



MĀORI MENTAL HEALTH NURSING: GROWING OUR WORKFORCE



TE RAU MATATINI



Te Ao Māramatanga
New Zealand College of Mental Health Nurses Inc

“ Every whānau should
have a **Māori nurse** ”

ISBN: 978-1-877412-23-2

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Māori Mental Health: Mihi

E nga reo, e nga mana tena koutou
katoa

He mihi whanui tenei kia koutou e
awhi nei i tenei kaupapa

He putanga tenei nga taonga mo
nga neehi Māori, nga hoa haere, me
nga whanau whanui.

No reira, e rau rangatira ma tena
koutou, tena koutou, tena koutou
katoa.

This taonga was made possible by
the aspirations and good will of Māori
nurses, organisations, Māori and non
Māori colleagues, and whanau who
shared their knowledge, experiences
and desires with Te Rau Matatini and
Te Ao Maramatanga. We thank you
all and hope this resource honours
your korero and will contribute to the
ultimate aim of 'every whanau having
a Māori nurse'.

1.0 Māori Mental Health: Introduction

Māori mental health nurses have an important role in shaping the way health and social services respond to people with experience of mental health and/or addiction issues (Ministry of Health, 2012), as well as in supporting Māori whānau to achieve whanau ora (Te Puni Kokiri, 2013). With solutions to Māori wellbeing able to be found within Māori models, Māori whanau and the Māori workforce (Turia, cited in Baker, 2010), increasing the numbers of Māori health professionals is a recognised strategy by which to improve access to both health services, and holistic care models (Ratima, Brown, Garrett, Wikaire, Ngawati, Aspin, & Potaka, 2007). Māori mental health nurses are an indigenous response to effectively meeting the mental health and/or addiction needs of tangata whaiora and their whānau.

Despite it being widely recognised that a capable and competent Māori health workforce is central to improving health outcomes for Māori, little attention has been paid to the development of indigenous health practitioners as specialists in their own right (Baker & Levy, 2013). The complementary interface between indigenous and western knowledge bases is at the centre of unique and distinctive indigenous health practice, however support required for this interface to be fully explored and developed is yet to occur across health disciplines, including nursing (Baker & Levy, 2013). As Māori mental health nurses it is critical that we continue to lead and develop our own mental health and addiction models of care, solutions and strategies.

Māori Mental Health Nursing: Growing Our Workforce is a joint initiative of Te Ao Māramatanga (College of Mental Health Nurses) and Te Rau Matatini. Te Ao Māramatanga, with

its vision of 'Partnership, Voice, and Excellence in Mental Health Nursing' represents the professional interests of psychiatric and/or mental health nurses in Aotearoa New Zealand, and those enrolled nurses who work in mental health settings in Aotearoa New Zealand. It supports a bicultural governance and operational model and includes Kaiwhakahaere who, supported by a Māori Caucus, provide professional support and guidance to Māori mental health nurses via projects that aim to enhance Māori mental health nursing practice.

Te Rau Matatini, the national Māori health workforce development organisation, provides a strategic focus for Māori health workforce training, education, and capability building solutions for the advancement of indigenous health and wellbeing. For over a decade Te Rau Matatini has worked in partnership with the Māori Caucus of Te Ao Māramatanga to support and extend Māori mental health nursing practice. One such example is *Huarahi Whakatū*¹, a Nursing Council accredited Professional Development and Recognition Programme (PDRP) developed specifically for Māori Registered Nurses.

The Māori Caucus of Te Ao Māramatanga and Te Rau Matatini have partnered to develop *Māori Mental Health Nursing: Growing Our Workforce*. As Aotearoa is challenged to increase and retain the Māori nursing workforce, various strategies seek to build on our successes to date in order to realise a highly valued Māori nursing workforce (Te Rau Matatini, 2009). It is through the message 'Every whanau should have a Māori nurse' that we aim to increase access for all whānau to Māori nurses, and to assist whānau, hapū and iwi to increase the capacity and capability of Māori mental health nurses to work across the health and disability sector.

¹ <http://www.matatini.co.nz/training/M%C4%81ori-nursing-pdrp-huarahi-whakatu-pdrp>

Informed by seven regional hui held by Te Rau Matatini during February 2015, and an online survey, *Māori Mental Health Nursing: Growing Our Workforce* provides a best practice guide for growing the *Māori mental health nursing workforce*. Utilising Te Pae Māhutonga as a framework, six core elements necessary for growing and supporting the ongoing development of the *Māori mental health nursing workforce* are identified. Alongside this, *Māori Mental Health Nursing: Growing Our Workforce* enhances understanding of, and confidence in, the unique contributions made by the *Māori mental health nursing workforce*.

Māori Development Aspirations

Māori have always conceptualised health and wellbeing within a broad context. In the 1980s Māori aspirations for health and wellbeing started to actively assert a greater emphasis on self-determination, economic self-sufficiency, social equity, and cultural reaffirmation (Durie, 2008). Guided by the principle of adding value, as opposed to deficit focused frameworks based solely on disparity reduction, the ultimate aim of Māori development is to add value to Māori lives, Māori knowledge and Māori society (Durie, 2003).

Māori development is an infinite process with no end point. Māori development agendas also exist within the context of kaupapa Māori theory; a framework which evolved from a base of being Māori, asserting recognition, affirmation and validation of Māori cultural world views (Pihama, 2001; Smith, 1999). The 'principle of indigeneity' is underpinned by the determination of indigenous peoples to retain their own distinctive cultural identity, avoid assimilation, and exercise a degree of autonomy (Durie, 2008). Fundamental to this principle is the well established premise that although wellbeing depends on many factors, for indigenous peoples, cultural identity is a critical prerequisite (Durie, 2008).

Contemporary Māori aspirations have been broadly characterised as resting on Māori values, the realities of Māori experience and worldviews, and the need to retain the distinct identity that comes from a unique heritage, common journeys, familiar environment and a set of shared aspirations (Durie, 2005). Importantly, and as has been explicitly recognised in government health policy (Ministry of Health, 2002), it is the self-determined aspirations of Māori to participate as Māori which lie at the heart of Māori development agendas.

Whānau Ora

A guiding principle of *Rising to the Challenge Mental Health and Addiction Service Development Plan 2012-2017* is that a whānau ora approach will be undertaken when working with Māori, with it emphasised that priority actions must contribute to whānau ora initiatives (Ministry of Health, 2012). Whānau ora is Māori whanau achieving their maximum health and wellbeing, and provides an overarching principle for recovery and maintaining wellness (Ministry of Health, 2002). Whānau ora rests on a foundation of *realising whānau potential* and giving effect to the collective aspirations of the whānau by building on the strengths and capabilities that are already present within whānau (Taskforce on Whanau-Centred Initiatives, 2009).

The interdependence and interconnectedness of whānau is central to wellbeing, both individually and collectively. Although underpinned by a philosophy of collective wellbeing, whānau ora explicitly recognises and encompasses the diverse needs across the life span, including developmentally specific needs of pepi, tamariki, taiohi, and kaumātua. Individual and collective needs can be addressed and all interactions with whānau converted into opportunities for whānau enablement via the provision of knowledge, skills, and resources which support and facilitate sustainable change for whānau (Te Rau Matatini,

2014). Whilst whānau configurations may differ, whānau as a fundamental construct in Māori society remains the same. Prioritising collective wellbeing, whānau provides an environment where security, connection, support, belonging and identity can be nurtured (Irwin, Davies, Werata, Tuuta, Rokx-Potae, Potaka, McCausland, & Bassett, 2011).

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

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

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

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

Māori Mental Health Need

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

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

2.0 Māori Mental Health Nursing

Mental Health Nursing

Mental health ² nurses are Registered Nurses who have graduated from a nursing education programme, and choose to work in mental health or addiction settings. Ideally supported by post graduate education in mental health nursing. Mental health nurses provide comprehensive and holistic care which is focused on collaborative partnerships and meeting the needs of people with mental health issues ³, whānau and communities. This includes health education, health promotion and illness prevention, assessment, diagnosis, intervention, treatment and evaluation in a variety of settings along the continuum of care and across the lifecycle. Within the context of mental health care, mental health nurses address a person's physical health care needs and ensures through direct care provision or referral, consultation and co-ordination of care processes, that care is individualised and integrated in the context of the person's social and cultural context (Te Ao Māramatanga New Zealand College of Mental Health Nurses, 2012).

Standards of Practice for Mental Health Nursing in New Zealand

Te Ao Māramatanga has developed the Standards of Practice for Mental Health Nursing in New Zealand (Te Ao Māramatanga New Zealand College of Mental Health Nurses, 2012). Of central importance are the standards underpinned by Te Tiriti o Waitangi/The Treaty of Waitangi, explicitly identifying cultural esteem as the core tenet of mental health and wellbeing of all peoples. Culture and knowledge are viewed as dynamic, and combined with relevant clinical practice, that provide a mental health nursing perspective uniquely relevant to Aotearoa

New Zealand (Te Ao Māramatanga New Zealand College of Mental Health Nurses, 2012). Applicable to all mental health nurses practicing in mental health and addiction service practice settings, the six broad standards of practice are viewed as integral to ensuring mental health and addiction nursing excellence.

Standards of Practice for Mental Health Nursing in New Zealand (adapted from Te Ao Maramatanga) ⁴

Standard One

The Mental Health Nurse acknowledges Māori as tangata whenua of Aotearoa New Zealand. The Mental Health Nurse is knowledgeable of the place of Te Tiriti o Waitangi in nursing care and acknowledges the diversity of values, belief systems and practices of people and cultural groups within New Zealand society.

² In this document the term 'mental health' is inclusive of addiction. Addiction treatment in New Zealand is positioned within the Mental Health and Addiction sector in both primary and secondary care settings. (Te Ao Māramatanga New Zealand College of Mental Health Nurses, 2012).

³ Mental health issues refers to a range of mental health problems from mild to severe and complex. For example, people experiencing co-existing mental health, substance use, other behavioural addictions and/or physical health problems and disorders, and those with co-existing disabilities. (Te Ao Māramatanga New Zealand College of Mental Health Nurses, 2012)

⁴ <http://www.nzcmhn.org.nz/files/file/330/NZCMHN%20Std%20Practice2012.pdf>

Standard Two

The Mental Health Nurse establishes collaborative partnerships as the basis for therapeutic relationships. This involves building on strengths, holding hope and enhancing resilience to promote recovery and wellbeing.

Standard Three

The Mental Health Nurse provides nursing care that reflects contemporary mental health care and standards.

Standard Four

The Mental Health Nurse promotes mental health and wellbeing in the context of their practice.

Standard Five

The Mental Health Nurse is committed to their own professional development and to the development of the profession of Mental Health Nursing.

Standard Six

The Mental Health Nurse's practice reflects relevant policies, legislation, ethical standards and codes of conduct.

Māori Mental Health Nursing

Registered Māori nurses comprised 7% of the total nursing workforce in 2013 (Nursing Council of New Zealand, 2013). In 2013, there were 3,279 practicing nurses who identified as Māori, with their highest practice area being mental health (Nursing Council of New Zealand, 2013). Māori nurses draw upon personal and professional perspectives which are influenced by uniquely indigenous worldviews, Māori health and wellbeing models, and theoretical nursing knowledge bases. Reflecting the integration of nursing care with Māori cultural frameworks underpinned by manaakitanga and whanaungatanga (Simon, 2006; Te Pou, 2014),

the focus for Māori nurses is the person within the wider context of their whānau (Barton & Wilson, 2008). Requiring a constant bridging and weaving together of two worlds, nursing practice for Māori mental health nurses encompasses both western medical worldviews, and Māori cultural worldviews (Brannelly, Boulton, & Te Hiini, 2013; Saba, 2008; Te Pou, 2014; Wilson & Baker, 2012). Emerging evidence supports the preference of whānau for Māori nurses to be involved in their care. Studies across a range of areas have identified whānau feel more supported by Māori nurses due to the connections fostered as part of their nursing practice, and their demonstrated understanding by Māori nurses of Māori worldviews and beliefs, including tikanga, spiritual needs, and whānau decision making processes (Donnelly & Dickson, 2013; Port, Arnold, Kerr, Glavish, & Winship, 2008).

For many Māori who choose nursing as a vocation, whānau have often influenced their decisions. This is particularly as a result of whānau health related experiences, not only as service users, but also as vocational role models, providing the inspiration for other whānau members to embark on nursing career pathways (Baker, 2008; Te Rau Matatini, 2009). Whānau, alongside a strong motivation to assist whānau, hapū, and iwi towards an improved quality of life, often underpin the reasons why Māori nurses contribute so greatly to the wellbeing of their people (Huria, Cuddy, Lacey, & Pitama, 2014; Te Rau Matatini, 2009). Reflective of this strong commitment to whānau wellbeing, a knowledge base which explicitly recognises the distinctive uniqueness of Māori nursing practice has started to emerge. However, although the nursing profession has demonstrated some commitment to nursing practice which is responsive to Māori, an expansion of knowledge and research is needed to fully inform the development of Māori mental health nurses as specialised and uniquely distinctive practitioners.

3.0 Māori Mental Health Nursing: Growing Our Workforce

Every whānau should have a Māori nurse

Māori mental health nurses are an indigenous response to effectively meeting the mental health and/or addiction needs of tangata whaiora and their whānau. *Māori Mental Health Nursing: Growing Our Workforce* provides a best practice guide for those seeking to understand the best approach to growing the Māori mental health nursing workforce, as well as for key stakeholders to review their commitments and endorse potential actions.

Te Pae Māhutonga is the name of a constellation of stars popularly referred to as the Southern Cross. Long used as a navigational aid, Te Pae Māhutonga has four central stars arranged in the form of a cross, with two stars, known as pointers, arranged in a straight line pointing towards the cross. Sir Mason Durie has utilised Te Pae Māhutonga as a map for health promotion (Durie, 1999), however it can also act as a guide in our quest to grow the Māori mental health nursing workforce. The key elements of Te Pae Māhutonga are *Mauriora*, *Waiora*, *Toiora*, and *Te Oranga*.

The two pointer stars are *Ngā Manukura* and *Te Mana Whakahaere*. Of importance is that all elements are interlinked and connected; none exists in isolation. Utilising Te Pae Māhutonga as a framework, six core elements necessary for growing and supporting the ongoing development of the Māori mental health nursing workforce are identified. Discussed in further detail in this section, these core elements are:

1. Mauriora: Specialised and uniquely distinctive Māori mental health nursing practice
2. Toiora: Supporting Māori mental health nursing excellence
3. Waiora: Protective and nurturing practice environments
4. Te Oranga: High quality, relevant Māori mental health nursing training pathways
5. Ngā Manukura: Strategic, connected, and sustainable leadership
6. Te Mana Whakahaere: Self determined pathways

Te Pae Māhutonga: Guide to growing the Māori Mental Health nursing workforce

Mauriora:

Specialised and uniquely distinctive Māori Mental Health nursing practice

Toiora:

Supporting Māori Mental Health nursing excellence

Waiora:

Protective and nurturing practice environments

Te Oranga:

High quality, relevant Māori Mental Health Nursing training pathways

Ngā Manukura:

Strategic, connected, sustainable leadership

Te Mana Whakahaere:

Self determined pathways

3.1 Māori Mental Health Nursing: Growing Our Workforce

Access to cultural resources able to inform the development and application of a specialised and uniquely distinctive Māori mental health nursing practice.

Founded on the necessity of a secure cultural identity, *Mauriora* emphasises the centrality of access to the cultural resources of Te Ao Māori. Alongside this is the importance of opportunities for cultural expression and endorsement within society's institutions (Durie, 1999). This includes access to: language and knowledge; culture and cultural institutions such as Marae; economic resources such as lands, forests, fisheries; societal resources such as whānau, and Māori services, and networks; and societal domains where being Māori is facilitated, not hindered (Durie, 1999).

As a specialised and uniquely distinctive practitioner, being a Māori mental health nurse visibly expresses the existence of two knowledge bases and value systems which are positioned not as contradictory, but as complementary and able to add strength to each other. Māori mental health nurses have the skills to weave together these knowledge and value systems in order to provide effective health service delivery and outcomes for Māori (Maxwell-Crawford & Ihimaera, 2012).

It is this weaving together which lies at the heart of a specialised and uniquely distinctive Māori mental health nursing workforce. Māori practitioners sense they 'do the work differently', with this stemming from their own sense of identity as Māori (Elder, 2008; Milne, 2005). Key values and concepts which underpin a specialised and uniquely distinctive Māori mental health nursing practice include mana, tapu, mauri, tikanga, manaakitanga, rangatiratanga, kotahitanga,

whanaungatanga, wairuatanga, awhi, tuakana / teina and whānau-centred best practice.

It is widely recognised that opportunities to strengthen and maintain ones identity as Māori is a key workforce development strategy (Levy, 2007; Wilson, McKinney, & Rapata-Hanning, 2011). Māori mental health nurses will occupy diverse and shifting positions in relation to their own cultural identity. Such diversity needs to be accounted for when facilitating access to the cultural resources required to support the ongoing development of the interface between indigenous and western knowledge bases which lies at the heart of Māori mental health nursing practice (Baker & Levy, 2013).

Access to cultural resources is not simply focused on the acquisition of technical skills. Integral to such processes is embracing the notion that explorations of identity, and being comfortable with one's own identity are often challenging and lengthy processes (Elder, 2008). The process of learning is as important as the content. Central to the provision of opportunities to strengthen cultural identity are culturally based environments and processes which are acutely aware of the wellbeing of participants (Hopkirk, 2010).

Irrespective of one's level of cultural affiliation or historical and contemporary access to the resources of Te Ao Māori, the development of a specialised indigenous health body of knowledge and practice is a lifelong journey for all indigenous practitioners (Sones, Hopkins, Manson, Watson, Durie, & Naquin, 2010). Huarahi Whakatū is the only New Zealand Nursing Council accredited PDRP (Professional Development & Recognition Programme) that is focused specifically on the needs of Māori Registered Nurses

within the context of exploring a complementary interface between indigenous and western knowledge bases in order to build a unique and distinctive indigenous nursing practice. Huarahi Whakatū is a significant step in the right direction but requires much greater buy-in from key stakeholders if its full potential in relation to the development of indigenous nursing practice in Aotearoa is to be realised (Baker & Levy, 2013).

Key Actions

1. Strengthening the cultural identity of Māori mental health nurses is positioned and accepted as a core element of Māori mental health nursing practice and professional development.
2. Māori mental health nurses are fully supported to regularly access professional development opportunities which are explicitly focused on:
 - Māori models of best practice and care;
 - The integration of te reo, tikanga, and matauranga Māori with the Standards of Practice for *Mental Health Nursing in New Zealand*; and
 - The ongoing development of tools drawn from Māori world views and knowledge bases to inform Māori mental health nursing practice.
3. Māori nursing students are fully supported to have access to:
 - Clinical placements in Kaupapa Māori services;

- Māori models of best practice and care; and
 - Māori mental health nursing role models and mentors.
4. Huarahi Whakatū is fully supported to realise its potential to contribute to the development of Māori nursing practice in Aotearoa and better outcomes for whānau, hapū, and iwi.

3.2 Toiora: Supporting Māori mental health nursing excellence

Supporting Māori mental health nursing excellence.

Toiora emphasises threats and risks, and how these can be prevented and mitigated. Within the context of growing the Māori mental health nursing workforce *Toiora* focuses on ensuring Māori mental health nurses are fully supported to attain excellence in their practice as specialised and uniquely distinctive practitioners. This includes ensuring that Māori mental health nursing practice, as with all nursing practice, is continually developed and critiqued.

It is essential that excellent practice for Māori mental health nurses is informed by Kaupapa Māori knowledge bases which provide frameworks through which to view the world and engage robust understandings, explanations, descriptions and analysis (Pihama, 2001). Kaupapa Māori frameworks prioritise and legitimate Māori knowledge bases, Māori control and autonomy, ensuring critical analysis is undertaken with Māori knowledge bases as the reference point (Smith, 1999).

There are three key elements of *Toiora*. The first is that regular supervision, mentoring, and peer support from a specifically Māori mental health nursing perspective is routinely provided to Māori mental health nurses, including trainee nurses. Given the lack of content within nursing training curricula which specifically relates to the specialised and uniquely distinctive practice of Māori mental health nurses, relevant mentoring and peer support is one of the most effective and culturally relevant ways to support and nurture Māori mental health nursing excellence.

The focus on this supervision and mentoring is to ensure all Māori mental health nurses, both those within and external to Kaupapa Māori services, are provided with support and opportunities to continuously develop their practice as specialised Māori mental health nurses. Supervision and mentors can also play an important role in assisting Māori mental health nurses to address the tensions which can arise from the weaving together of knowledge bases and values which underpin excellence in Māori mental health nursing practice.

The second element of *Toiora*, whilst related to supervision and mentoring, is more directly focused on the provision of opportunities which allows Māori mental health nurses to contribute to the ongoing development of knowledge bases which support excellence in Māori mental health nursing practice. Relevant activities here include supporting best practice development and research, and the effective dissemination of Māori mental health nursing best practice via a range of mechanisms, including hui, wānanga, conferences and other relevant professional development forums.

The third element, also related to the previous two, is ensuring Māori mental health nurses are provided with robust career development opportunities, with such opportunities developed specifically within the context of their role as a

specialised Māori mental health nurse. These opportunities will include a focus on the ongoing development of the specialised knowledge, skills and competencies required for Māori mental health nursing practice.

Key Actions

1. Māori mental health nurses are fully supported to attain excellence via regular access to supervision, mentoring and peer support which is specifically focused on the development and extension of their practice as Māori mental health nurses.
2. Māori mental health nurses have access to a full range of career and professional development opportunities which are specifically relevant to developing excellence as a specialised Māori mental health nurse.
3. Māori mental health nurses are actively supported to contribute to the ongoing development of knowledge bases which support excellence in Māori mental health nursing practice. This includes:
 - Ongoing best practice development and research; and
 - Effectively disseminating knowledge relevant to best practice via a range of mechanisms, including hui, wānanga, conferences and other relevant professional development forums.

3.3 Waiora: Protective and nurturing practice environments

Environments which actively support and nurture the specialised and uniquely distinctive practice of Māori mental health nurses.

Waiora is linked to the external world, and to a spiritual element that connects human wellness with their wider environments (Durie, 1999). Within the context of guiding the growth of the Māori mental health nursing workforce, *Waiora* is linked to the importance of protective environments able to nurture and support excellence in Māori mental health nursing practice.

Existing research suggests that Māori in the health and disability sector experience particular forms of occupational stress which stem from institutional racism, a lack of cultural safety, a failure of non-Māori to value Māori cultural competencies, and unacknowledged additional obligations and responsibilities (Stewart, 2011). Such stressors have been identified as relevant for Māori nurses (Baker, 2008; Huria, et al., 2014).

It is critical that all organisations and systems in which Māori mental health nurses practice, both Kaupapa Māori and mainstream, provide culturally safe environments which both protect and nurture the specialised and uniquely distinctive practice of Māori mental health nurses. Organisations and systems must genuinely recognise and value the specialised role played by Māori mental health nurses; that is, the additional specialist competencies they bring as a result of their ability to weave together knowledge and value systems.

This recognition will include actively valuing, and supporting the implementation of key elements which underpin Māori mental health nursing practice, such as *te reo*, *matauranga*, *mana*, *tapu*, *mauri*, *tikanga*, *manaakitanga*, *rangatiratanga*, *kotahitanga*, *whanaungatanga*, *wairuatanga*, *awhi*, *tuakana/teina* and *whānau-centred* best practice. Genuine recognition and understanding will result in uniquely distinctive Māori mental health nursing practice being provided with the appropriate operational support, including funding.

Active recognition and valuing will also manifest in dynamic and responsive systems which support the unique professional development needs and career pathway aspirations of Māori mental health nurses, as well as the development and implementation of innovative models and practices.

Ensuring newly graduated Māori mental health nurses are targeted by employers for the unique nursing skill set they bring, and are well supported to develop and utilise those skills within safe and supportive practice environments is particularly important. Ensuring nursing training incorporates an understanding of the tensions which may arise when knowledge bases and values systems are woven together and how such tensions can be managed in order to provide safe and nurturing practice environments for Māori mental health nurses is also relevant.

Professional organisations such as Te Ao Māramatanga; Te Kaunihera o nga Neehi Māori and Te Kaunihera o Tapuhi o Aotearoa (Nursing Council of New Zealand (NCNZ)) have an important role to play in facilitating protective and nurturing practice environments for Māori mental health nurses.

Key Actions

1. Organisations and systems in which Māori mental health nurses practice, both Kaupapa Māori and mainstream, provide culturally safe environments which protect and nurture the specialised and uniquely distinctive practice of Māori mental health nurses.
2. Organisations and systems actively recognise, understand and value the specialised role played by Māori mental health nurses. This includes actively valuing and supporting the incorporation of key elements which underpin Māori models of mental health nursing practice within nursing practice.
3. Organisations and systems actively ensure Māori mental health nurses are full supported to access all resources necessary for supporting, developing and extending their practice as Māori mental health nurses. This includes supervision, mentoring, peer support, career development, and ongoing knowledge base development.
4. Newly graduated Māori mental health nurses are targeted by employers for the unique nursing skill set they bring, and are well supported to develop and utilise those skills within safe and supportive practice environments.

3.4 Te Oranga: High quality, relevant Māori mental health nursing training pathways

Actively encouraging and facilitating participation by Māori in high quality, relevant Māori mental health nursing training pathways.

Te Oranga emphasises participation and the importance of resources which enable goods and services within society to be confidently accessed. Being well informed in order to make good decisions, as well as have a sense of ownership and control over those decisions are integral elements of *Te Oranga*. It is widely recognised that access to quality health services for Māori communities is enhanced by a Māori health workforce. Increasing the supply of Māori mental health nurses is central to improving health and wellbeing outcomes for whānau. *Te Oranga* is concerned with the recruitment of Māori mental health nurses, and focuses on encouraging Māori to consider a mental health nursing career, alongside ensuring access to high quality, relevant Māori mental health nursing training pathways.

Recruitment is a key component of *Te Oranga*, with multiple strategies required. Nursing training programmes need to be actively recruiting Māori trainees, as well as giving serious attention to how they can better contribute to growing the Māori mental health nursing workforce. Addressing limited information about career pathways in mental health nursing generally, and more specifically in relation to the role of specialised Māori mental health nurses is important.

Mental health nursing as a viable and realistic career option needs to be introduced early in rangatahi education pathways. In addition, flexible and accessible nursing training pathways able to cater for participation at different life stages are crucial.

Ensuring mental health nursing is well integrated within initiatives such as Kia Ora Hauora, a Māori health workforce development programme aimed at promoting health career pathways, as well as in a range of other settings where whānau decisions can be informed and influenced is critical. Exposure to role models utilising a range of mechanisms is essential to exposing a wide range of people to the possibility of a career in Māori mental health nursing. A 'grow your own' philosophy is one method of increasing the number of health professionals in a region. Evidence from the Advanced Choice of Employment (ACE)⁵ process has shown that newly graduated Registered Nurses who train in their communities prefer to stay in their regions (Bodkin, 2014). Of specific relevance to the Māori mental health nursing workforce is a preference by Māori nurses to train and stay in one's community. Bonding schemes which prioritise Māori nurses would have an impact on increasing the number of Māori Registered Nurses in areas with high Māori health need⁶.

Once recruited, it is critical that nursing training programmes are relevant, flexible and produce a specialised and uniquely distinctive Māori mental health nursing workforce. There are two key issues. The first regards ensuring adequate mental health nursing knowledge and skills content is included within undergraduate nursing programmes. The second issue is the extent to which current nursing training programmes have little, if any, focus on Māori health as a specialised and uniquely distinctive area of practice.

Previous studies have highlighted the mismatch between dominant health training paradigms and the extent to which Māori come under pressure to compromise cultural values and identity in order to succeed within training programmes, in the process losing confidence in the validity of Kaupapa Māori processes and models (Elder, 2008; Milne, 2005). The importance of training curriculums which widely integrate culturally relevant material throughout training pathways, as opposed to marginalising Māori focused material into 'special topic' areas, is highlighted.

Currently there is no education pathway for Māori in nursing, let alone Māori mental health nursing. It is important that under graduate nursing education, more actively considers the specialised needs of Māori nurses generally, as well as those Māori nurses wishing to specialise in mental health. The NESP (New entry to specialty practice) mental health and addiction nursing programme provides an important pathway for nurses to develop their professional practice and mental health and addiction nursing skills⁷. These programmes, alongside initiatives such as Huarahi Whakatū provide integral pathways for Māori, both into mental health nursing, as well as into specialised Māori mental health nursing practice.

⁵ ACE programme (Advanced Choice of Employment) Kiwi Health website

⁶ <http://www.health.govt.nz/our-work/health-workforce/voluntary-bonding-scheme>

⁷ <http://www.tepou.co.nz/initiatives/new-entry-to-specialist-practice-mental-health-and-addiction-nursing/47>

Te Oranga also explicitly recognises that systemic inequities across a range of sectors impacts on effective participation. Inequities amongst Māori, particularly as they influence educational pathways, resources, and options will impact on aspirations to grow the Māori mental health nursing workforce. Workforce strategies must take account of these wider inequities.

Key Actions

1. Nursing training programmes prioritise and actively take responsibility for recruiting Māori trainees into their programmes.
2. Multiple recruitment strategies targeting Māori are utilised including ensuring mental health nursing is introduced as a viable and realistic career option early in rangatahi education pathways; and ensuring there is wide exposure to Māori mental health nursing role models and mentors across a range of settings.
3. Ensure existing initiatives to grow the Māori mental health nursing workforce, such as *Kia Ora Hauora*, are fully utilised.
4. Ensure nursing training pathways are flexible and accessible allowing for entry into Māori mental health nursing career pathways at a diverse range of life stages.
5. Nursing training programmes take responsibility for being fully cognizant of the evidence based support models which have been shown to facilitate Māori student success in tertiary training environments.
6. Nursing training curriculums integrate Māori focused material throughout training pathways, ensuring Māori health perspectives are routinely provided to trainee nurses.
7. Ensure Māori nursing students are supported to have access to:
 - Māori mental health nursing mentors and role models;
 - Clinical placements in *Kaupapa Māori* services;
 - Māori models of practice;
 - Career planning and the opportunity to specialise in Māori mental health nursing; and
 - Initiatives such as national Māori student nursing hui which foster mentorship, and the collective identity of Māori nurses.
8. Utilise a bonding scheme to increase the numbers of Māori mental health nurses in areas with high Māori health need.
9. Ensure the new graduate specialty programmes (NESP) actively target the recruitment of Māori nurses.

3.5 Ngā Manukura: Strategic, connected, sustainable leadership

Strategic, connected and sustainable leadership at local, regional and national levels which guides the development and growth of a specialised and uniquely distinctive Māori mental health nursing workforce.

The emergence of Māori health providers and increases across the Māori health workforce have substantially contributed to the transformation of health service delivery to Māori (Durie, 2011). However, whilst numerically increasing the Māori health workforce is important, this in isolation will not realise improved health and wellbeing outcomes for Māori. Health gains for Māori have always coincided with the emergence of strong, transformative Māori leadership which recognises health advancement as being inextricably linked to Māori culture and cultural realities (Durie, 2011). *Ngā Manukura* emphasises the indigenous leadership which is required to realise a specialised and uniquely distinctive Māori mental health nursing workforce.

Leadership occurs at all levels. No single group has sufficient expertise to encompass the range of skills and linkages necessary for effecting change, nor is there any place for rigid sector boundaries, institutional capture, or isolated initiatives (Durie, 1999). Indigenous leaders must be strategic, connected, and sustainable. They must be able to effectively operate at the interface between indigenous and mainstream world views, and within the communities that operate within these.

They will be strategic and futures oriented, and able to lead others beyond the status quo. Some will be connected to indigenous communities, health and professional peers, policy and government, and part of wider leadership networks (Sones, et al., 2010). Central to the role of indigenous leaders, wherever they are positioned, is the ability to activate change through a range of networks (Sones, et al., 2010). Core to indigenous leadership development is a futures-oriented perspective. In particular, Māori health leadership will be critical as the health sector continues in its transformation towards whānau ora models of service provision.

Within the context of growing the Māori mental health nursing workforce, *Ngā Manukura* emphasises the importance of having a dedicated focus on growing Māori leadership across the workforce. This includes establishing dedicated Māori mental health nursing leadership roles across a range of levels, including in training, clinical leadership, practice development, research and policy. Alongside this will be a specific focus on building, developing, and supporting the leadership capacity required to fill those roles via a range of mechanisms, including secondments and tuakana/teina models of learning.

Strategic, connected and sustainable leadership underpins all elements of this guide. The championing across multiple levels of excellence in Māori mental health nursing as a specialised and uniquely distinctive area of nursing practice is critical. Leaders who can champion and role model the provision of protective and nurturing environments able to support excellence in Māori mental health nursing practice are central, as are leaders who will pave the way to facilitate accessible, high quality, relevant nursing training programmes. Leadership at community and whānau levels is also significant, as it is these people who provide the inspiration and sow the seeds for other whānau members to embark on

nursing career pathways (Baker, 2008; Te Rau Matatini, 2009). Across all these environments and levels, leaders will advocate and lay the pathways for the realising of Māori mental health nursing aspirations.

Key Actions

1. Identify targeted Māori mental health nursing leadership roles required across all relevant environments.
2. Using a range of mechanisms, including mentoring, secondment, tuakana teina models, explicitly focus on the development of Māori mental health nursing leadership capacity across all required roles and levels.
3. Using a range of mechanisms explicitly focus on growing and effectively realising the potential of Māori mental health nursing leadership which exists at community and whānau levels.

3.6 Te Mana Whakahaere: Self determined pathways

Realising our own self determined aspirations as Māori mental health nurses.

Te Mana Whakahaere emphasises the importance of autonomy and control in relation to realising self determined aspirations (Durie, 1999). It is the self-determined aspirations of Māori to participate as Māori which lie at the heart of Māori development agendas (Durie, 2003). Within the context of growing the Māori mental health nursing workforce, *Te Mana Whakahaere* is concerned with ensuring that the self determined collective aspirations of Māori mental health nurses are nurtured, advanced and realised. Within dual competency frameworks there is a

tendency to incorrectly assume that it is solely the 'cultural' practices of Māori mental health nurses which distinguish them from non-Māori mental health nurses. In turn, there is also a tendency for these 'cultural' practices to be perceived of as somewhat informal and subjective. However, Māori mental health nurses are specialised and uniquely distinctive practitioners on the basis of their competency in *weaving together* knowledge and value bases in order to realise positive and beneficial outcomes.

It is this capacity to weave and bridge dual knowledge bases which distinguishes Māori mental health nurses as specialist practitioners. In reality the 'clinical' cannot be separated from the 'cultural'; best practice dictates that it is the intricate interweaving of cultural and clinical which creates the specialised and uniquely distinctive practice of Māori mental health nurses. Significantly more attention and resources need to be prioritised for the development of indigenous health practitioners as specialists in their own right (Baker & Levy, 2013). Collectively Māori mental health nurses must, within the context of what is important to whānau, hapū and iwi, take control of identifying and setting agendas for their own workforce, aspirations, priorities and future directions.

Directly connected to all other core elements identified in this framework, realising a specialised and uniquely distinctive Māori mental health nursing workforce does not exist in isolation, but is part of a wider liberating Kaupapa Māori movement built upon our own methods and mechanisms of critique, measurement, and judgment. A Māori mental health nursing workforce is not intended to simply provide a more culturally diverse workforce, but through contributing to Māori aspirations, result in positive outcomes for Māori, whānau, hapū and iwi (Baker & Levy, 2013).

The identity and recognition of Māori mental health nurses is being facilitated by a growing emergence of specialist knowledge bases. However, in reality the uniqueness and distinctiveness of Māori mental health nurses as specialist practitioners remains somewhat hidden. Pathways forward place a high value on what distinguishes Māori mental health nurses as unique specialists.

However, despite our own experiences within the health sector consistently telling us there is a difference in the way we practice as Māori, we are at times unable to clearly articulate how or what those differences are (Baker & Levy, 2013). Realising Māori self determined aspirations requires that Māori are able to describe, articulate, develop, and critique practice as Māori mental health nurses. Celebrating, sharing, and honouring innovative and excellent Māori mental health nursing practice in ways which make sense to the sector and the communities within which Māori are embedded is crucial.

Key Actions

1. Support and facilitate the capacity of Māori mental health nurses to collectively take responsibility for identifying aspirations, priorities and future directions.
2. Identify and implement initiatives which contribute to the ongoing development of a clear identity for Māori mental health nurses.
3. Celebrate, share, and honour innovative and excellent Māori mental health nursing practice.

Māori Mental Health: Conclusion

Māori mental health nurses are an indigenous response to effectively meeting the mental health and/or addiction needs of tangata whaiora and their whānau. Being a Māori mental health nurse visibly demonstrates a capacity to weave and bridge dual knowledge and value bases. It is this intricate interweaving which lies at the heart of a specialised and uniquely distinctive Māori mental health nursing workforce.

It is through the message '*Every whanau should have a Māori nurse*' that we aim to increase access for all whānau to Māori nurses, and to assist whānau, hapū and iwi to increase the capacity and capability of Māori mental health nurses to work across the health and disability sector. Enhancing understanding of, and confidence in the specialised and uniquely distinctive contributions made by the Māori mental health nursing workforce, *Māori Mental Health Nursing: Growing Our Workforce* provides a best practice guide; laying the foundations and encompassing the necessary elements required to grow the Māori mental health nursing workforce. As Māori mental health nurses it is critical that we continue to nurture, advance and realise our own self determined aspirations.

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