



Making a Difference for Rangatahi (Youth)

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Ka titiro iho rā ki te mata o te whenua ka hoki te mahara ki a rātou mā. Ko ngā tūpuna o te whenua nei, ki te iwi moemoeā. Otirā ko te mana whenua i manaakitia mai mātou i tēnei rā, ko ngā uru o Noongar, Tēnā rā koutou katoa.

As I gaze down upon the face of this land, I am reminded of those who have past on beyond the veil. To the ancestors of this land, to the dream time people. To the local tribe and current guardians of this land that nurtures us today at this conference, to the Noongar people, We greet you with the greatest respect.



Whakatauki:

**Whiriwhiria ngā taonga tuku iho,
e arahina koe i tō mahi**

**To select unsurpassed treasures of the past,
To respond appropriately to circumstances of today.**

(Kingi, 2013)



Overview

1. **Why a focus on Māori rangatahi?**
2. **Wharerata Declaration – principles and alignment with this project**
3. **Project Overview**
4. **First impressions**
5. **Next steps**



Why Māori Rangatahi?

1. Increasing prevalence of mental illness, substance use and suicide among rangatahi and disproportionate prevalence among Māori rangatahi
 - Prevalence higher for Māori and Māori less likely to visit MH services (Oakley Browne et al., 2006; Te Rau Matatini, 2007; Baxter, 2008)
 - Māori rangatahi more than twice the risk of suicide (Ministry of Health, 2012a)
2. Socioeconomic deprivation is linked to greater incidence of mental health problems and Māori are more likely to live in deprived areas (Fortune et al., 2006; Te Rau Matatini, 2007; Baxter, 2008)
3. Māori have a younger population
 - 43% of the Māori population is 0-19 yrs (Werry Centre, 2013)
 - Māori infants, children and adolescents make up 24% of the total NZ 0-19 yrs population (Werry Centre, 2013)



Background to the Wharerata Declaration

- Supports indigenous leadership within communities and healthcare workforce
- Recognises protective power of culture and need for integrating clinical and cultural models of care
- Developed in 2009 (Sones et al., 2010)
- International promise of support in 2013 by New Zealand, Australian & Canadian Mental Health Commissioners



Wharerata Leadership Framework

1. Incorporates connection with culture as a pathway for positive health outcomes and wellness (whanau ora)
2. Requires services and practitioners to be culturally competent and safe
 - Important in the context of the cultural background of the provider and the need to grow and develop a Maori health workforce at all levels.
3. Evidence-based best practice
 - Clinical
 - Cultural
4. Informed, credible, strategic & sustainable indigenous leadership at all levels
5. Influence through robust networks



Rangatahi Services Project Development

- Identified need for systemic advocacy in this area
- Brings together Mental Health Commissioner's (MHC) systemic advocacy function and Wharerata principles
- Aims:
 1. Promote improved positive health outcomes for rangatahi
 2. Identify and share the things that are working well for agencies working with rangatahi
 3. Identify common areas of challenge for these services



Rangatahi Services Project Overview

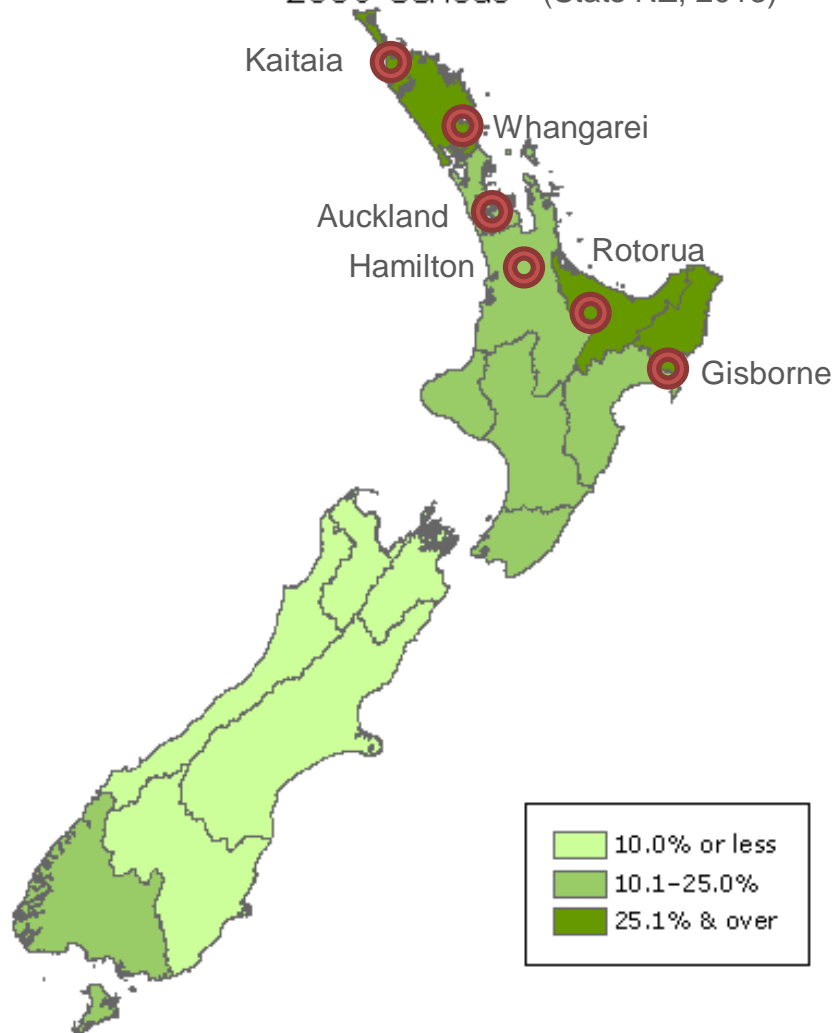
- Established a partnership between the HDC/MHC and Te Rau Matatini (Māori Mental Health Workforce Development Agency)
- Partnership and Māori leadership evident through project governance and leadership
 - Project team includes cultural advisor, tangata whaiora (consumer consultant), MHC project manager)
- Identified participating services through recommendation from Maori networks
- 8 sites visited so far including:
 - DHB & NGO
 - Rural and urban
 - Kaupapa Māori (Māori philosophies) and mainstream – all with high Māori rangatahi pop.
 - Mental health, AOD, health promotion





Services Visited

Proportion of Māori Ethnic Population by Region
2006 Census (Stats NZ, 2013)





First Impressions - Challenges

- Significant and persistent socioeconomic challenges
- Contracting models & requirements
- Workforce development including recruitment and retention – especially MH and AOD rangatahi specific workforce
- Growth of Maori MH and AOD workforce
- Organisational processes and structures to sustain and grow Māori clinical and cultural competence



First Impressions - Strengths

- Māori tikanga (protocols) & kaupapa (philosophies/purpose) drive service philosophy, delivery and engagement (including mainstream services)
- Māori leadership of services
- Strong Māori workforce, both clinical and cultural
- Use of cultural interventions and processes
- Whānau ora - includes family inclusive practice
- Strengths-based approach to building resilience
- Rangatahi leadership



<http://www.thebigidea.co.nz/news/whats-on-show-reviews/2009/aug/59751-aut-maori-expo-09>



Strategies and Policy Frameworks

- **Blueprint II**

(Mental Health Commission, 2012)

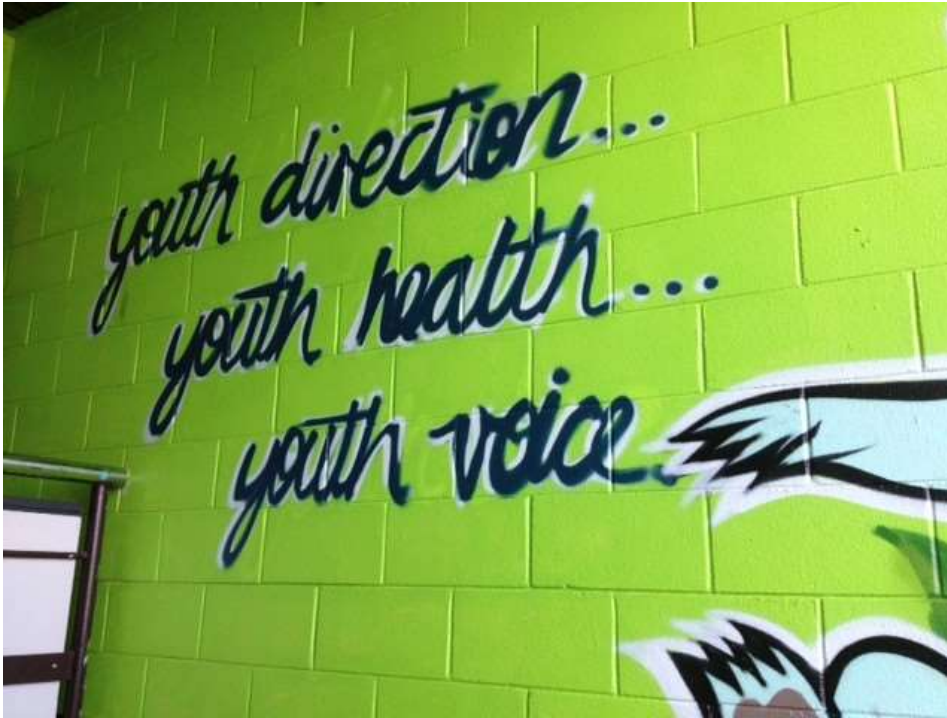


- **Rising to the Challenge: The Mental Health and Addictions Service Development Plan 2012-2017**

(Ministry of Health, 2012b)



Where To From Here?



- Foundational work to inform local, regional and national developments in services for rangatahi
- Document findings and disseminate learning to the sector (sharing)
- Continuing partnership between HDC and TRM to work in support of Wharerata Declaration

Questions?

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