Primary mental health care for Māori

This issues guide is linked to the vignette 'Kaupapa Māori mental health services'.

Māori perspectives on mental health and wellbeing

Traditionally, Māori have viewed mental health holistically, where the physical, spiritual, emotional and family aspects work together to contribute to optimal health and wellbeing. Several models of health have been proposed to this effect. One of the most commonly used models is Whare Tapa Wha. Health professionals working with Māori need a thorough understanding of Māori models of health so that they can apply these when delivering services to Māori. Health professionals also need to take into account the Treaty principles namely participation, protection and partnership when delivering services to Māori. Further, building strong relations with whānau is crucial given the central role they play in the Māori worldview.

Prevalence

Te Rau Hinengaro sampled 2,595 Māori from a wide range of demographic, social, economic and cultural backgrounds.\(^1\) Results of the survey revealed that the prevalence of mental disorders in Māori was 50.7% over their lifetime. The most common lifetime disorders among Māori were anxiety disorders (31.3%) followed by substance use disorders (26.5%) and mood disorders (24.3%). Māori aged 25-44 had the highest lifetime prevalence of any disorder while the lowest was in those aged 65 and over.

Kaupapa Māori service

Māori providers who deliver Kaupapa Māori services work from a range of holistic models based on Tikanga (Māori protocols and practices). The models are unique and are centred on working with whānau. Other elements such as whakapapa (genealogy), Te Reo (language) and kaumatua (elder) guidance are also incorporated.

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into the models. Māori providers usually work in a wide range of settings to deliver their services, including the marae and in the home. Working closely with Māori providers is imperative to ensure Māori can be offered early intervention, treatment and follow up.

**Factors crucial for success**

Several key factors need to be taken into account when providing mental health services to Māori. These include:

- Recognising that the Māori population is diverse. Māori live in urban and rural areas in both extended and nuclear family households. Some Māori are comfortable using mainstream services even if they have the choice of mainstream of Kaupapa Māori services, however, it is important to provide the choice as much as possible.
- Māori tend to be seen by secondary and tertiary services at a much later stage in their illness. This means that they present with more severe forms of illness and may also have a number of chronic long term conditions.
- Early intervention would greatly assist in Māori being assessed and treated before the illness reaches a more severe stage.
- Processes for assessment, treatment and follow-up can be more successful if there has been active Māori participation in the design, development and delivery of services.
- Service design and delivery must include Māori models of health which acknowledge the holistic multiple dimensions of health and wellbeing. This may require negotiation around funding, service expectations and staffing if it is to be more resource-intense than mainstream services.
- Working closely with Māori community providers would improve detection and management of mental disorders in Māori.
- Recognition of Te Reo is important if your service has Maōri service users. This can be as simple as bilingual signage and acknowledging Te Reo in your interactions as appropriate.
The development and use of appropriate indicators for clinical and service success is important. Some of these may be the same as for non-Maōri, but in terms of service provision there may be additional elements.

Be ready to work alongside or even within new Whānau Ora approaches that will be being rolled out.
‘Kaupapa māori mental health services’

Mark is a 57 year old Community Mental Health Support Worker in a Māori Primary Health Organisation (PHO). He is of Ngāti Porou descent. He has been working in mental health services in various non-clinical roles since the mid 1980’s. Over the years, Mark has done a lot of training in mental health through the different organisations he has worked for. He has also completed a Bachelor of Social Science degree. Mark’s current role is community based. He and his colleagues travel throughout their region visiting individuals and whānau in the homes to deliver recovery programmes, provide support and education. Mark often sees that the Māori service users he visits have a number of chronic long term conditions. He tries to link up with other mental health workers, such as social workers and psychiatrists from the regional DHB mental health unit. Mark strongly believes in using a Kaupapa Māori approach when working with whānau. He works hard to incorporate Māori models of recovery into programmes he and his team deliver. Mark sees his goal as helping Māori mental health service users to meet their individual and collective needs in their recovery, and making sure the support programmes help facilitate links back into their community.

Questions to consider

How does Mark ensure that

1. Māori service users in his region have sufficient access to mental health services;
2. There is sufficient funding available for delivering support and recovery programmes;
3. His unit builds effective linkages with other providers of mental health so that there is care of better co-ordinated of Māori with chronic and/or long term mental health issues?