

Māori Suicide Prevention Research, Policy & Practice



Ngā āhuatanga rangahau, kaupapa here, whakatutuki
mahi, e pā ana ki te whakakore i te mate whakamomori ā te Māori
We (Māori) are the people we've been waiting for



TE RAU ORA



WELLINGTON

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mahi, e pā ana ki te whakakore i te mate whakamomori
ā te Māori

We (Māori) are the people we've been waiting for

Outcomes Report and Recommendations

University of Otago, Wellington and Te Rau Ora
Summer School Symposium Report and Recommendations

Dr Keri Lawson-Te Aho & Dr Kahu McClintock

July 2020

Karakia

Tukua te wairua kia rere ki ngā taumata

Hai ārahi i ā tātou mahi

Me tā tātou whai i ngā tikanga a rātou mā

Kia mau kia ita

Kia kore ai e ngaro

Kia pupuri

Kia whakamaua

Kia tina! tina hui e taiki e

Allow one's spirit to exercise its potential

To guide us in our work as well as in our pursuit of our ancestral traditions

Take hold and preserve it

Ensure it is never lost

Hold fast,

Secure it

Draw together

Affirm!

Acknowledgements

First and foremost, we acknowledge the kaupapa of Māori suicide prevention recognising that the kaupapa is bigger than all of us. Self-determination was the overarching emerging theme with solutions to suicide prevention and postvention anchored within whānau, hapū, iwi and hāpori Māori.

Furthermore, the vision for suicide prevention and postvention calls for focus and determination. Our whānau, their experiences and voices are critical to shaping strategies and relationships for Māori suicide prevention and postvention. We acknowledge all of those loved ones who have passed on. We seek out their stories so that we may learn about the challenges and pain they faced in their lives. We continue to mourn their passing and to take hope that each taught us something precious to take with us into the kaupapa of suicide prevention and postvention.

We acknowledge all of the participants in this Māori suicide prevention policy, research, and practice summer school. We look forward to working with you in the future. We acknowledge and appreciate your commitment to our shared kaupapa, your challenges, your feedback, and the willingness with which you engaged on the day.

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Ngā mihi mahana

Dr Keri Lawson-Te Aho and Dr Kahu McClintock

July 2020

Disclaimer

This report includes the verbatim reports of the speakers, symposium participants and those working in Māori suicide prevention and postvention.

This report identifies key issues through the voices and words of Māori Treaty and social justice advocates, academics, service providers, policy writers, researchers and those on the receiving end of current suicide prevention and postvention strategy design.

The overarching theme from the symposium is about righting the responses to Māori suicide prevention and postvention through actions anchored in self-determination and the establishment of by Māori for Māori responses at all levels of engagement and leadership.

This report is not a Government policy statement on Māori suicide prevention and postvention. Rather, it is derived from the challenges, issues and concerns of whānau, hapū, iwi, hāpori and tangata Māori and Pākehā colleagues who attended the one day summer school symposium.

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Seven Imperatives for Māori Suicide Prevention

The seven symposium imperatives respond to the rising inequities in Māori suicide by honing the collective efforts of the Government to support Tino Rangatiratanga/Māori self-determination alongside of the Treaty settlements process.

By Māori for Māori, must be woven into the core responses of Government in policy, planning, research and healthcare purchasing. The seven imperatives for Māori suicide prevention from the symposium are:

Imperative 1: Whakaōti ngā hua o te Tāmitanga

Eliminating the oppressive outcomes of colonisation for Māori and fully acknowledging all of the impacts of colonisation on Māori well-being.

Acknowledging that colonisation established the privileging of Kaupapa Pākehā intelligence over Māori intelligence is imperative for Māori suicide prevention.

Illuminating and addressing racism through story-telling – is imperative for understanding the causes of Māori suicide.

Imperative 2: Whakamana ō te Mātauranga Māori

Valuing and utilising Māori intelligence for Māori suicide prevention through reconnecting with whakapapa/genealogy.

Suicide is explained by disconnection from whakapapa. Reconnecting with whakapapa stories and valuing them in the way other's stories are valued is imperative for Māori suicide prevention.

Imperative 3: Hōnonga ki ngā Ātua Māori

Connecting to te Wairua/Spirituality and acknowledging and embracing ngā Ātua Māori is critical for Māori suicide prevention.

Embracing the ability to Hōngonga ki te Wairua is imperative.

A Pākehā lens on Māori suicide tends to pathologise suicide (treat Māori suicide as mental illness). However, the potential and opportunity to develop a Kaupapa Māori lens which elevates Māori experiences, cultural narratives and healing traditions in a way that advances Tino Rangatiratanga is imperative for Māori suicide prevention.

Imperative 4: Whakamana te Mātauranga Māori /Whakamana te Māramatanga Māori

Developing Māori intelligence and research remains an ongoing opportunity for Māori suicide prevention and postvention. This includes continuing to support Mātauranga Māori research and Māori researchers.

Upholding Māori intelligence and Māori wisdom to be able to apply knowledge that is meaningful and useful to whānau Māori is imperative for Māori suicide prevention and postvention.

Imperative 5: Whakaōti aukati iwi

Eliminating racism is imperative for Māori suicide prevention. Ensuring the ongoing utilisation of the Waitangi Tribunal claims process as a counter to the failure of DHBs to implement He Korowai Ōranga is imperative. This includes proactively enabling and supporting the voices of whānau to be heard.

Imperative 6: Whakamana te Tiriti o Waitangi

Leveraging off the policies that are already in place for the advancement of kaupapa Māori, including resources for this purpose is imperative for Māori suicide prevention and postvention.

Developing policies that enable and realise Te Tiriti o Waitangi (Māori language version) is critical.

Imperative 7: Whakamana Whānau

The importance of ensuring that whānau are elevated and at the center of suicide prevention and postvention efforts is imperative for Māori suicide prevention.

Symposium Speaker Recommendations

1. That the National Māori Suicide Prevention Strategy “Tūramarama ki te Ora” is endorsed and action is taken to implement the strategy as a matter of urgency
2. That a set of research, policy and programme priorities and projects that advance ‘by Māori for Māori’ suicide prevention and postvention actions, taking into account the seven imperatives for Māori suicide prevention and Tūramarama ki te Ora is developed to guide the field of suicide prevention and postvention and unify action for iwi/hāpu/whānau/hāpori Māori/Māori research/Māori policy/Māori services and government so that all are on the same kaupapa of Tino Rangatiratanga.
3. That Māori suicide prevention research priorities that advance Tūramarama ki te Ora include:
 - a. A pan tribal study to examine opportunities for iwi/hapū leadership in Māori suicide prevention situated in Treaty settled iwi compared to iwi who have not received Treaty settlements
 - b. A study of suicide prevention interventions embedded within Kaupapa and Mātauranga Māori.
 - c. A study of Māori responses to suicide within the community.
 - d. A study of bereaved whānau/whānau pani needs for specifically tailored postvention support and healing.
 - e. A comparative study of iwi specific understandings of suicide to guide and inform iwi specific leadership for suicide prevention and postvention within each iwi.
4. That colonisation induced historical trauma is accurately embedded into intervention design for Māori suicide prevention and postvention
 - a. That by Māori for Māori service providers are educated about the links between suicide and historical unresolved trauma to enable them to deliver trauma informed care within iwi, hapū and whānau contexts
 - b. That a new system of care based on the translation of historical trauma into Kaupapa Māori services for suicide prevention and postvention is developed for widespread application in Māori communities.
 - c. That research on historical trauma is prioritised to identify points of intervention for Māori suicide prevention and postvention.
 - d. That trauma informed care includes the development of the Māori health workforce and culturally safe training for the non-Māori health workforce who as a very minimum, need to be able to apply the kaupapa of ‘doing no harm’.

5. That progress on Kaupapa Māori responses to sustainable, community centered, Māori suicide and postvention based on Tino Rangatiratanga, Māori control over Māori research and data through robust research and evaluation practices led by Māori is expedited including
 - a. Strengthening research with indigenous peoples in the kaupapa of suicide prevention and postvention through strategic multinational collaborative research projects.
 - b. Developing a set of research priorities based on Kaupapa Māori.
 - c. Developing research capacity in suicide prevention and postvention based on the kaupapa of indigenous practices and knowledge.
 - d. Developing international indigenous suicide prevention collaborative projects
6. That the Ministry of Health and National Office update themselves on all Treaty claims implicated in Māori suicide – including but not limited to the uplift of Māori babies/mokopuna, incarceration of Māori including the prison pipeline and other racist practices that drive up inequities in all areas of Māori well-being outcomes.
 - a. That research funding is set aside for this purpose.
7. Identify pathways to improving the ethnicity data collection processes for Māori suicide
 - a. Work with Te Roopu Rangahau Hāuora ā Eru Pōmare, the Māori data sovereignty movement, Te Kīwai Rangahau and Māori researchers to conduct an indepth updated study on the epidemiology of Māori suicide including data collection issues and recommended solutions.
8. That the Director of the National Suicide Prevention Office is briefed fully on the efforts of Māori over 30+ years in suicide prevention and postvention by those who were there.
9. That the Director of the National Suicide Prevention Office understands the pivotal role of self-determination in Māori suicide prevention as a counter balance to the ongoing colonisation of Māori
10. That a Kaupapa Māori lens is woven into the work of the Ministry of Health's Mental Health and Addictions Directorate and the National Suicide Prevention Office which includes anti-racism training in strategic planning, policy and procurement throughout the Directorate.
11. That Directorate staff undergo training in the lay of the land in Māori suicide prevention and postvention and potential solutions and actions

12. That wairua therapies are researched with whānau story-telling included as part of a comprehensive development of by Māori for Māori therapies based on Mātauranga Māori and situated within Te Ao Wairua (spiritual realities) in harmony with Te Ao Kikokiko (physical realities).
13. That Māhi Ā Atua and Wairua Wānanga become part of Kaupapa Māori funded services accessible to Māori practitioners.
14. That the development of the Māori health workforce include wairua therapies and whānau story-telling to meet the needs of whānau that sit outside and in some cases, alongside clinical responses to suicide prevention and postvention efforts.

Symposium Break-Out Recommendations

1. That you acknowledge that Tino Rangatiratanga is critical in order that whānau can determine actions for whānau.
2. That you create space for whānau and communities to define grey areas for example differences in the kawa of communities and impacts for suicide prevention and postvention
3. That conversations about Wāhine Ora are led by Wāhine.
4. That research, policy and practice is based on the recognition of the diversity across whānau, hapū, iwi and hāpori Māori.
5. That Wāhine Māori are firmly entrenched in the design, conduct and delivery of research using Kaupapa Māori Frameworks^x
6. That suicide prevention is tailored to rohe/tribal area so that Māori communities work to their cultural strengths
7. That Kaupapa Māori funding is specifically focus on power sharing within decision making.
8. That a policy that supports whanaungatanga referrals and practices across communities enables the sharing of information supported by the smart use of technology.
9. That funding is allocated for the development of Kaupapa Māori suicide prevention services, research and, that funding includes a focus on networked rural Māori communities and building the workforce of community based practitioners.
10. That *Counting Ourselves*¹ and the *Honour Project*² are added to every Māori studies programme.
11. That further copies of the above two reports are printed and available to the public to carry the findings and advice based on the voices of Takatāpui, into community and public spaces.
12. That an actionable strategy is developed to actively engage whānau pani in designing and leading their own healing strategy and providing critical input into suicide prevention and postvention.
13. That whānau pani have access to therapeutic/healing retreats and gatherings that provide opportunity to talk, share and support each other.
14. That whānau pani have opportunities to work together to lead the advice on the currently unmet needs of whānau pani.

15. That the advice of rangatahi is taken seriously and that rangatahi are properly recompensed to sit on advisory boards. This represents the valuing of the input of rangatahi into suicide prevention advice, policy, programmes and research.
16. That a Tino Rangatiratanga lens is developed for policy, research and purchasing of services for Rongoā Māori and Wairua therapies for Māori suicide prevention and postvention.
17. That a Tino Rangatiratanga approach to purchasing services that recognise complex historical trauma, linked to suicidality and taking into account, those with lived experiences of trauma.
18. That opportunities are developed for counsellors, mental health and other health professionals to meet together regularly to inform the field of professional practice, sharing learnings and building teaching opportunities for the delivery of 'safe professional services' to traumatised whānau.
19. That scholarships to fund research on trauma informed care for Māori and solutions to multigenerational trauma in professional practice in Aotearoa as a colonised nation are developed.
20. That a Tino Rangatiratanga lens for policy, research and purchasing of services for Tāne leadership for Tāne Māori suicide prevention and postvention is developed.

Mahere Whenua: The Context of Māori Suicide

Māori continue to be over represented in national and international indigenous suicide statistics¹. The need for sustained action for culturally safe², culturally competent suicide prevention and postvention strategies developed, led and delivered 'by Māori for Māori' within a self-determining action oriented framework is imperative. Approaches for Māori suicide prevention and postvention must be positioned in context of the ongoing and enduring impacts of colonisation making historical trauma informed care imperative. However, caution needs to be exercised so that the induced pathology of colonisation does not extend to the general reference to suicide as pathology or mental illness.

Colonisation established a specific type of trauma called 'historical trauma' and/or soul wounding³. This form of historically rooted trauma has led to the retraumatisation of whakapapa from 1642 to the present day⁴. Thus it is a multi-generational trauma⁵ that is reflected in contemporary outcomes quantified as suicide, mental illness, co-morbidities and preventable diseases, poverty induced illness etc. In short, the net impacts of colonisation and continuing colonisation manifests as multi-generational suffering⁶.

Ongoing colonisation created violations of Te Tiriti o Waitangi visible in inequities in suicide, mental illness, homelessness, poverty and other social determinants that together, verify extensive suffering of Māori⁷.

Prior to 2007, Māori suicide prevention was dominated by a Western clinical response to Māori wairua/spiritual distress⁸. This has long been problematic for a number of well documented reasons most of all, that indigenous suicide all over the world is an outcome of colonisation, the same system that Westernised psychiatric and psychological treatments, classification and diagnostic systems derive from.

Evidenced based care does not have to mean denial of indigenous systems of healing, especially healing of the wounded spirit or services anchored in the rights of Māori to access Mātauranga and Kaupapa Māori to inform their own healing. Yet it has become this. There is currently a drive to integrate Kaupapa Māori into counselling and other therapeutic and clinical modalities. While integrated care has provided a modicum of cultural response, Kaupapa Māori often serves as a servant to western psychiatry and psychological services in integrated care approaches⁹. Instead a dedicated approach to Kaupapa Māori therapies informed 'by Māori for Māori' is recommended as imperative for Māori suicide prevention and postvention care¹⁰.

Postvention services to alleviate the suffering of whānau pani and foster healing are long overdue¹¹. The under-funding of by Māori for Māori trauma informed care services and the enduring impacts of sustained inequities in suicide and mental illness for over 40 years have meant that ground has been lost in Māori suicide prevention¹². Furthermore, it has been a long struggle to convince the Government of the explanatory power of colonisation on outcomes of suicide, medically significant suicide attempts and complex forms of trauma. In the meantime, Māori lives have been lost in the denial of Kaupapa Māori spiritual and cultural well-being practices. Whānau ora, whānau, hapū, iwi and hāpori Māori development, whānau centered trauma informed care, indigenous healing modalities inside and separate from government funded services such as ACC's sensitive claims process (requiring that rongoā practitioners meet stringent Pākehā clinical standards for registration) have been established within the constraints of Pākehā contracting and accountability processes.

Perhaps significantly more progress on stemming the rising tide of suicide and easing the suffering of whānau pani would have been made if a completely self-determining approach had been applied. That is the majority view expressed by participants in February 2020.

The constant and enduring challenge to self-determination in suicide prevention and postvention and lack of faith in the capacity of Māori¹³ to lead their own responses to suicide outside of the bounded monocultural processes of Government, blocks any real progress we might make while we look to Government to save us. We now understand that Hauora Māori and the determinants of suicide as a serious outcome for Māori, is deeply embedded in structural and other forms of racism¹⁴.

Kia Piki te Ora o Te Taitamariki¹⁵ was lauded as the first indigenous suicide prevention strategy in the world. KPTOTT was essentially a strategy for self-determination based on unpacking and teaching the impacts of colonisation over generations as the key to suicide prevention in the future. The key to by Māori for Māori suicide prevention has always been about Māori stepping into the fullness of their Rangatiratanga/Sovereignty¹⁶ and mana in order to resolve the enduring generational impacts of colonisation. It remains to this day, key to our survival as Māori.

Kia Piki te Ora o te Taitamariki, the first indigenous suicide prevention strategy, was positioned as the partner strategy to 'In Our Hands', the New Zealand Youth Suicide Prevention strategy. However, it was positioned within government and in the end, government policy denied the vision of Kia Piki te Ora o te Taitamariki. The revised version of Kia Piki is not a self-determination strategy. However, it does recognise the central role of Māori communities in designing their own solutions to suicide prevention. The various project sites have had varied levels of success in their capacities to go their own way in suicide prevention work, outside of DHB control.

The solution to Māori suicide rests firmly in the framing of self-determination and the range of Māori healing modalities such as Pūrākau/story-telling etc. as offering the potential for hope-building for Māori in current generations. Hope-building must be the focus of suicide prevention. Not pathologised responses to trauma through generations. Not pathologised responses to colonisation. Not reframing our whānau as mentally ill, deviant etc. but as legacy bearers of expansive trauma and survival stories over generations. As Māori, the indigenous peoples of these lands, we have been taught to suspend belief in ourselves as the authors of our stories and the creators and directors of our lives.

The 2020 Māori suicide prevention summer school symposium was a continuation of 8 years of Māori Indigenous suicide prevention hosted by Dr Keri Lawson-Te Aho from the University of Otago. This year was the first time Otago University partnered with Te Rau Ora. The summer school was timed to inform Māori suicide prevention efforts and to offer direction to the National Suicide Prevention Office. However, the advice from the summer school is also purposed to guide, inform and manaaki (support) by Māori for Māori self-determination approaches to suicide prevention and postvention.

Government mandated suicide prevention strategies have failed Māori to date. Decolonisation informed self-determination has never been fully realised for Māori suicide prevention or postvention. Yet there is substantial and growing evidence that these strategies work, evidenced by pockets of success stories throughout our communities such as Mahi ā Ātua¹⁷, Te Rau Ora¹⁸, Te Pūtahitanga¹⁹, Māori entrepreneurship²⁰ and rangatahi leadership²¹ among other successes. Some of the strategies that are impacting a reduction in Māori suicide levels in some communities, recognise that by Māori for Māori is the key to suicide prevention.

Māori suicide prevention won't come from mainstream services, however, culturally safe and competent they aim to be. Nor will it come from a National Office established by government mandate. Māori suicide prevention must be situated in the heart of whakapapa and Māori communities. It must heed the voices of those who know what they are talking about and above all, who have faith in by 'Māori for Māori' self-determination. There is a 250 year back story of colonisation and historical trauma, providing explanatory power for Māori suicide levels in 2020 despite many years of advocacy, calls and demands for change led by Māori for Māori. Unless we correct the gaze of current efforts to align with the realities of being Māori today, suicide prevention will continue to challenge us.

Dr Keri Lawson-Te Aho
Māori and Indigenous Suicidologist
July 2020

Opening Session: Tino Rangatiratanga/Māori Self Determination in action

In this rapid-fire session on Māori self-determination/Tino Rangatiratanga five leaders in Māori suicide prevention articulated their understandings and meanings of Tino Rangatiratanga/Māori sovereignty and self-determination. This session offers guidance concerning Māori suicide prevention and postvention within a Tino Rangatiratanga set of imperatives. The verbatim statements are reported.

Ezekiel Raui – Te Rarawa, Ngā Puhi, Waikato/Tainui, Aitutaki

Tino Rangatiratanga means...

- The fact that a rangatahi can stand here today and speak about a kaupapa that impacts on all of our lives is Tino Rangatiratanga in action. Our historic stories teach us about Tino Rangatiratanga in action.
- The fact that our ancestors circumnavigated one of the largest bodies of water in the world - with what Europeans at the time considered to be primitive tools - is Tino Rangatiratanga in action.
- Tino Rangatiratanga can be seen in the establishment of Māori seats in Parliament, a first for Aotearoa and a first for indigenous peoples across the world.
- Tino Rangatiratanga can be seen in the establishment of a Māori curriculum, a Māori education system that has enabled us to be proud of who we are.
- Tino Rangatiratanga in our rangatahi (youth) is the embodiment of self-esteem, of self-confidence and pride in who we are as individuals.
- Tino Rangatiratanga to me is the ability to be Māori in everything that we do, uncompromisingly and unsolicited loudness about who we are, open and ready for the spaces we're in.

Ezekiel Raui challenged the symposium participants to take action by bringing one young person to all hui and kaupapa.

Lady Tūreti Moxon – Ngāti Pāhauwera, Ngāti Kahungunu, Kai Tahu

Tino Rangatiratanga means kei ā tātou te ara tika – the answers are within us. We take it (the kaupapa) and make it ours because unless we do we will be beholden to a government that is detrimental, oppressive and abusive to Māori. Why are we here? Because we have people making policies, regulation and decisions who believe they're our saviours but we are our own saviours. We will do it for ourselves, so we need to take it back, believe in ourselves and say "those mokopuna/tamariki are ours". The health of our people is ours.

Matua Witi Ashby, Ngāti Hine, Ngāti Kawa

"We've come too far not to go further. We've done too much work not to do more"

Our 'Māori' house was brilliant for 1500-2000 years until the English reduced our home to a colony of Britain and that's where our problems began and where our problems still lay. We have been damaged by segregation, racism and colonisation but we are starting to reclaim all of our cultural practices, traditions and meanings. For example, the word whakamōmori referred to people who had a wish to die due to a deep depression and a sense of being lost. This was not a Māori word for suicide. The lesson is that we need to take back our language and meanings and identify the modern day Tōhunga amongst us. Tino Rangatiratanga is seen in actions that restore our Reo, Tikanga and whenua to us.

Whāea Hinewirangi Kohu, Ngāti Ranginui, Ngāti Kahungunu, Ngāti Kahu

"From my own experience, my life changed when I learned who I am. I began to want to live when I learned my pepehā/stories and to stand at my mountain Mauao. Tino Rangatiratanga means teaching our rangatahi how to tell their own stories for themselves. It means Rangatahi being the Rangatira of their own kaupapa".

It is time to think about Tino Rangatiratanga through a bicultural lens. Who are we if not door openers to the souls of the healer within. Rangatahi know better about healing themselves but sometimes they need our support. We have to deal with and support our rangatahi who are working hard in suicide prevention and to work at their sides not take over. Too often we assert our Western training as psychologists, psychotherapists and counsellors and we have a programme to show them but unless they are the leaders of their own kaupapa, then we risk guiding them along pathways that don't work for them.

Whāea Tihi Puanaki Ngāti Hine

"Tino Rangatiratanga means teaching tamariki about themselves through kapa haka and teaching them how to connect with their culture as Māori".

We all have different roles to play. I live Tino Rangatiratanga as an aunty, whāea, and teacher. I work in helping to set tamariki on the right path. I teach them to learn about themselves through kapa haka and connecting with their culture as Māori. Sometimes I find rangatahi living on the streets and when I find them, I maintain a stable and positive presence in their lives by drawing them into Kapa Haka and just by taking an interest in them as a 'whāea' who cares about them.

Summary

1. Self-determination through the exercise of Tino Rangatiratanga is imperative for Māori suicide prevention and postvention
2. Exemplars of Tino Rangatiratanga are accessible in ancestral/whakapapa stories, Tūpuna and focusing on cultural knowledge and accomplishments. These stories can be used to inspire current and future generations of Māori by teaching them about who they are.
3. Suicide prevention requires that the strengths of key people in the lives of vulnerable whānau become resources to support them through difficult times and challenges. This could take the form of a mentor, tuakana/teina, a teacher, a “grumpy aunty”, a facilitator. Everyone needs someone.
4. The exercise of Tino Rangatiratanga means that Māori shape their own destinies and strategies for life, learning the lessons from the past with knowledge of our stories being critical.
5. Self-determination is action oriented and can be anchored in Tikanga Māori through the revitalisation of Te Reo Māori me ōna Tikanga, the performing arts and other forms of cultural connection and reconnection.
6. Finally, Self-determination calls on ‘by Māori for Māori’ responses to Māori suicidality. It is important to seek out the wisdom conveyed through whakapapa. Looking externally to outside experts for answers has not worked.

Recommendations

1. That a set of research, policy and programme priorities and projects that advance ‘by Māori for Māori’ suicide prevention and postvention actions while taking into account all of the above summary points is developed to guide the field of suicide prevention and postvention and unify action for iwi/hāpu/whānau/hāpori Māori/Māori research/Māori policy/Māori services and government so that all are on the same kaupapa of Tino Rangatiratanga.
2. That Māori suicide prevention research priorities include:
 - a. A pan tribal study be undertaken to examine opportunities for iwi/hapū leadership in Māori suicide prevention situated in Treaty settled iwi compared to iwi who have not received Treaty settlements
 - b. A study of suicide prevention interventions embedded within Kaupapa and Mātauranga Māori.
 - c. A study of Māori responses to suicide within the community.
 - d. A study of bereaved whānau/whānau pani needs for specifically tailored postvention support and healing.
 - e. A comparative study of iwi specific understandings of suicide to guide and inform iwi specific leadership for suicide prevention and postvention within each iwi.

Session 2 Theme: Lay of the Land in Māori Suicide

Dr Keri Lawson-Te Aho – Ngāti Kahungunu, Ngāi Tāhu, Ngāti Porou, Ngāti Pāhauwera, Rongowhakaata, Ngāi Tūhoe

Colonisation and Suicide (verbatim presentation)

“This is a challenging conversation and difficult for many New Zealanders to understand because the truth of colonisation has not been part of the national conversation about ‘nation-building’. Histories of colonisation have not been taught in schools, universities and other educational settings. Most people in Aotearoa have only heard one side of the colonisation story, that of the colonisers. The question is, if colonisation was so good for Aotearoa, why are Māori in such a dire position on all social indicators? Why are Māori 7 x more likely to be homeless? Die on average 8-11 years younger than Pākehā from preventable illnesses? Why are Māori youth 72% of the incarcerated youth, why are Māori babies 65% of those uplifted by the state and so on.

As suicide prevention practitioners, researchers, policy writers and services, suicidality is often framed as mental illness (mate hinengaro), depression (pouri), anxiety (matakū). Whereas, Māori explanations attribute suicidality to colonisation which is postured as an ongoing process. As Western trained mental health professionals, we are trained to view mental illness through the lens of mental illness, deviance, abnormality, pathology but when I look at Māori through an indigenous Māori lens I see magnificence, whakapapa, expansive history, ancestors, beauty in our young people and in us. I invite those who are not Māori to join hands with us and come on this journey with us. Colonisation is the single most important explanatory factor for Māori and indigenous suicide. Colonisation began way back in the 1400's in the Catholic Church in a series of directives called the Papal Bulls. These were directives to the people of the Catholic Church who were told to go forth and take land, language, resources and missionize and Christianize indigenous peoples all over the world <https://www.creativespirits.info/aboriginalculture/land/how-was-aboriginal-land-ownership-lost-to-invaders>.

Colonisation has a long history in racism. There is no way that it can't if we look at the histories of indigenous peoples under colonisation. So colonisation is a system that privileges first and foremost those who descend from the British monarchy. It also privileges those non indigenous peoples around the world and those people are not people of colour. They are European people and this is the history and story of colonisation. What I want to do to demonstrate what colonisation does and how it works is to talk you through some of my own story. I think it is vitally important that we tell our stories in ways that make us stronger and as my Tūpuna told me, we need to keep our stories alive including who we are because in the process of colonisation, that knowledge of who we are, how we fit and how we connect is disrupted.

Kua ngaro kē, so we arrive at a point of not knowing who we are and worse than that, not being able to reconnect. It is my role to keep the knowledge alive to connect my children and my mokopuna to their identities. That's my role as a whāea and nanny or kuia, to connect them. So all contemporary drivers of suicide are anchored in colonisation, anchored in land loss and anchored in systems that were given license and legitimacy under colonisation. Aaron Huey, a white American photographer talked about the domino impacts of colonisation https://www.ted.com/talks/aaron_huey_america_s_native_prisoners_of_war?language=en

There is so much that we don't know about in terms of our history here in Aotearoa, so much that's been kept from us, our families and the public consciousness. Once you know then you have to make a decision about this. Do you stand up and say this is not right and I'm going to try and do something about telling the truth about what happened here. Or do you say history is history, let's forget about it and move on. Historical amnesia has been the way that Aotearoa has dealt with the brutal truth of colonisation and the contemporary impacts on Māori today where it is easier to blame Māori for all of the inequities that exist. Yet we have clear evidence of the links between our histories under colonisation and contemporary outcomes.

Historical trauma or the existence of a type of trauma that traverses generations of Jewish and indigenous peoples comes from the scholarship of Jewish researchers. This scholarship was taken up by Indigenous researchers in the United States and subsequently became part of scholarship on suicide amongst Māori. Trauma comes down through generations. We know the science of trauma from the epigenetics research. Historical unresolved trauma relates to shortening of the telomere length of the chromosome leading to premature aging, preventable diseases and co and multi morbidities. Historical trauma created a multi-generational flight and fight response which resulted in elevated cortisol levels setting the conditions in place for premature aging. Historical trauma is not readily seen. It is often invisible only becoming visible through evidence of co and multiple morbidities and the presence of preventable diseases which cuts short the lives of indigenous peoples”

Recommendations

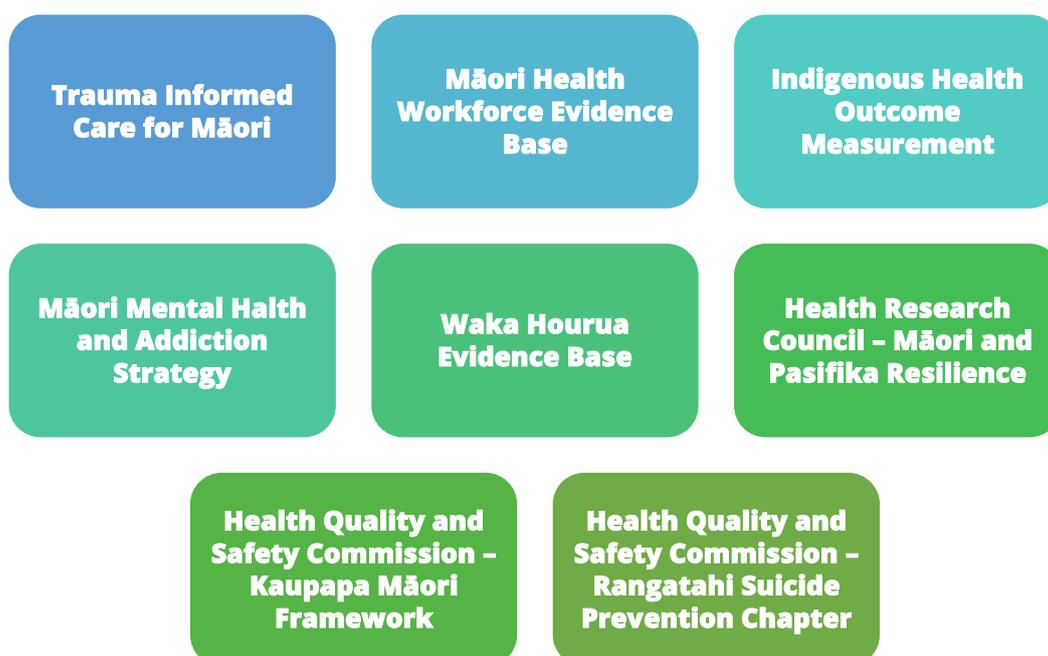
1. That colonisation induced historical trauma is accurately embedded into intervention design for Māori suicide prevention and postvention
2. That by Māori for Māori service providers are educated about the links between suicide and historical unresolved trauma to enable them to deliver trauma informed care within iwi, hapū and whānau contexts
3. That a new system of care based on the translation of historical trauma into Kaupapa Māori services for suicide prevention and postvention is developed for widespread application in Māori communities.
4. That research on historical trauma is funded to identify points of intervention for Māori suicide prevention and postvention.
5. That trauma informed care includes the development of the Māori health workforce and culturally safe training for the non-Māori health workforce who as a very minimum, need to be able to apply the kaupapa of ‘doing no harm’.

Session 2: Theme: Lay of the Land in Māori Suicide

Dr Kahu McClintock Waikato Maniapoto, Ngāti Porou, Ngāti Mutunga

Te Kīwai Rangahau Māori Suicide Prevention Research

Overview Dr McClintock provided an overview of all the work that has been completed in Māori suicide prevention and postvention through Te Waka Hourua. An expansive amount of work has been completed on workforce development, rangatahi leadership, community development, workforce development, leadership development and other kaupapa. Publications in the international journal Te Mauri Pimatiwisin have highlighted work in Aotearoa/New Zealand and around the indigenous world. <https://journalindigenousewellbeing.com/>. Ongoing research needs relate to workforce development particularly those who value Te Ao Māori/Māori values and competencies and attain fluency in Te Reo Māori. Data sovereignty is a major issue for Māori. The Aotearoa data bases in Te Waka Hourua are updated with articles about Māori suicide prevention written by Māori for Māori. Below is some of the work that has been led by Te Kīwai Rangahau.



Recommendations

1. That progress on Kaupapa Māori responses to sustainable, community centred, Māori suicide and postvention based on Tino Rangatiratanga, Māori control over Māori research and data through robust research and evaluation practices led by Māori is expedited.
2. Strengthen research with indigenous peoples in the kaupapa of suicide prevention and postvention through strategic multinational collaborative research projects.
3. Develop a set of research priorities based on Kaupapa Māori.
4. Develop research capacity in suicide prevention and postvention based on the kaupapa of indigenous practices and knowledge.
5. Develop international indigenous suicide prevention collaborative projects

Session Theme 2: Lay of the Land in Māori Suicide

Te Tiriti o Waitangi/Treaty of Waitangi Claims – Policy

Mr David Stone, Ngāti Kahungunu, Ngāti Porou; Ms Emma Kutia, Ngāi Tūhoe; Dr Keri Lawson-Te Aho, Ngāti Kahungunu ki te Wairoa, ki Heretaunga, Ngāi Tūhoe, Ngāi Tahu, Rongowhakaata

David Stone, Principal Te Mata Law

David Stone who is the Principle of Te Mata Law outlined the Treaty claims process and provided an update on the claim taken by Dr Keri Lawson-Te Aho for Māori suicide prevention.

The Waitangi Tribunal has come to the end of historical tribunal claims and is now dealing with the generic kaupapa claims which concern social justice issues including Māori incarceration rates, the Ōranga Tamariki claims, Māori suicide prevention claims and other social justice claims.

On the 24th February 2017, a claim was submitted on behalf of Dr (Whāea) Keri Lawson-Te Aho which in a nutshell asserts that the Crown was given advice for the prevention of Māori suicide but did not follow through on that advice. The specific Treaty breaches listed in the claim are:

“Failure to design and implement a strategy to address the disproportionate over representation of Māori suicide, in particular Māori youth suicide;

This Crown failing includes but is not limited to;

Failure to implement recommendations from Māori of how best to design and implement assistance for Māori suicide prevention especially Māori youth suicide prevention, only relatively recently putting funding into Māori suicide prevention with a plan of action led by Te Rau Matatini;

Failure to acknowledge the underlying reasons for Māori suicide;

Failure to acknowledge the role of self-determination, Māori knowledge, worldviews, Te Reo me ōna Tikanga in the design of suicide prevention programmes;

Failure to encourage a comprehensive application of whakapapa in the design of suicide prevention programmes including the failure to provide for restoration of a whakapapa process for reconnecting Māori youth into their whānau, hapū and iwi;

Failure to provide a social and cultural development programme grounded in history and the identity construct of whakapapa in suicide prevention and under resourcing Māori youth suicide prevention”.

The claim hearing has yet to be scheduled.

Kia Piki te Ora: Emma Kutia

Emma Kutia is a longstanding community based suicide prevention Kaimahi/worker. Is this session Emma offered her thoughts about Māori suicide prevention occurring at the flaxroots through the Kia Piki projects. This is the verbatim kōrero.

“Tino Rangatiratanga – me ā tātou te raru kei ā tātou te rongoā.

We’re in a new decade. We need to make a change because what has happened in the past 10 years has not been beneficial to our people. What I love about Kia Piki ‘ahakoa te sanitizing’ of the Ministry of Health, and their efforts to sanitize the wairua of the kaupapa, is the wairua has still come through in various ways. We have sites across the motu, 16 Kaimahi from the north, all the way down to Murihiku (Invercargill) 16-60.

Ko wai wērā? Ko tātou tērā. We need to take the opportunity to heal ourselves because we can. How do I get a person to love that they’re Māori as much as I do? How do I get a Māori person to realise that being Māori is like a korowai? Hei aukati i ngā pāmamao, ngā taumahatanga ō te Ao? How do I do that?

What I love about Piki te Ora is that we are based within our communities. We have been for a long time. In 2001, it was rolled out as a pilot projects in 6 communities, 11 communities today and we are in 9 spaces. Each site maintains their Tino Rangatiratanga (sovereign rights to self-determination) their autonomy. They know their community, they know their people, and are doing mahi that is relevant and meaningful for their people.

I love the diversity of our Kaimahi (workers). We are not your off the rack kind of people. We come in many different sizes, shapes, ages and we are able to work to our strengths. We have a site that has a rangatahi worker and so their focus is on rangatahi and who better to talk to rangatahi than a rangatahi (youth). I feel awkward going to talk to rangatahi because they call me Nan and already I am disadvantaged. We had a kuia up North and she worked in rongoā (Māori traditional healing) amongst our Pakeke (adults). That’s what I love about it. It gives people the opportunity to share their skills and expertise, to focus on what they’re good at and above all, being Māori”.

Session 2: Te Tiriti o Waitangi, Tino Rangatiratanga and Tamariki Ora

Speaker: Lady Tūreiti Moxon, Ngāti Pahauwera, Ngāti Kahungunu, Kai Tahu

Tino Rangatiratanga in action – verbatim presentation

Protecting our Māori Children and Babies from state uplift

“We have to care for the generations coming after us and who are here with us are our future and that’s what we have to do for ourselves because the challenge has been put out already that don’t wait for someone to come on their white horse to come and save us. We have to do that for ourselves and lots and lots of us aren’t doing that.

Look at the statistics – cardiovascular disease mortality 2.5 times higher for Māori; heart failure 3 x higher; all types of cancers twice as high; wāhine Māori we register 4.5 times in terms of lung cancer and yet our mortality rate is 5 times that so we are actually in a situation where it calls for change and if we don’t make the change it isn’t ever going to happen and so you can see here for our men, its 3 times higher.

In the Hauora Treaty claims Report, the Crown’s failure to abide by it’ Treaty obligations and ensure that agents and the health sector as a whole are doing the same, has contributed to the dire state of Māori health outcomes.

The Crown cannot continue to evade its obligations and health inequities experienced by Māori compound the need for an urgent and thorough intervention. But what’s changed? Nothing. So I’m going to talk about the Ōranga Tamariki Inquiry. It’s a very important enquiry for us because basically our tamariki have just being taken from the breasts of our mothers for over 30 years. They’ve just been swiped off and for me the most underpinning thing for all of that is we have authorities who believe ‘we do not deserve to have children’. That we do not deserve to be mothers and certainly if you’re a young mother, you do not deserve to be a young mother. This has gone on for years.

These are some of the statistics for Ōranga Tamariki. Just under 6,500 of children and babies are in the care and protection of OT. Of that, 68% have been identified as being Māori or Pacific. In 2014, 9% of the children and young people were returned to home placements. In 2018, that dropped.

Think about that, if it's 100% of your children that have been uplifted and only 9% actually go home to their mother and father, what is that doing to the inter-generational experiences that our people have to deal with on a constant basis?

Jean Te Huia's affidavit, reported that of the 821 children removed from their parents within 3 months of birth 2016-2018, approximately 56 of those were Māori and that's despite the fact that our birth rates were approximately 22%. So there is a huge focus on removing children from us? Why do you think that is? It's because we kill them.

I heard the Minister of Health say this 'we don't want one more child to die'. She said this at Waitangi to the iwi leaders at Waitangi and then she started to name the babies and they were all Māori babies. No one even thought that this is not a Māori problem, this is a societal problem and yet Pākehā babies die just as often. Moana Jackson would have shared that with everybody.

The issues we are grappling with amongst ourselves are huge but we need to mobilise. We cannot sit back and hope that someone else is going to do it. We have to think about what is best for our children, our whānau and our society as Māori.

The Ōranga Tamariki act is one of the most racist, one of the most violent and cruel pieces of legislation in this country because they take babies away and they don't give them back. But there's no healing for those families, there's no whakakaha ia rātou, ngā whānau katoa, there's none of that. No supporting whānau to be better parents. No supporting whānau to be equipped to be a really good parent but what they do is they take them away and they leave them in this constant trauma. They give out these ex parte orders which means that they don't have to give any notice whatsoever that they're coming so they come in the night. They come with armed offender's squad. They come with police from here to kingdom come and the babies are asleep in their bed. There's no harm going on there but they take them and you saw that experience at Hastings hospital where they kept going at it. They told her you need to do this and this and this and this. She did this and this and this – got help, went to training, went to courses, did all these things but they still took that baby. Wanting to uplift that baby. She still has it I understand at this stage.

The Ōranga Tamariki legislation undermines the core foundation of Māori society which is our whānau, hapū and iwi. It undermines it. It actually is destroying it and we know that because 'kua whati te whakapapa, kua whati te whānau, kua whati ngā Tikanga, kua whati ngā tikanga, kua whati ngā mea katoa. So that happens and continues to happen so the other part of it is that there was a request to the Waitangi Tribunal to extend that claim to District Health Boards and to the Police. The DHBs, Police and Ōranga Tamariki collude. They work together in the uplifts of our children wherever they are. You know you've got children, they're 13, 14 and they know quite well what they want.

Even younger, they know what they want but then you see the police chasing a 13 year old around the couch because they don't want to go back to their mother. Its' crazy what we are being exposed to on a daily basis.

"This is Erana's story. OT did three reports and this is one of them of mistreatment of her son while in CYFs care in the early 2000's. He repeatedly ran away and in a number of cases they came after him with dogs to find him and take him back. Her biggest ngawe (injustice) was even though the courts said she could have him back, that wasn't implemented and then when she did get him back he kept in going back in, coming out, back in, coming out...and so in all that time sexual abuse was known to the carers and even when they tried to say something no one would hear it and then her view was no one dealt with his issues or tried to treat his issues and in the end he joined the army and shot himself while on duty".

I know that these are not uncommon stories.

"Atawhai a 28 year old mother of two was taken off her mum when she was 3. She was abused from the time she was three to the time she left when she was 15 and her view was that she was danced around every 3-6 months. She was bounced from town to town. She goes on to say that there was only one place in all the places that she'd been that ever treated her well and they treated everyone the same and that's really, really sad. Even to this day she keeps talking about the hurt and the pain that never goes away"

I know that many of you have solutions but healing has got to be part of the solution because if we don't heal, we are perpetuating colonisation and it's her children who keep her here. So these are some of the things that came out of all those stories.

There were over 1,000 people interviewed and these were the same stories. It's repetitive. It's the same story throughout everything.

“One of the things that is so harmful is the destruction of wairua, being alone, marginalised from whānau, culture, everyone and the sense of hopelessness and the sense of pain. The Treaty claim is about stopping this”

Tino Rangatiratanga and Whānau Ora

“Whānau Ora – is not about by Pākehā to Māori. This undermines our Tino Rangatiratanga and our Mana Motuhake”

The Whānau Ora Claim: Lady Tureiti Moxon, Dame Naida Glavisch, Dame Tariana Turia, Dame Iritana Tāwhiwhirangi and Merepeka Raukawa-Tait filed a claim with the Waitangi Tribunal seeking an urgent hearing on behalf of the Whānau Ora Commissioning Agency and all Māori. The five accused the government of subverting whānau ora and diverting funds away from the kaupapa.

The Whānau Ora Commissioning Agency claim is about the government taking budget set aside for whānau ora so other agencies could come on board with whānau ora but what we have to protect is that this is not a Māori idea to be run out by Pākehā.

This is a by Māori for Māori, by Māori and just like those kids, they have failed to implement Māori health strategies, just like they will fail to implement equity. They will fail if the government continues to push out whānau ora where it will just become a contract and we are more than just a contract. So what we are saying is

We want to deliver these services to our own people. There are a lot of people who believe in whānau ora and a lot who don't including our own people so our wero to ourselves is, unless we do this, we will continue to get the same.

So what we want is a stand-alone funding agency, where we pull that money out of treasury, put it into a funding agent and then move it out into the regions. We just don't want it for health although that has come out of the health claim. We want it right across the board so we can actually self-determine.

Unless the Crown are prepared to share power, we will forever be beholden to them as a political football. That's what we want for our communities so our communities can decide what is best for them.

There was an invitation from the Prime Minister that we should form an advisory group but it's a talk fest. This is about action. It's not just about putting a plan forward and then we'll think about it. This is about action and if they're not going to do it, we're going to do it for ourselves. That's one of the whakaaro that's come out. We want of course to have the full budget reinstated. Don't know if that's ever going to happen but I hope they re-think this because it's often said that they keep the money to themselves.

We want to refund Māori PHOs for their underfunding. The last thing I want to leave with us is I want us to bring our babies home because if we don't bring them home, they aren't ever going to come home and it's not good when we've got so many children unaccounted for who are overseas somewhere and we don't even know where they are. Nobody knows where they are because it's so secretive that they uplift and ship them out and those children when we find them years and years later, are still suffering.

Mehemea ka moemoeā ahau, kā au anake

Mehemea he moemoeā tātou e taea e tātou

Kei ā tātou katoa te ara tika

That's our dream for ourselves

(Lady Tūreti Moxon, February 24th, 2020)

Recommendations

1. That the Ministry of Health and National Office update themselves on all Treaty claims implicated in Māori suicide – including but not limited to the uplift of Māori babies/mokopuna, incarceration of Māori and the notion of a prison pipeline and other racist practices that drive up inequities in all areas of Māori well-being outcomes.
2. That research funding is set aside for this purpose.

Session Theme: Lay of the Land in Māori Suicide

Dr Ruth Cunningham, Ngāti Pākehā, Senior Researcher, University of Otago, Wellington School of Medicine and Advisor to the Suicide Mortality Review Committee

Māori Suicide Data Quality - verbatim report

Maori suicide data is reported by two different sources 1. The Ministry of Health data which is quite delayed and, 2. The Coronial Services with the Ministry of Justice which is more, timely.

The Ministry of Justice data is reported every year and that informs us about what is reported to coroners including where suspected self-inflicted deaths are reported to coroners so it can be reported quite quickly but the quality of ethnicity data collection is a key issue.

The Ministry of Health data is released after the coroner's reports which takes a minimum of 2 years before it is available. However, because the Ministry of Health is able to link up information around someone's ethnic identity, they are more accurately able to identify whether a death by suicide according to ethnicity.

In terms of the coronial data, the information comes from the initial form completed by the attending police officer. At this stage, the ethnicity data is based only on the initial form so if the police officer does not record the ethnicity of the deceased correctly, this is likely to result in an undercount of Māori suicide rates.

To identify the true suicide rate it is important to identify the ethnicity of the deceased and the numbers who died by suicide and link the information up with the number of people in the population who identify as Māori.

The census is where the ethnicity data is most accurately reported. The challenge is lining up the census data with the police identification of ethnicity which we know is not great, to get a true idea of the number of suicides by ethnicity.

The Health Services and Ministry of Health having been working to try and improve the quality of the ethnicity data collected. Previously ethnicity data was often filled in by a receptionist or an administrative worker who didn't necessarily ask the person. That information needs to be obtained by a member of the whānau/family or by someone who asked for that information.

Ethnic identity is not static and routine data collection processes are not great at capturing the changes over time or the fact that people do not just identify as a single identity.

The Department of Justice suicide statistics are less reliable than the Ministry of Health Statistics although these are much more delayed. This makes it very difficult to know what to make of the rates reported in the media.

It is important to use the timely data rather than wait for 2-3 years to understand Māori suicide levels.

It is important to try and link up data sets to clarify what is known about how the person identifies. There's no point in collecting data if it's not being used so it is important to feed data back into communities and that's not just feeding back into the media but recognising that local and national information is needed.

Having the best ethnicity data on data sets is part of the data sovereignty movement and the recognition of the taonga of data.

It is important to be able to see all of the potential places where early intervention can occur through a comprehensive analysis of the data such as medically significant suicide attempts not resulting in death, deliberate self-harm and other places.

While it is important to think about completed suicides and reporting, it is also important to think about other levels of information and reporting before suicide.

New Zealand has good information about self-harm in young people in the Youth 2000 studies and data on what is happening needs to be continuously collected.

It is important to seek more Māori-centred information and more hope driven information.

Te Kūpenga attempted to collect Māori centred information.

It is important to have information about Te Reo Māori, connection with the community/Māori centred information.

The Suicide Mortality Review Committee is interested in linking up coronial data with health data to try and achieve a more accurate understanding of Māori suicide rates and explanations.

Recommendations

1. Identify pathways to improving the ethnicity data collection processes for Māori suicide
2. Work with Te Roopu Rangahau Hāuora ā Eru Pōmare, the Māori data sovereignty movement, Te Kīwai Rangahau and Māori researchers to conduct an indepth updated study on the epidemiology of Māori suicide including data collection issues and recommended solutions.

Session Theme: Lay of the Land in Māori Suicide

Carla Na Ngara, Director, National Suicide Prevention Office –Verbatim report

Role of the Directorate in Māori Suicide Prevention

The office is currently located in the Mental Health and Addictions Directorate and the role of the office is to operationalise He Ara Ōranga and all the recommendations in the report that the Government has adopted.

There is lots of work being done in other parts of that Directorate around access and choice for better programmes and services and a lot of the work ties into the strategy and action plan so the office does not have the sole responsibility for getting the work done. I am constantly telling my colleagues in the directorate that they need to get their work right because if they don't we won't get the suicide rate down.

I am aware that outside the Ministry it feels like there is nothing being done and there are no services but inside the Ministry there is enormous amounts of working being done to try and get money out to try and meet the needs that were identified by He Ara Ōranga. I am an optimist but I can understand that it is frustrating for those who sit outside the Ministry.

Some of the key issues of the strategy are:

The notion of collective ownership and collective commitment to lowering the suicide rate and understanding what it's going to take.

The public narrative is dominated by discourse about suicide being mainly a mental health problem and it is a case of individual mental illness. However, the majority of people who die by suicide do not have a mental illness.

I learned about the level of distress that people who die by suicide live with and that distress is informed by a range of circumstances including the impacts of colonisation and the task for us as an office and as a society is understanding how we can meaningfully address that.

Until we stop framing suicide as being the problem of the sick and the other, none of us need to take responsibility either as individuals, as family members or as communities.

I don't assume to have all the answers but I do think as a coroner, that we need to be much more mature in our thinking about suicide and what drives it and how we are going to get our rates down.

It's really easy for us to identify the problems. Much harder for us to identify the solutions. One of the things I'm looking forward to and one of the big challenges for me in my role in a big picture way is to lead out this strategy and action plan but I need to know what communities are expecting.

There was a heated question and answer session from the participants following this presentation.

Recommendations

1. That the Director is briefed fully on the efforts of Māori over 30+ years in suicide prevention and postvention by those who were there. That the Director understands the pivotal role of self-determination in Māori suicide prevention as a counter balance to the ongoing colonisation of Māori
2. That a Kaupapa Māori lens is woven into the work of the Directorate and national office which includes anti-racism training in strategic planning, policy and procurement throughout the Directorate.
3. That Directorate staff undergo training in the lay of the land in Māori suicide prevention and postvention and potential solutions and actions

Mātua Wiremu Niania, Leslie Niania and Dr Alistair Bush **Verbatim report on the intersection between psychiatry and** **Rongoā Māori in a single case study**

“Mahi Wairua is a much neglected area in mental healthcare....

Often we don't take account of wairua (spiritual) matters”

Dr Alistair Bush, 24.2.2020

Case study of 'Tohu' (not his real name)

“Wiremu and Alistair met in 2005 (15 years ago) at Te Whare Mārie, the Māori mental health service in Porirua. Wiremu and Leslie have recently been involved in Mahi Wairua training with different roopu. This is a much neglected area in mental health. Often we don't take account of wairua matters.

We have a story to share and I'd like to invite some kōrero from the audience and questions for Wiremu. This is Tohu's story:

Tohu's first appointment at the mental health services was 10 years ago. It was a very difficult time in his life. One way he used to describe it is that his life had fallen apart, he felt really depressed and he was struggling with issues related to alcohol and drugs, he had a relationship break up and he reached a point where he was very seriously considering suicide. It took his brother to notice the situation.

His whānau had become very concerned about him and his description is that he was about 6'5 and maybe half a dozen cops bundled him up and took him down to the police station in order to get assistance from mental health.

We know it's often this difficult in some circumstances and so he then was meeting up with a psychiatrist for the first time and that psychiatrist was Dr P. He was a colleague of mine at Te Whare Mārie and a consultant psychiatrist with the adult team. I worked as a consultant psychiatrist in the child and adolescent team.

In his first session he arrived at Te Whare Mārie and was met by T, a support worker, lovely man and very good friend of Wiremu. T had already talked to Wiremu and said they were keen for him to come to the appointment.

Wiremu was running late so P met with Tohu and they start the session with karakia and then P began the interview. This was a standard psychiatric interview from what I could tell. I didn't meet Tohu until 4 years later when I heard about the story and had a chance to sit down with him and hear his views about it. This is what Tohu's said in his own words

"I was 36 when I first crashed. I had a relationship break up and wasn't sleeping well and a lot of the lack of sleep was just little things running through my mind at night, gotta do the dishes, gotta mow the lawns...little stuff, it wasn't even all that important. It just snowballed...and I couldn't fix anything"

So this is Tohu's description of that total feeling of being stuck and 'there's no way out of here'. Matua Wiremu "yes he was in a hole and there seemed to be no way out, things don't compute upstairs, you're tired mentally, physically and suicide just seems like an option".

So now I have a very brief description of Tohu's issues and about 10 minutes after the beginning of the session Wiremu arrived. The session for me with Tohu is that we were meeting for a psychiatric assessment and we hadn't met before and from memory T was in the room as well. I think he opened up with a karakia and Tohu and I started on our journey, just going through the regular stuff in an assessment. I think Wiremu was late for the session so he came into the session and sat down and we were in full assessment and Wiremu was just sitting there down on the carpet and T was a little bit uneasy about seeing a psychiatrist, you could sense a little bit of reserve....we were sort of working our way through it and then suddenly crunch bang,

Wiremu moved with his chair and looked behind Tohu and *"...described a young Māori warrior sitting behind him and described him in quite some detail and implied that this was very, very significant"*

And then Wiremu sat back in his chair...And according to P that's all Wiremu said in his session and he felt quite confused by what that all meant.

In Tohu's words

"Sitting in the room with Peter, he was talking to me and Wiremu interrupted him and said there's a Māori of importance standing behind you. A chief, someone of significant importance"

In some ways this is quite a simple scenario but it had some quite far reaching implications for Tohu and even though that was the only time P met with Tohu, Tohu met up with T and Wiremu a number of times - they went down to Titahi Bay beach, they collected some kaimoana together, they had kōrero together and

one of the things that Tohu kept coming back to was about the ancestor that Wiremu had seen.

What I remember about the session was that Wiremu identified the ancestor and he also identified the name of the ancestor. Afterwards Wiremu told me he didn't actually know about the ancestor but he knew it was significant from the name. Wiremu later did some research on the ancestor and found out quite a lot about him. Tohu said that this was someone he knew was in his whakapapa and, that the previous summer he'd been reading about some material in relation to this particular ancestor and so it had great meaning for him even though Wiremu wasn't sure what the meaning might be.

Wiremu

"I think the part I enjoyed was actually seeing a Tipuna in a clinical setting...it changes the way I feel about all this mamae with whakamōmori. That's really all I have to say" I didn't think I had cut across any protocols. I was there to take a message for Tohu and I gave him the message...

So I asked Tohu to describe what this meant for him...this is looking back over a 10 year period

"I think one of the big things back then was I thought I was always alone and when Wiremu pointed that out, I realised I wasn't and it was quite empowering for me, gave me hope and just encouraged me to fight"

Since that time 3-4 years ago he got close to that point but he said he wouldn't commit suicide because he feels he's never alone. How do we make sense of this, that whakapapa is everything and that wairua might offer something to this gentleman in his lowest moment?

Recommendations

That wairua therapies are researched with whānau story-telling included as part of a comprehensive development of by Māori for Māori therapies based on Mātauranga Māori and situated within Te Ao Wairua (spiritual realities) in harmony with Te Ao Kikokiko (physical realities).

That Māhi Ā Atua and Wairua Wānanga become part of Kaupapa Māori funded services accessible to Māori practitioners.

That the development of the Māori health workforce include wairua therapies and whānau story-telling to meet the needs of whānau that sit outside and in some cases, alongside clinical responses to suicide prevention and postvention efforts.

Breakout Sessions – Issues and Recommendation

Wāhine Māori, Wāhine Ora Key Issues

Verbatim Report: Kay-Maree Dunn

Tino Rangatiratanga is critical so whānau can determine the meanings and constituents of actions for whānau. Creating space for whānau and communities to define grey areas re differences in kawa of communities.

Conversations about Wāhine Ora must be led by Wāhine.

Research, policy and practice must be based on the recognition of the diversity across whānau, hapū, iwi and hāpori Māori.

Wāhine Māori need to be firmly entrenched in the design, conduct and delivery of research using Kaupapa Māori Frameworks

Suicide prevention must be tailored to rohe/tribal area rather so that Māori communities work to their cultural strengths. For example, the Far North iwi organise around marae. Kai Tahu organise around Mahika Kai/and the natural environment. Both avenues/kaupapa offer opportunities for tailored, culturally specific suicide prevention and postvention.

Opportunities to allow the creation stories to be used as a base for a framework because that again enables the different perspectives to come through are vital.

Acknowledgement of the power issues between tāne and wāhine and the complexities of the issues. These issues keep coming up.

We really appreciate the kōrero today about wairuatanga and that's become the norm for us to talk about and that's actually a win for Aotearoa as a whole.

The challenge for us all is that we keep looking to the crown to solve our problems or create options so it's up to us as well.

Conversations around funding and some of the practitioners like Matua Wiremu to be able to deliver services without having the challenges to their mana.

Some organisations have managed to separate contract administration to take care of reporting to government so our practitioners can do their mahi without policy interfering with that but it's not the law.

Policies around funding need to be less restrictive and also acknowledge all the unpaid heavy lifting one by whānau in communities and help iwi get funding and support to do their work.

A policy for Kaupapa Māori funding with a specific focus on power sharing and decision making is needed. A policy that supports whanaungatanga referrals or practice across communities that will enable the sharing of information. There will always be human error and we are always looking to humans to try and solve some challenges. If you bounce that with smart use of technology that we could control ourselves as Māori that would actually help us create our own information sharing systems, our own economic systems.

Development of the Māori suicide prevention workforce especially community based practitioners for rural communities and engagement of rural communities in developing their own responses and identification of their own needs for support.

Recommendations:

1. Tino Rangatiratanga is critical so whānau can determine the meanings and constituents of actions for whānau.
2. Creating space for whānau and communities to define grey areas re differences in kawa of communities.
3. Conversations about Wāhine Ora must be led by Wāhine.
4. Research, policy and practice must be based on the recognition of the diversity across whānau, hapū, iwi and hāpori Māori.
5. Wāhine Māori need to be firmly entrenched in the design, conduct and delivery of research using Kaupapa Māori Frameworks
6. Suicide prevention must be tailored to rohe/tribal area rather so that Māori communities work to their cultural strengths
7. A policy for Kaupapa Maori funding with a specific focus on power sharing and decision making. A policy that supports whanaungatanga referrals or practice across communities that will enable the sharing of information supported by the smart use of technology.
8. Development of Kaupapa Māori suicide prevention service, research and funding focusing on networked rural Māori communities and building the workforce of community based practitioners.

Takatāpui Ora Key Issues

Verbatim Report: Gareth Farr

“Counting Our-selves” and the “Honour Project” are resources that need to be added to every Māori studies programme. They are really important studies that provide a counter to homophobia and we know homophobia is the killer”

Amplifying takatāpui leadership – so many have set up the kaupapa and carried the leadership for so many years. We want to amplify takatāpui leadership because the opposite of that is depression and homophobia and that leads to negative outcomes for takatāpui people.

Counting Ourselves and the *Honour Project* need to be added to every Māori studies programme. They are really important studies that provide a counter to homophobia and we know homophobia is the killer. The opposite of that is the resilience and pride that comes when we amplify takatāpui, our existence, our voices and the potential we have but we need allies who would speak up against those who practice homophobia.

Leadership and resilience is important in our communities. We need putea to print resources and we need political incubators for hope.

Politicians incubate hopelessness in our communities. There are communities where hopelessness is rife, and that hopelessness is created by political decisions, by our Māori MPs, Māori seats and by all MPs so let us always remember there is always a political solution.

The statistics tell us Māori are over represented in suicide. The statistics also tell us takatāpui are over represented in suicide. We need to add the two together.

Recommendations

1. That *Counting Ourselves* and the *Honour Project* are added to every Māori studies programme.
2. That further copies of the above two reports are printed and available to the public to carry the findings and advice based on the voices of Takatāpui, into community and public spaces.
3. That we take the opportunity to lobby for political changes during election year

Whānau Pani Key Issues

Verbatim Report: Zack Makoare/Jane Stevens

“It is time for whānau to be able to come together and have a voice, a very loud voice, a whānau uprising voice, to assert that there should be nothing about us without us. We don’t want to be the subject of the kōrero. We want to be part of the solution”.

The lack of whānau pani, leadership and involvement in research, policy design and practice/services needs to be fixed.

Opportunities for whānau pani to come together to discuss and plan for the needs of whānau pani based on research that is led by whānau pani (taking into account that not just anyone can research whānau pani stories and the realities of trying to heal without support) need to be created.

Opportunities for whānau pani to share their experiences and offer their visions of hope so that the loss of their children to suicide actively shapes and informs the responses made to suicide prevention and postvention is imperative.

Services to address the unmet impacts of suicide on the siblings and wider whānau need to be led by whānau pani for whānau pani based on a comprehensive analysis that fully describe what the needs are

Opportunities for whānau pani to wānanga together to develop a plan of action including research and resource development to enable the plan to reach whānau pani.

Opportunities for whānau pani to discuss and define needed services from the depth of their experiences – consumer led.

Recommendations

1. That an actionable strategy is developed to actively engage whānau pani in designing and leading their own healing strategy and providing critical input into suicide prevention and postvention.
2. That whānau pani have access to therapeutic/healing retreats and gatherings that provide opportunity to talk, share and support each other.
3. That whānau pani have opportunities to work together to lead the advice on the currently unmet needs of whānau pani.

Rangatahi Ora: Key Issues

Verbatim Report: Shafan Lee

The overarching concern for Rangatahi was that they are often used to give 'legitimacy' to the work of agencies, policy-makers, service providers in a tokenistic way.

There needs to be serious recognition and acknowledgement to rangatahi for the vital contributions they make to informing suicide prevention and postvention kaupapa.

This includes being recognised for the time it takes to sit in on meetings etc and provide advice. This means valuing the contributions of rangatahi by paying them for their advice.

Recommendation

1. Take the advice of rangatahi seriously. One way to do this is to pay them what they are worth to sit on advisory boards etc. as others are paid for their services to the kaupapa.

Rōpu Wairua: Key Issues

Verbatim report: Lesley Nia

“Rongoā Māori is defined as going beyond medicinal plants/traditional medicines and mirimiri to include all traditional Māori healing modalities”

Issues centred on how Rongoā Māori is defined, what it involves, how it is funded and supported as a right based on Tino Rangatiratanga.

The challenges of government funding which limit the parameters of rongoā Māori – i.e. what government will and won't fund has been an ongoing challenge for rongoā practitioners. Healers/Rongoā practitioners have to apply to a Pākehā DHB process to have their services accepted as core health services, legitimately funded by a non-Māori system that disrupts cultural traditions and the capacity of healers to stand in their Rangatiratanga and walk in Te Ao Māori.

There are many strategies that whānau have to keep themselves well such as whānau ora, ngā Atua, the Atua within, how we develop our whānau to envelop the Atua within and connect with that kaupapa. We talked about innovation, new knowledge and discussed whether new knowledge/innovation is actually about returning to Te Ao Māori. We are continually seeking models and often western models as opposed to practices that live in our indigeneity. For example, there are different forms of karakia that enable us to connect with the wairua within ourselves, using our own methodologies like Taonga Pūoro calling the ranges of sound to identify what we can see, hear, feel.

There are lots of referrals that go to ACC for access to rongoā Māori but ACC determines what Rongoā Māori when healers must define Rongoā Māori and the scopes of practice from a deep knowledge of the Tikanga and Mātauranga Māori of Rongoā.

As soon as we step into the publicly funded health system, we are constrained by the rules of westernised healthcare. The definition of our range of practices is westernised and any reference to spiritual healing like Matakite, is denied.

It is critical for us to return to what is 'natural' as opposed to returning to what is normalised. As indigenous people we need to be using our healing modalities where feeling and sensing is natural and this is a Kaumātua responsibility.

Recommendation

1. Develop a Tino Rangatiratanga lens for policy, research and purchasing of services for, recognising the value of Rongoā Māori and Wairua therapies for Māori suicide prevention and postvention.

Trauma Informed Care

Verbatim Report: Paora Crawford Moyle

*“There is a call for greater use of story-telling...
stories about healing and the recovery journey”*

The importance of **holding the space** for those we work with. Holding the space for ourselves in that and understanding or knowing our own trauma.

Lived experience is its' own expertise, that we need much more recognition of. When we begin to own it and understand our own trauma and look after ourselves, there is likely to be much more recognition in the fields we bring our expertise to – i.e. narrative therapy.

We need to look back to see where we are now and how we go forward.

Trauma does not get fixed in 6 short sessions. The number of years we've lived with trauma can take another lifetime to heal. Trauma is inter-generational and work with complex intergenerational trauma calls on us to work with the present day outcomes in context of multi- generational historical trauma. That requires specific skill sets and knowledge.

The most powerful time for healing is now. One of our participants talked about the gems of wairua falling into place, recognising the healing opportunities, recognising the healing opportunities that are offered and 'waking up' being really important for those places in which we work.

Trauma and Trauma Informed Care are as diverse as the sands of the earth. Trauma informed care is bandied about a lot as the 'new thing' in a lot of areas. We talked about making it our own and recognising it in each other as a roopu of experts with unique expertise.

I wanted more around the story-telling of healing and the recovery story and you can't rush that. We all have trauma stories and some of us are at different stages that may be an important part to focus on but when working with traumatised people, there is never a beginning or an ending.

If you're in the trauma and you're healing it, all parts are equally important. Often we need confirmation about that because what is 'normal'?

Finally, what we are going to do it to take a list of who we are and we're going to get together again. We need to do that to expand on the kōrero.

Recommendations

1. Develop a Tino Rangatiratanga lens for policy, research and the purchasing of services for, recognising complex historical trauma for Māori suicide prevention and postvention led by those with lived experience of trauma.
2. Develop opportunities for counsellors, mental health and other health professionals to meet together regularly to inform the field of professional practice, sharing learnings and build teaching opportunities to the delivery of 'safe professional services' to traumatised whānau.
3. Develop the scholarship and research on trauma informed care for Māori and solutions to multigenerational trauma in professional practice in Aotearoa as a colonised nation.

Tāne Ora: Key Issues

Verbatim Report: Tio Sewell

“The key issues are around raising the voices of tāne Māori in all areas of Māori suicide prevention and postvention”

The extent of Tāne Ora input into targeted policies and programmes for suicide prevention:

Action determined by communities and understanding of the needs of Tāne mā in suicide prevention, that suicide is more likely to impact on Rangatahi Tāne.

One suicide is not okay and we need to ensure that resources are better aligned with where they are needed based on the numbers of all ages of Tāne Māori completing suicide. This is resources for policy-making and programmes and services.

The extent of Tāne Ora input into Research for suicide prevention and postvention:

There is a need for Tāne Māori to articulate their own narratives on what it is to be a tāne in Aotearoa. We continue to be informed by mainstream media and discourse about what it is to be male, kiwi but Tāne Māori need to change that narrative and that discourse.

Recommendation

1. Develop a Tino Rangatiratanga lens for policy, research and purchasing of services for Tāne leadership in the development of advice for Tāne Māori suicide prevention and postvention policies, research and services.

Evening Keynote Mr Riki Nia Nia

Summary of Key Themes

1. **Whakaōti ngā hua o te Tāmitanga** (stopping the oppressive impacts of colonisation) Eliminating the oppressive outcomes of colonisation. If the negative impacts of colonisation are not acknowledged and the deliberate racism of colonisation is not acknowledged then we will never be able to address suicide prevention and every other adverse impact of colonisation for Māori. Colonisation is underpinned by racism. It is critical to acknowledge colonisation as a key cause and issue related to Māori suicide. Colonisation established the privileging of Kaupapa Pākehā intelligence and approaches over Māori intelligence and stories and until we uncover the stories of racism and thereby, illuminate racism, we will not deal with the causes of suicide.
2. **Whakamana ō te Mātauranga Māori**: valuing and utilising Māori intelligence. Making sure we connect with our whakapapa/genealogy. There is richness in reconnection given that many of the things we are challenged with currently is because of the disconnection from whakapapa. Connecting to our own stories and valuing them in the way we value in other's stories.
3. **Hōnonga ki ngā Ātua Māori**. Connecting to te Wairua/Spirituality and acknowledging and embracing that. Embrace our ability ki te Hōnonga ki te Wairua. When we look through a Pākehā lens we see illness. However, we need to see the potential and opportunity to develop our own lens as Māori. Developing Māori intelligence and research remains an ongoing opportunity. Part of developing Māori intelligence is to continue to support research on Mātauranga Māori and to support Māori researchers.
4. **Whakamana te Mātauranga Māori** (Māori intelligence) **Whakamana te Māramatanga Māori** (Māori wisdom) to be able to apply knowledge that is meaningful and useful to whānau Māori.
5. **Whakaōti aukati iwi** - Eliminating racism. Ensuring utilisation of the Waitangi Tribunal claims process. DHBs have failed to implement He

Korowai Ōranga and we must be pro-active to enable and support the voices of our whānau who are not being heard.

6. ***Whakamana te Tiriti o Waitangi*** so that solutions are put in place. Learning to leverage off the policies that are already in place for the advancement of kaupapa Māori, including resources to advance this and to develop policies that enable and realise Te Tiriti o Waitangi (Māori language version).
7. ***Whakamana whānau*** – the importance of making sure we remember who we are working for.

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