TIMELINE

Programmes such as Te Rau Puawai and Te Rau Matatini have likewise contributed to the Māori Mental Health Workforce, by actively encouraging more Māori to consider a career in Mental Health. Rather than focus on a narrow range of core disciplines these programmes have recognised the need for active and broad Māori involvement within the sector – more psychiatrist and psychologists, but also health managers, support staff, midwives, social workers and nurses.
Cultural activities, processes, or interventions are ultimately designed to improve treatment responsiveness and health outcomes.

TIMELINE

Mason Report:

In 1995, a government inquiry was set up to investigate Mental Health Services "sharply focused into the availability and delivery of services in New Zealand". This was the 67th inquiry into Mental Health Services since 1987.
The Mason Inquiry came at a time when the closing down of the older style Psychiatric Institutions had been almost completely achieved, with the Inquiry also considering the role of alcohol and drug services in relation to Mental Health.
From it, came the Mental Health Commission established in 1996, which would, "act as a catalyst to improve performance and lift the priority given to Mental Health in New Zealand".

There were calls at the time for a separate Māori Mental Health Commission, but this did not eventuate.

TIMELINE

Ongoing Disparities:

Although the health gaps have closed over the 21st century, clear heath disparities still remain. Other 'co-related' issues in relation to these health disparities continue for Māori and non-Māori, and especially in the areas of: employment, income and education which are important factors in lowering health inequalities.

The government's public health programmes continue to target Māori communities when distinctive needs are identified, and this has had some positive impacts on Māori health status within those specific communities.

All these factors are very important issues to address when dealing with positive pathways and improved performances for Mental Health in New Zealand

TIMELINE

2018:

The Mental Health Inquiry undertaken during that time was to provide a pathway forward for Māori - Māori utility of Mental Health & Addiction.

The report from this Inquiry, recorded the main themes from the voices of the people: a call for wellbeing and community solutions - for help through the storms of life to be seen as a whole person not a diagnoses and to be encouraged and supported to heal and restore one's sense of self.

ISBN- 978-1-98-850177-2 – Electronic

Ka Whawhai Tonu Mātou – Health Oranga Hinengaro

KA WHAWHAI TONU MĀTOU

HEALTH - ORANGA HINENGARO

5

TE RAU ORA

MĀORI RESPONSE

TIMELINE

The archonic Mental Health system in Aotearoa was originally established to cater for people to be taken out of society. Society had this fear of contamination from mental disease and a massive denial that it even existed. These concepts were alien to Māori people, whose whānau members suffering from trauma were always included within the whānau, hapū, iwi boundaries and given special status.
In relation to positive Māori mental health, research conducted during the 1940s illustrated a clear relationship between ones 'culture' and positive mental health. Therefore, the cultural decay of the Māori way of life, with its 'standards, values, morality and behaviour' appear to have had a predictable and negative impact on Māori mental health and wellbeing. Tairana Turia (2000) described these experiences as 'post-colonial stress disorders'.

1980s Whaiora Māori Cultural Unit – Tokanui:

One of the first Health Cultural Therapy Units was based within Tokanui mental hospital near Te Awamutu. Bob Elliott (http://www.maorinursinghistory.com/interviews/robert-bob-mingi-elliott), together with many other senior Māori staff were instrumental in the development of Whaiora Māori cultural unit at Tokanui Hospital, which was to later become the forerunner of many subsequent services modelled on this development.
It is often said that the relationship between culture and health is no better illustrated than within the mental health sector. Thoughts, emotions, and feelings are fundamentally governed by implicit cultural values. It was of little surprise therefore that the mental health sector was the first to embrace culture as a therapeutic intervention and as a way of enhancing treatment outcomes for Māori.

TIMELINE

Whaiora continued to develop as a consequence of:

1)) the outcomes produced and
2)) the quality of care provided- other factors were to also play a role.

A favorable relationship with both the Waikato Area Health Board and Tokanui Hospital had formed, and although the association was not always harmonious, for the most serious differences were avoided.

The support received from senior nursing and medical staff and the superintendent at Tokanui, Dr Henry Rongomau Bennett, had been encouraged annual wānanga, a pivotal pretext to Whaiora. The incoming Superintendent Dr John Saxby and psychiatric registrar, Dr Jennifer Rankin, who was Māori, were keen to support alongside Bob Elliott, through the establishment of the unit and so presented a rationale alongside more acceptable to non- Māori clinicians and management.

Demands by Māori for more direct input into health-related activities were becoming more pronounced at various National Hui, confirming Māori intentions to play a more active role in matters of Māori Health and Development.
In particular, Te Hui Whakapūmau - who gathered to review the 'Decade of Māori Development 1984-1994 and Te Ara Ahu Whakamua - The Pathway Forward - Directions for Māori Health. (1994).

TIMELINE

1990's:

When the health reforms in the 1990s, Māori were therefore well positioned to take advantage of the opportunities presented, to build on previous successes and to become more actively involved in mental health service provision.

TIMELINE

Te Whare Paia, at Carrington:

The unit did much to highlight the relationship between culture and mental health.

A Māori cultural renaissance was well underway and was often underpinned by the notion that a by-Māori for-Māori approach was best.

Despite this, these early Māori Mental Health Services were not always greeted with enthusiasm and were often viewed as being separatist, divisive and even unsafe.

While, Te Whare Paia was to eventually succumb to many of these misunderstandings, the outcome for Whaiora was much different – though the challenges for staff no less difficult.

The 1990s, were characterised by considerable growth in the number and range of Māori specific mental health services. As with most developments of this kind, and as demonstrated in other sectors, this growth spurt was not without problems. Staffing shortages were to develop and similarly impacted on what services were provided and how they were structured. It was thought that Māori mental health services should ideally have a degree of autonomy, exist outside of mainstream settings, and be staffed entirely by Māori.

The reality was somewhat different in that services attached to or located within the mainstream provided a vital interface for many Māori consumers, as well, access to clinical expertise was more available. A lack of appropriately qualified Māori staff also meant that many non-Māori were employed within Māori services.

TIMELINE