

# Te Puāwaiwhero –

## **The Second Maori Mental Health National Strategic Framework 2008-2015**



- **Te Puāwaiwhero**
- **literally translated, means 'the red blossom'**
- **a metaphor for a coming of age through the cycle of growth and development, including enduring environmental stresses, to ensure maturity and leadership.**
- **provides direction and leadership to the health and disability sector by responding to Māori mental health needs and whānau ora.**

# Child and Adolescent Mental Health and Addictions Sector Meeting

Maori Population  
Health Team

Ministry of Health



# Launched by Minister Cunliffe, July 2008



- Developed in partnership with DHBs and Maori sector

## Purpose:

- builds on progress and innovations
- to inform the mental health sector as it responds to:
  - *Te Tāhuhu* - 10 leading challenges
  - *Te Kōkiri* - actions
  - *Te Rau Hinengaro* – *The New Zealand Mental Health Survey*
  - *He Korowai Oranga* and related action plans
  - The New Zealand Public Health and Disability Act 2000
- All 10 leading challenges of *Te Kōkiri* have implications for Maori
- In order to quicken the pace of development, priorities have been matched with the evidence and key actions from *Te Kōkiri* up to 2015.

# The New Zealand Public Health and Disability Act 2000

- Maori participation
- Maori Health Gain – population focus
- Achieving Health Equity

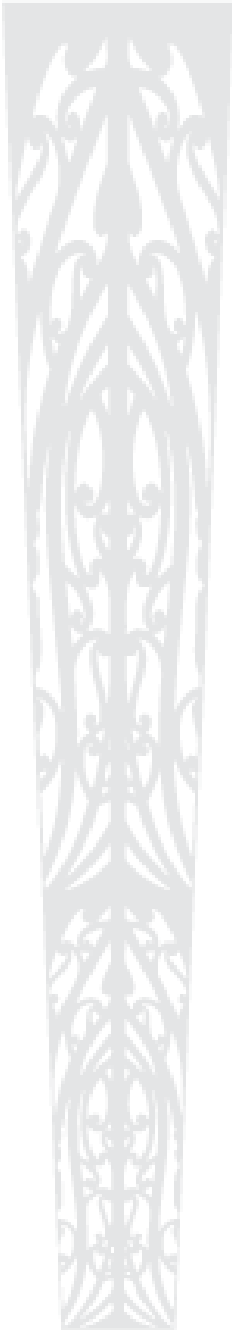
= addressing Maori mental health population need

# Te Rau Hinengaro

- Population focus for mental health need = not just those in services
- Common mental health disorders

# Youthful Maori population





# Youthful population

- relatively young age structure
  - 1 in 3 Māori aged < 15 years
  - 1 in 2 Māori aged < 23 years
- For all people living in New Zealand, Māori make up a greater proportion of the younger age groups.

## Socioeconomic position

- Socioeconomic position is a determinant of mental health
- Māori are disproportionately represented among low socioeconomic groups:

1 in 3-4 people in deciles 9 and 10 are Māori



## Te Puāwaiwhero

The Second Māori Mental  
Health and Addiction  
National Strategic Framework  
2008–2015

2008



Te Raukura

Mental health and  
alcohol and other drugs:  
Improving outcomes for  
children and youth

2007

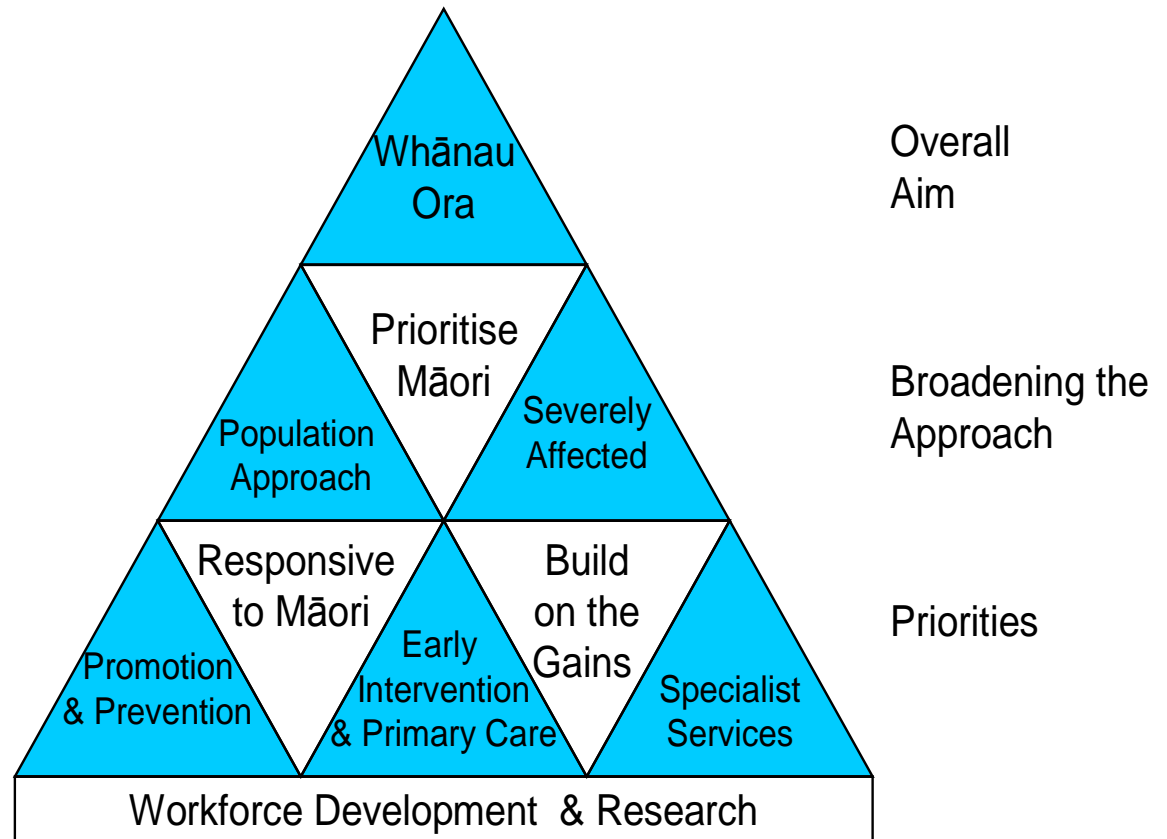
# MĀORI MENTAL HEALTH NEEDS PROFILE

A Review of the Evidence



TE RAU MATATINI

# Te Puāwaiwhero – the framework



# Overall aim:

- Whanau Ora

“Maori families supported to achieve their maximum health and wellbeing”

Whanau Ora –

a principle for recovery  
and maintaining  
wellness

# Broadening the approach:

- Shift towards a population approach = Maori population need
- Tangata whaiora severely affected by mental illness

# Population focus:

- Prevention, promotion, health, wellbeing – whanau ora
- Acknowledging the differences in the Maori and non-Maori populations
  - Problems and solutions
  - Age structure/demographics
  - Not one size fits all

- Maori population mental health need is similar across the country

- patterns of mental health needs differ from non-Māori
- significant implications for ensuring Māori mental health need is prioritised for tamariki, rangatahi and their whānau.

Māori bear a disproportionate burden of risk for mental ill health issues due to socioeconomic risk.

- If Māori were to have similar levels of socioeconomic advantage as others, the disparities in mental health would be reduced – but not eliminated.

# Mokopuna, tamariki mental health:

- Māori rangatahi (youth) commonly experience anxiety, mood and substance use disorders.

# Mokopuna, tamariki mental health:

Early age of onset:

- Median age = 16 years
- Half of Maori with:
  - anxiety disorders by age 11
  - substance use disorders by 18-19 years
  - bipolar by age 25 years
  - major depression by <34 years

- Half of the Maori population age <25 years

vs 36 years for non-Maori

- Maori comprise a greater proportion of young people living in each region

# Three key principles:

- Prioritise Maori – acting on the evidence
- Build on the gains – sustainable Maori sector/service innovations
- Responsivness – link between health and culture

# Priorities

- Maori responsive mental health and addiction continuum
  - Promotion and prevention
  - Early intervention and primary health care
  - Specialist services

- Workforce development
- Research and information development

# The Challenge(s):

- Act on the evidence
- Maori mental health is everyone's responsibility

- A plan is only ever as good as it's implementation

# Targets

- Aim:

Increase Maori child and youth access to at least 3%

Achieve health equity as a minimum

# Current child and youth access rates:

July07-June08

Total	Maori	Other
1.95%	1.89%	1.97%
<b>VS 2007/08 TARGETS</b>		
2.15%	2.17%	2.15%

# Last five years:

- 16% increase Maori c and y access
- 10% increase 'Other'

# Health Equity

**Table 1. Te Rau Hinengaro 12-month severity and percentage of Maori and Other (non-Maori, non-Pacific) and service contact for mental health needs**

Level of Severity	Maori		Other		Level of Disparity
	Prevalence	Access	Prevalence	Access	
<b>Serious</b>	<b>9%</b>	<b>48%</b>	<b>4%</b>	<b>64%</b>	<b>Need = 5%</b> <b>Access = 16%</b>
<b>Moderate</b>	<b>13%</b>	<b>25%</b>	<b>9%</b>	<b>39%</b>	<b>Need = 4%</b> <b>Access = 14%</b>
<b>Mild</b>	<b>8%</b>	<b>16%</b>	<b>6%</b>	<b>19%</b>	<b>Need = 2%</b> <b>Access = 3%</b>

- Maori mental health need is greater than non-Maori

- Mental health and addiction continue to be priority health issues for Māori:
  - not least because they have a major potential to affect future generations of Māori and their whānau, hapū, iwi and wider community.

# Getting things right for Maori earlier is a priority

In particular:

- three in five Māori will develop a mental illness at some time in their life
- over a year, almost 1 in 3 Maori experienced a mental illness

# Access

- The majority of Māori experiencing mental ill health do not receive any form of health care, and GPs are the leading point of contact for those that do.
- Overall, Māori experiencing alcohol and other drug issues are least likely to access care.

# Implementation:

## **Next Steps:**

- **continue to work in partnership with DHBs, other agencies, key stakeholders and the Māori community throughout the life of this plan.**
- **Achievements measured through formal accountability mechanisms eg: DAPs, Ministry of Health's 10 Health Targets, Headline indicators.**
- **implemented through the *Te Kōkiri* work programme.**

# Prioritised Actions:

- Increase access to services for Maori children and young people
- Continue to broaden the range, quality, choice and Maori responsiveness
- DHBs have in place early intervention strategies for Maori tamariki, rangatahi

- Promote mental health, wellbeing and whanau ora
- Develop and contribute to activities that promote infant and whanau mental health and wellbeing

- Demonstrate an increase in Maori mental health spend