

**Two South Island based workshops ( Murihiku & Otepoti)** were held in February 2020 with 15 Māori - 60% female and 40% male.

Two Questions were posed to them:

- 1. What is working in relation to MH and Addiction services for me and my whānau ?**
- 2. What would most improve things for my whānau ?**

These are their thoughts:

- 1. What is working in relation to MH and Addiction services for me and my whānau ?**

Mental health and addiction services who centre on the needs and aspirations of Māori are integral to Māori feeling empowered and confident to make decisions about their recovery.

*Being supported and empowered to request what and who I want and need from Mental Health Services*

Having access to health professionals who promote, implement and practice wellbeing approaches that are holistic and are more than just a focus on or based from western psychiatric modalities of treatment.

*Moving away from the American bio- psychiatry diagnostic model*

*Having access to creative healing modalities for depression*

*Having access to wananga and learning of Te Ao Māori & Wellbeing*

Finding a health professional or therapist ( counsellor, psychologist, practitioner) who is willing to work with Māori from a place of listening, helping and working beside them. It was mentioned often that there are few practitioners who know how to work well with Māori as they tend to make assumptions about their predicaments. Though, there were some encounters with mental health professionals who took the opportunity to learn who the person was alongside of them whilst working in a therapeutic relationship.

*She asks and says I want to listen to what your actually saying. You know?*

*She'll ask a question and be like, is that right? And I'll be like NO! And she'd be like okay, share with me. I think that, not enough people do that- it means a lot if someone just goes: Hey I'm not going to wing this. I don't understand. But I'll work with you through this.*

*I'll work with you, thats the difference. I'll work with you or I'll listen to you.*

Health professionals working on the same goals as Māori were important. In addition to understanding and recognising Māori will determine their own goals which may differ from the treatment goals of mental health services

*Having the same goal is the unity thing.*

*Doctors are trying to get rid of the voices, actually I wanted the voices as thats what kept me sane.  
We're, we're on opposing sides*

### **What isn't working in relation to MH & Addiction services for me and my whānau ?**

Without breaching the privacy of the whānau who contributed to the workshops, there were personal life stories shared, and experiences that warrant further attention especially in regard to the inability of the health system to respond early to the mental health needs of Māori.

Most importantly – recognising the institutional racism caused from the impact of 'Govt. systems' to Māori and the trauma it continues to cause.

A whānau member shared their experiences of being 'stuck in the system' and being stuck between two or more systems. In this situation it was clear that the experience of being through systems over a lifetime had its negative impacts. More so, when finally the recent support by the mental health system was felt to be the most supportive yet.

In this situation, not only did whānau feel they were being pulled between two systems, the justice system and the mental health system. The support person in company of the whānau member also reflected had the right support been available earlier, things would've been different for the whānau member.

The difference felt in the mental health system was one where people were focused on providing the whānau member support and access to treatment to help progress in their recovery and for a life outside of the justice system. However, the tension persists of a justice system outside of health with a differing ethos of supporting people - seems not to want to support the notion of the persons desired goal of being able to move to the community nor away from the justice system.

## What would most improve things for my whānau ?

### INCLUSION & ACCOUNTABILITY

Being included in decision making about ones interpersonal recovery options and having potential for a range of wellbeing opportunities was one of the loudest requests that would improve things for whānau . Employment was one of the major wellbeing opportunities desired by this group.

Being included in mental health system reform and delivery was also important. Whānau want to be part of policy making decisions and being part of processes that recognise gaps in health care and recommending local solutions.

Being included, also meant that mental health services would be accountable to the people it serves, and would then offer a reciprocal process of service users and their whānau in having a say in what is working and not working in their local mental health and addiction services.

**Increase and develop more Te Ao Māori or Māori centred approaches, resources and supports in the community and in mental health and addiction services.**

Having a strong cultural identity is important to the holistic wellbeing of Māori. For some people there is a recognition of diversities in personal and whānau lives that require specific support to bring about the positive aspects of a Māori approach.

This means access to the right Māori people, cultural resources and support to help connect people to their heritage, to nurture, develop and maintain cultural aspects in a persons life and recovery that will assist them and their whānau to flourish.

A range of supports will include access to a variety of kaumatua and kuia and knowledgeable Māori with access to Iwi knowledge. Also access to te reo me ona tikanga; Marae, Te Ao Māori and wananga; support with whakapapa, pepeha and cultural activities of learning and being Māori .

*[we need] Opportunities to find and link to Te Ao Māori*

*[to be ]more attuned and conclusive to Te Ao Māori tikanga*

**Health professionals, mental health and addiction services need to understand the value of being whānau centred and the merits of Whānau Ora.** This requires an understanding by health professionals of whānau from a Māori perspective, and the realisation that whānau (Māori ) will have their own responsibilities and goals. There is also a requirement of mental health services to support and resource whānau ( as they will have needs also) alongside the person the health professional or mental health and addiction service is working with.

*[it] starts with the whānau ...until my whānau can accept their part it doesn't work. Need to resource and support whānau to know what to do and to support [me]*

*Whānau members take responsibility for [their] own issues*

**Finding professional and specialist help:**

Health professionals in the overall health system are important to the wellbeing of Māori as they are key to delivering services, support and treatment. There is a need for a better understanding of what the range of health professionals can and are capable of offering the public so as not to raise expectations. In addition to ensuring information about where the professional help can be accessed easily in the local community.

Examples:

A whānau member in recovery ( substance use) wanted to access therapeutic support for her addiction in the mental health system. She had to seek alternative options and eventually found a psychologist through Community Alcohol and Drug Service, outside of the mental health service which has since improved her wellbeing.

Finding a suitable therapist ( counsellor or psychologist) who appreciates Wahine Māori and people also in a same sex relationship are very few. There is a tendency for mental health services to box people into categories - to make assumptions about people, and offer mainstream approaches rather than centre on the person and their needs.

**More Māori workforces available in the community were recommended**, instead of Police being used to engage with distressed whānau .

There was a preference for more Māori workforces with a range of attributes such as; being trained in crises interventions; with grass roots community experience and holistic approaches; lived experience and resources in mobile community teams.