change that deliberately targets Māori advancement, led by Māori.
• An active and direct relationship with Government.
• Use the power of Mātauranga to provide Kaupapa Māori services that work for our whānau.
• Learn from the voices and ‘changes agents’ who have moved us forward, with their innovations.

Funding issues we face could be addressed by these solutions:
• Establish a Commissioning model, as stated by Tā Mason Durie.
• Speak about equity and focus on quality.
• Build our own “communities of influence” that optimizes our intelligence and sophistication.

– Dr Maria Baker

Strategy is essential for Māori Suicide Prevention – we have the solutions
Māori Suicide is a high priority.
A Māori Suicide Prevention Strategy is essential.
Māori have the solutions and must be supported to lead their development.

– Michael Naera

Māori will not be silenced – Te Whakamanawa Report
Honouring the voices – These are our voices, this is what we say matters.
Māori will not be silenced especially when their aspirations are being denied because of Western based privilege, bias and racism.
The Whakamanawa Report is full of the voices of Māori contributors to the 2018 NZ Government's Mental Health Inquiry, and yet the publication of this document has been prevented.
Māori have been guaranteed recognition as a Treaty partner. The Government, in this partnership, needs to honour what that means in the delivery of Māori aspirations.

Shared kōrero from people with lived experience –
Hope is not a small thing, it is life and death.

– Dr Lynne Russell, Dr Lisa Cherrington and Dr Michelle Levy
Iwi – Poised for self-determination and ongoing expectations of Government

Iwi are poised for self-determination and ready to articulate and implement their own Hauora aspirations.

Iwi have ongoing expectations that Government will continue honouring their responsibility as a Treaty partner.

The wellness of our people, our environment and everything around us, is significant to us.

*Mā te kahukura, ka rere te manu.*

- Kataraina Hodge, Christine Brears, Te Pora Tamehana, Glen Tupuhi, Riana Manuel
  Iwi Hauora, Mental Health Needs

Embrace Mātauranga Māori

Elevate Mātauranga Māori to a credible position and as an obvious option for addressing Māori Wellbeing.

Eradicate the racism that continues to ensure Māori encounter ongoing trauma, and die early.

*Change is difficult, but it can be achieved.*

- Mark Kopua and Dr Dianne Rangihuna-Kopua

Call to ‘Change Agents’ – Design our destiny

We need vision for the future to 2042 – ‘Oranga Tangata, Oranga Whānau, Oranga Taiao’

We must continue to be Change Agents and designers of our destiny.

Use the mātauranga of our past to strengthen the future we desire for our people.

Ka whawhai tonu mātou!

- Tio Sewell and Laurie Hakiwai
  Te Roopu Tautoko ki Waikato

Dream Big!

*We are the Change Agents of ourselves. We have to step into the unknown and be brave.*

*Whānau have dreams. We need to assist for our dreams to become our reality.*

- Materoa Mar
GLOSSARY

Āpōpō – Tomorrow
Aroha – Love
Atua – Gods
Aukati Iwi – racism
Awhi – Assist
Kaikiri – Racism
Kōrero – Spoken words
Kanohi ki te kanohi – Face to face, in person
Ka pākaru kē – Has been damaged
Karakaia – Prayer
Kaumātua – Elders
Kaupapa – Programme
Kaupapa Māori – Māori approach
Kawa – Māori Customs
Kōhanga – Māori language preschool
Korowai – Traditional Māori Woven Cloak
Kōrero – Speak / Spoken words
Kuia – Grandmother
Kura Kaupapa – Primary school operating under Māori custom
Hapū – Sub-tribe
Haukāinga – Local People
Hauora – Health
Hauora Waikato – Kaupapa Māori Organisation
Hui – Meetings
Iwi – Tribe
Mā te kahukura, ka rere te manu – Take flight like the bird
Mahi Atua – Gods works
Mahi Rāranga – Traditional weaving
Mahi Rongoā – Natural medicine
Mai rā noa – Long time
Mana – Strength
Mana Whenua – Territorial Rights
Marae – Meeting House
Mātauranga Māori – Māori knowledge
Mātou – We, us
Moemoeā – Vision
Moko Kanohi – Distinguished facial markings
Mokopuna – Grandchildren
Ngā Mihi – Acknowledgements
Pā – Settlement
Pākehā – European
Pono – True
Pou – Pillar
Pūrākau – Stories
Pūtaiao – Science
Rangatahi – Youth
Rongoā – Natural medicine
Taonga – Gift
Tamariki – Children
Tangata Whaora – Mental Health consumers
**Te Oranga Hinengaro** – Māori Mental Wellbeing

**Te Reo** – Indigenous Language

**Te Tongi** - Prophetic sayings

**Tihei Mauri Ora** - Call to claim the right to speak

**Tūmatauenga** – Atua of War

**Tūpuna** - Ancestors

**Turuki Turuki! Paneke Paneke!** - Move, move! Move forward, move forward!

**Wānanga** – Educational gatherings

**Whaiora** – Māori Cultural Unit

**Whakapapa** – Lineage

**Whakatupuranga** – Generation

**Whānau** – Family

**Whānaungatanga** - Kinship

**Whakamana** – Empower

**Whakamana Mātauranga Māori** – Empowering Māori Knowledge

**Whakamōtī** – iradicate, eliminate

**Wharekura** – Secondary School

**Whenua** - Land
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