Waka Hourua

'E rere tonu te waka'
The Leadership Group Perspective

Te Rau Matatini

LeVa
INTRODUCTION

In 2014, Te Rau Matatini and Le Va entered a partnership to deliver the National Suicide Prevention Programme for Māori and Pacific Communities. Both Providers had a longstanding working relationship as they worked to achieve similar outcomes for their respective groups and communities. Both organisations acknowledged that the pathways to achieve those outcomes are often different, and unique to the cultural paradigms and ethnic-specific approaches and frameworks required for effective services to their communities.

The Waka is a symbol of a heritage that is shared throughout the Pacific. Te Moana nui a Kiwa (the ocean) will never separate Māori and Pasifika people as long as we know who we are and where we are from. In respect to this common heritage and purpose the title Waka Hourua was given for the national suicide prevention programme for Māori and Pacific Communities. Five key work streams included:

1. A national voice for Māori and Pacific suicide prevention through the formation of a National Leadership Group of authoritative leaders in suicide prevention
2. A national co-ordination centre for Pacific Community Suicide Prevention. This centre will lead the development and implementation of effective, culturally appropriate, prevention and postvention resources and training to Pacific networks and their communities and will develop targeted initiatives for identified at-risk group
3. A national coordination centre for Māori Community Suicide Prevention. This programme will foster local leadership, and build their capacity and capability to lead the development and implementation of whole-of-community suicide prevention plan
4. A community fund to support the establishment of community based initiatives as a way to build the capacity of Māori whānau, hapū, iwi, Pacific families and communities towards suicide prevention
5. A Strategic Research Agenda and one-off funding pool to build an evidence base of effective practices for Māori and Pacific communities.

‘E Rere tonu te waka’ is the legacy report from the Waka Hourua Leadership Group, representing insights and learnings from a three year journey across unchartered waters as the first National Māori and Pasifika Suicide Prevention Programme in New Zealand and the world.

We realise that much remains to be done before we can be confident that the Waka Hourua journey, and others like it, have had a significant impact. But in the process much has been learned and this document is being made available so that others can benefit from our experience. Meanwhile we fully expect that Waka Hourua will sail again in the not too distant future and that our next voyage will take us closer to a destination where suicide is a thing of the past. Taa Mason Durie.
Our voyage has been a shared one.

The three-year Waka Hourua programme was launched by the Associate Minister of Health, Hon. Tariana Turia in 2013. As part of the national suicide prevention strategy Te Rau Matatini was contracted to implement aspects of suicide prevention that were especially relevant to Māori and Pasifika peoples. Rather than focusing only on clinical approaches, Waka Hourua was to be primarily concerned with increasing community awareness and capability. The assumption was that the prevention of suicide would be more likely when communities themselves were ready to grapple with the causative and consequential factors of suicide.

In Pacific traditions, waka hourua were double hull canoes used for longer distance voyaging. The waka model has been adopted to convey the sense of partnership between Māori and Pasifika in the programme. Although there are differences in approaches to health prevention, the two ‘hulls’ - Māori and Pasifika, - share a number of commonalities, including analogous health trends, comparable patterns of suicide, and shared challenges to ‘lift the spirit’ and achieve uniformly high levels of wellness for their peoples. In addition, not only had the waka hourua analogy symbolised the Māori Pasifika partnership it was also a reminder of the heritage that both share as long standing voyagers across Te Moananui-a-Kiwa in search of new challenges and safe mooring places.

The opportunity for the two groups to work together, albeit from different perspectives, has provided fresh insights and confirmation that shared planning and collaborative action can have greater impact than one party acting independently. Te Rau Matatini managed the programme and Le Va oversaw the Pasifika component. A Leadership Group was established to provide advice and support and included representatives drawn from Māori and Pasifika communities as well as from the Ministry of Health.

This document, a legacy from the Leadership Group, provides a summary of the key messages that have emerged from a range of projects and initiatives over the past three years. Te Rau Matatini and Le Va will provide more detailed accounts of research findings and the extent of community participation in other publications but the main purpose this report is to outline the conclusions of the Leadership Group as they relate to community responses to suicide.
Our voyage had a beginning but has not yet ended.

The overall aim of the Waka Hourua programme was to contribute to the reduction of Māori and Pasifika suicide. The contribution was to be primarily focused on communities and the measures of success were:

- an increase in community awareness of the many dimensions surrounding Māori and Pasifika suicide
- greater community readiness to address the prevention of Māori and Pasifika suicide
- the utilisation of learnings from Waka Hourua to share with other communities and groups.

Waka Hourua formed part of a wider national suicide prevention programme. By themselves our efforts could not be expected to make a radical or immediate change to the alarming trends in suicide, especially for younger people, but they have been able to demonstrate ways in which communities can play a role in breaking a chain of events that might otherwise lead to suicide or unrelenting remorse following suicide. In that sense community awareness is an ‘intermediary outcome’ rather than a finite measure of the ultimate higher level outcome – reduced rates of suicide.

Although this phase of Māori and Pasifika suicide prevention has been concluded, the work that has begun will be continued one way or another. Importantly, the Legacy will be made available to other communities, services, and organisations so that our experiences can be shared. We hope that the insights we have gained will be useful and will contribute to greater understanding as future preventative voyages are launched.
HE KAIPUKE O WAKA... A fleet of voyaging canoes

‘Our voyage has been strengthened by our many communities.’

A focus on communities necessarily involved participation by large numbers of people from a wide range of groups. Māori and Pasifika people do not belong to a single community. Instead there are a diversity of communities built around the day-to-day lives of people and defined as much by interests, involvement, and inclusion as by locality.

Waka Hourua identified a range of Māori and Pasifika communities for whom the prevention of suicide is a priority. They included:

- Whānau and family based communities
- Marae based communities
- Faith based communities
- Cultural based communities
- Youth based communities
- Digital based communities
- School based communities
- Sport based communities
- Work based communities
- Service based communities
- Locality based communities

A characteristic of each community was a common interest or activity that fostered a sense of belonging and commitment. Whether the activity was rugby league, or neighbourly support, or kapa haka, or church attendance, or shared workplaces, members of the community worked in a collaborative manner and carried with them distinctive patterns of leadership and belonging. Within each group there was often an ‘inner core’ of members who provided expertise, sustainability and experience and an ‘outer core’ who had an affiliation but were not necessarily involved to the same extent as the ‘inner core’ members.

The number of people who participated in Waka Hourua community projects exceeded 30,000. All were contributing to building:

- informed, cohesive and resilient communities
- strong, secure and nurturing whānau
- safe, confident and engaged rangatahi
The importance of programmes led by community leaders has been a consistent theme. Community leaders were known, trusted, and influential. Leaders we encountered worked within the health or education or social services sectors but were also marae leaders, church leaders, business leaders, legal experts, leaders in the workplace, and youthful leaders. The more important point was the capacity of leaders to galvanise their people in order to make a difference for the benefit of whatever community they served.

Arising from the Waka Hourua experience, attributes for sound leadership relevant to Māori and indigenous communities were presented at the 2017 Toitu Hauora Conference hosted by Te Rau Matatini. The leadership qualities are contained in the Toitu Accord. Attributes include a leadership commitment to the advancement of health and wellbeing as well as to cultural alignment; leader accountability to communities; leaders’ capacities to understand old and new knowledge, to collaborate, and to engage in strategic visioning.

Among other initiatives the engagement of community facilitators was an important catalyst for action. Facilitators were already part of their communities and knew the subtleties around community life, including the patterns of leadership, the sources of knowledge, and the extent of non-engagement by families who were not closely involved in the community. They were able to promote discussion and generate enthusiasm for community-inspired approaches to confronting the realities of suicide.

But an equally if not more important leadership role was to unveil the shroud of silence that so often surrounded suicide. Whether on the marae, within whānau, at church, or in neighbourhoods, suicide had often been an unspeakable event that isolated those most affected and discouraged a search for preventative measures.
Communities involved in the Waka Hauora programme learned about the despair and self-blame that often follows suicide, as well as the distress that precedes it. But they were also able to explore opportunities for positive action leading to wellness, greater self-confidence and increased cohesion. At many community gatherings, families who had lost a father, mother, sister, brother, husband, wife, cousin or close friend to suicide, were able to share their grief and to talk openly about the impact of the loss. All too often that had been difficult in communities who preferred to hide the realities of suicide or regarded suicide as sinful, or even criminal. Even within families, the stigma surrounding suicide had often discouraged open discussion. Facilitating conversations in ways that were supportive rather than judgemental made some contribution to revised attitudes and the emergence of compassion if not total comprehension of ‘why it happened’.

For many of the ‘victims’ of suicide who had suffered or had been made to feel responsible for the lost life, the community gatherings became platforms for urging more open disclosure and less judgemental conclusions. In addition, those same families often championed measures for prevention and for greater understanding of suicide. On a similar affirmative note, community engagement frequently focussed on the attainment of wellness especially for those who might otherwise be trapped in lifestyles associated with poor health, disrupted relationships, and a lack of direction. The affirmative approach was more concerned with generating positive experiences even when adversity was prevalent. Building opportunities for participation in sport, cultural activities such as kapa haka, involvement in education and training, meaningful employment, improved housing, and music, were some of the catalysts for wellness that emerged from community discussions. There was recognition that the causes of suicide were complex and often reflected community hazards as much as any inherent problem within an individual.

For some communities fostering greater cohesion among families coupled with increased vigilance when members were not coping or seemed to be detached created a sense of group resilience that could be shared more widely. Whānau and families were always at the centre of deliberations with recognition that the strength to cope with adversity and to build resilience comes from intergenerational communication and family transfers of culture, knowledge, support and love. Many communities also found that deliberate efforts to discuss matters that were formerly kept off the agenda least they cause distress, did in fact bring a measure of relief and a greater sense of engagement among participants. In effect communities who
‘Our voyage has enabled us to listen to many voices’

The Waka Hourua voyage heard voices from many directions. At a variety of meetings testimonies from parents, friends and families provided forceful reminders of the ongoing impacts of suicide. Within those voices could be detected self-blame, blame attached to ‘the system,’ concern that warning signs had been ignored or simply not heard, and a suspicion that even dedicated helping services had been unable to listen with a ‘third ear’.

Other voices urged greater community cohesion so that problems within the community such as bullying, unemployment, inadequate housing, drug misuse, and mental disorders could be addressed in a co-ordinated way. But there were also voices that advocated an enhancement of cultural, sporting, educational and whānau opportunities so that more people could enjoy higher levels of wellness (and would therefore be less likely to contemplate suicide).

Voices within families were especially loud. They were reminders of the pain that accompanies suicide and the unresolved grief that can endure, especially when it cannot be openly expressed. Parents and grandparents discussed how they might encourage more open talk between generations without taking a disapproving stance. They were especially keen to be more open when younger family members were withdrawn or distressed, and to create a family environment where conversations were okay even when the subject was laden with emotion. In contrast, younger family members were keen that their parents should try and be better at listening. Listening to voices that were strained or filled with anxiety could be a life-saving bridge to the resolution of despair. But silencing the voices could have the opposite effect – and magnify the distress. For families not accustomed to openly sharing negative feelings the Waka Hourua experience led to a greater readiness to both speak out and to listen.

For many communities, the voice of music said it all. Singing, using song and dance to convey messages of hope and encouragement struck a chord with audiences for whom music made more impact than words alone. As a vehicle for transferring key messages and awakening the mind, music often went where other approaches could not go.
Faced with an increasing number of youthful suicides, Waka Hourua was especially concerned with the voices of youth. Four opportunities for engagement were explored. First, some programmes focussed on building resilience among secondary school students. Half and one-day-long seminars enabled small break out groups to discuss positive career planning, relationships at home and at school, managing social media, and recognising distress in self and others. The clear focus was on building strengths for today and tomorrow. Other seminars heard from peers about how difficulties had been overcome and what had helped to regain confidence and develop the will to carry on. Suicide was seldom raised in a direct manner. Instead the aim was to promote positivity among students through conversations that were built around their own priorities, concerns, and ambitions. Although initiated by Waka Hourua team members, peers most often led the discussions.

In the second approach, young people were encouraged to develop their own programmes and to make use of their own networks and sources of information. Among other strategies, ‘outing’ peers who authored humiliating social media comments or who bullied less confident students was an attempt to transform risky school environments into safe and nurturing ones. In addition, mentoring students who were known to be isolated or insecure or who were recent arrivals, was directed at ‘at risk’ students so that they could be more comfortable in the school environments. Essentially this youth-led approach recognised the potential of youth to relate more readily with their peers and to reduce risks within school environments.

A third avenue took a more instructive approach by alerting groups to the impacts of lifestyles associated with suicide and then providing them with strategies for avoiding those situations. There was also discussion on the services that could be helpful to anyone who might be unhappy to the point of considering suicide. Alcohol and drug misuse, broken relationships, violence in home environments, perceived loss of dignity or self-esteem were among the more common risks addressed. In this approach, there was relatively little interaction between participants. Instead, a conventional classroom context was maintained. Some schools had been reluctant to venture into the type of interaction that occurred in the first approach, least it ‘got out of hand. Their alternative was to rely on the teacher-led transfer of knowledge coupled with information about helping agencies.
A fourth avenue drew on the expertise of younger people in digital technologies. Communication, both positive and negative has become increasingly dependent on social media, text messaging, tweeting, and 24-hour mobile telephone exchanges.

Digital interaction has become the major form of connectedness for many young people. While the uncensored, impulsive, and hurtful language has presented serious problems for some on the receiving end, there have also been attempts to promote a more ethical approach to digital communication and a reduced dependency on that mode. Youthful leaders themselves have also made greater use of social media, text messaging and mobile linkages to foster greater responsibility for users, and to provide advice for those who might be distressed to the point of contemplating suicide.

Common to all four approaches has been a strong sense of responsibility for the prevention of suicide. The initiatives undertaken by youthful leaders, and the sense of obligation to peers, were impressive. Often, they demonstrated a capacity to relate and help in ways that parents, teachers, or community agencies would have found difficult.
An integral part of Waka Hourua was to provide assistance to people who were themselves contemplating suicide or who had a friend or relative who might be at risk for suicide. A telephone advisory service with a digital option created an opportunity for worried families, employers, church leaders, sport coaches, friends, or individuals themselves to discuss their concerns with someone who had experience in the field.

Attaining balance between over-emphasising suicidal risk on the one hand and minimising the likelihood altogether was part of the messaging. But the essential advice was to pay heed to highly suggestive comments such as ‘I can’t carry on any longer’, or ‘I just want to die,’ or ‘I have been thinking about taking my own life’ or ‘I have a rope that I might use to end it all.’ Further, when there was an absence of spoken words to describe feelings, the advice was to be mindful of behaviour that could be a precursor to suicide – withdrawal, unusual silence, a strong sense of shame, diminished appetite, dishevelled appearance or sadness that was not alleviated by jollying comments.

When suicide was thought to be a possibility, callers were advised to seek help from experts in mental health services, counselling services, or primary health care. Making contact with appropriate helping services required knowledge of community facilities as well as familiarity with referral processes, and, in the case of an emergency, how to mobilise an urgent response.

An important part of the Waka Hourua voyage was up-skilling community leaders to be more watchful. We heard many accounts of communities that had never openly talked about suicide in the past but were now keen to learn and to be more vigilant. They wanted to know the signs and the precursors so that they could be helpful and more responsive to threatening situations. Importantly they were also keen that people who were well experienced, reliable, accessible and accountable should make up the staff in helping services.

Community leaders were also clear that more attention should be given to the risks within their own communities. Access to illegal drugs, bullying, unemployment (especially for men in the 40s and 50s), under-achievement at school, misuse of social media, and domestic violence were raised as key risks that community leaders should address. During the three-year voyage, Waka Hourua was able to address participants gathered at the 2016 World Indigenous Suicide Prevention Conference – Turamarama ki te Ora, hosted by Ngati Pikiao. We presented a Declaration that summarised our concerns and our suggestions for reducing suicide rates for all indigenous peoples. The Turamarama Declaration attracted wide support from conference participants and has been used to garner support and action in a number of indigenous communities.
‘Our voyage has seen the emergence of new compass points to take us in fresh directions.’

Towards the end of our voyage it was possible to identify key ‘stars’ – bright lights that pointed ways to suicide prevention. All of them related to community action and they emphasised increased awareness, increased alertness of risks to suicide, timely access to helping services, reduced hazards within the community, and opportunities to build resilience and wellness. Of the many stars, we were especially mindful of the thirteen Cs’ that pointed the way to suicide prevention.

Key stars to light up Māori and Pasifika suicide prevention – the thirteen C’s.

1. **Community** leadership and community action have the potential to prevent suicide across all ages.
2. **Communication** is key to preventing suicide – communication within whānau and families, across communities, at times of distress, face to face and through digital connections.
3. **Collaboration** between organisations, systems, families, and authorities can have more impact than solo actions.
4. **Culture** is critical for strengthening resolve and developing resilience.
5. **Compassion** will help those who are down or those who struggle to live in the aftermath of suicide.
6. **Capability** building for community leaders and front-line guardians will increase their effectiveness.
7. **Clinical** expertise must be accessible, relevant, and timely.
8. **Champions** for suicide prevention are to be found in schools, sports clubs, churches, on marae, in the theatre, at work, and especially at home.
9. **Crises** demand rapid responses and prompt resolution.
10. **Counsellors** skilled in the management of distress should be integral to community health and social services, especially in family-oriented programmes.
11. **Commitment** to the prevention of suicide by community leaders, Iwi leaders, health and social services, schools, local government, and central government, creates a solid platform for preventing suicide among Māori and Pasifika.
12. **Combatting** discrimination, poverty, illnesses, educational under-achievement, unemployment, on-line bitterness, alcohol and drug availability, violence, will all contribute to the prevention of Māori and Pasifika suicide.
13. **Creating** opportunities so that Māori and Pasifika can flourish will lead to strengthened minds, fit bodies, raised spirits and positive relationships at home and away.
‘Our voyage has reached land but it is not the end of the journey, nor is it a final destination. The end will be reached when suicide no longer takes a life before that life has been fully lived.’

Waka Hourua has adopted a community based approach to Māori and Pasifika suicide prevention. Community awareness and community actions are key steps towards prevention and the 13 C’s are the navigational stars that have illuminated our journey. Other voyages will add further insights so that we might reach the final destination.

For now, this part of the journey is over; Waka Hourua is moored - but will be ready to sail again.

*Kia hora te marino*

**Waka Hourua Leadership Group**

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