



**Me  
Kōrero**

**Tātou**

**Let's Talk**

ANALYSIS OF 29 IWI AND COMMUNITY HUI  
**DECEMBER 2017-AUGUST 2018**

Mental Health and Addictions  
Waikato District Health Board



**Waikato** District Health Board



E mihi kau ana kia koutou ngā iwi o te takiwā ataahua o Waikato District Health Board mai te rohe o Pare Waikato, Pare Hauraki, Tūwharetoa, Maniapoto, Raukawa, Te Rūnanga o Kirikiriroa e mihi whakanui tēnei kia koutou mai te Waikato DHB Mental Health and Addictions service (te Takiwā Poari Hauora Mate Hinengaro Rātonga Pūawai) ko te whakarangatira me te hōnore mātou i tūtaki te maha o koutou i roto i ngā hapori maha o tātou takiwā, He tino hōnore mātou i rongō mātou ki ngā kōrerorero mo ngā wheako o te iwi ki ngā hui “Let’s Talk” mai ngā iwi e whakatango mai ngā rātonga o Mental Health and Addictions (Mate Hinengaro Pūawai).

I te aroha o te iwi e whitiwhiti a rātou kōrerorero kia mātou o a rātou pouri, tumanāko rānei hei tohutohu mātou he kaupapa e whitu mai ērā kōrero me pēwehea mātou e whakaohoho ake ēnei rātonga. Ko ēnei kaupapa e puta mai i roto i te pūrongo “Me Kōrero Tātou” ko to mātou mahi ināianei e panaia ā mātou waka ki te anga whakamua ki te hapai te mental health and addictions services (Mate Hinengaro Pūawai).

Anō e mihi māhaki kia koutou katoa.

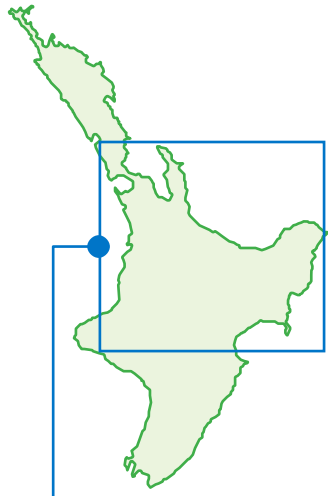
Greetings to all the people within beautiful settings of the Waikato District Health Board from the boundaries of Waikato, Hauraki, Ngāti Tūwharetoa, Maniapoto, Raukawa and Te Rūnanga o Kirikiriroa this is to acknowledge the large number of people who attended ‘Let’s Talk’ hui around Waikato DHB health area and heard stories of peoples experiences in receiving mental health and addictions services.

Due to peoples generosity in sharing their stories of sadness and hope seven key themes have been identified and will be used to inform service improvements. These themes are contained in this report ‘Me Kōrero Tātou’ and it is now our job to ensure the provision of the best mental health and addictions services possible.

Our gratitude is extended to you all.



# Let's Talk hui



**1031** people attended

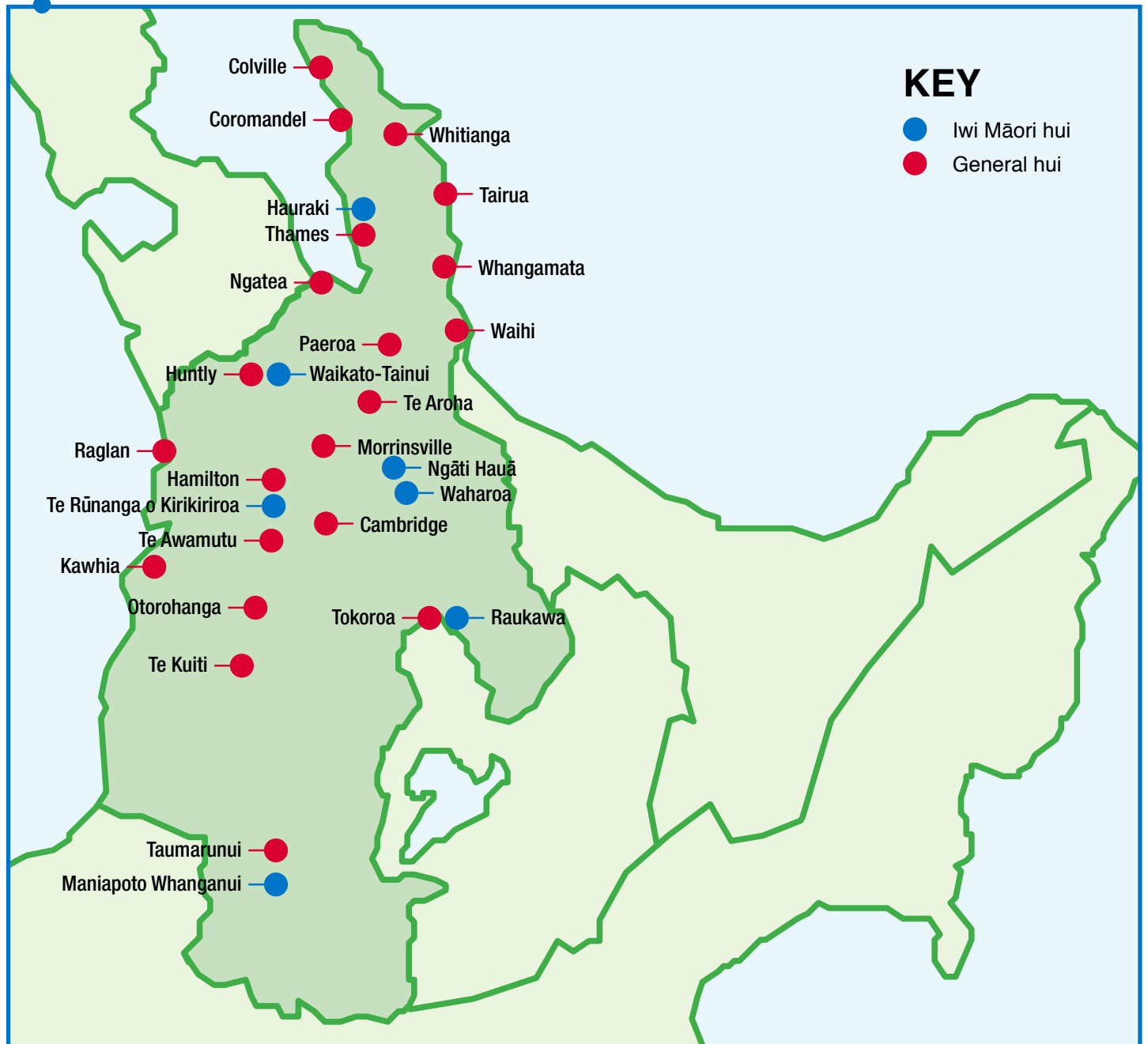
**29** community meetings

**44%** of total attendees identified as Māori

**21** staff meetings

**249** electronic surveys were completed on survey monkey

**6** focus groups



# Tīmatanga kōrero Introduction

Waikato District Health Board (DHB) wants to improve mental health and addictions services in its district. Between December 2017 and August 2018 we held a series of 'Let's talk' hui in the Waikato community to ask people to share experiences, views and ideas that will help guide the new direction of mental health and addictions services in the Waikato.

We wanted the community to have involvement in the whole process so we can get it right.

Engaging with Māori was a priority and the DHB worked with local Māori service providers and their iwi to find the best way to reach them to hear their voice.

This report summarises the feedback received from the 'Let's Talk' Mental Health and Addictions community engagement hui. There were 29 community hui held throughout the Waikato DHB area. There were also workshops with staff from Mental Health and Addictions services and focus groups for:

- Tangata whaiora
- Rangatahi
- LGBTQI+ community.

The "Let's Talk" community engagement hui was carried out as a joint initiative between Waikato DHB's Strategy and Funding 'Te Pae Tawhiti' models of care project, and the Mental Health and Addictions service 'Creating our Futures' programme.

Throughout the 'Let's Talk' hui, we checked with communities to make sure that we had heard them correctly in terms of the local issues to be resolved, and what was needed for achieving transformational change in the mental health and addictions sector.

We also asked our communities to help us better understand the different opportunities and challenges in each community that would overcome inequalities for Māori when accessing mental health and addictions services, and lead to improved health and wellbeing.

We will use this feedback to be responsive towards finding the best solutions for addressing health inequalities in the Waikato DHB. It is our job as custodians of the "Let's Talk" hui process to ensure the voice of the people we met with is reflected in any recommended solutions.

## Let's Talk objectives

- To create opportunities for engaging with people; their families/whānau who are struggling with mental health and addictions issues, as they are the ones who hold the key to any solutions;
- To listen to their challenges and issues accessing mental health and addictions and other services for Māori and their whānau.
- To listen to their solutions for addressing inequalities and improving mental health and wellbeing outcomes.

## Approach

The 'Let's Talk' brand was used to encourage people, whānau and communities to meet with the Waikato DHB and share their experiences, views and ideas on helping those who experience mental health and/or addictions issues. The DHB's Iwi Māori Council directed engagement with Māori, in particular requesting that five key Iwi be a priority. These were:

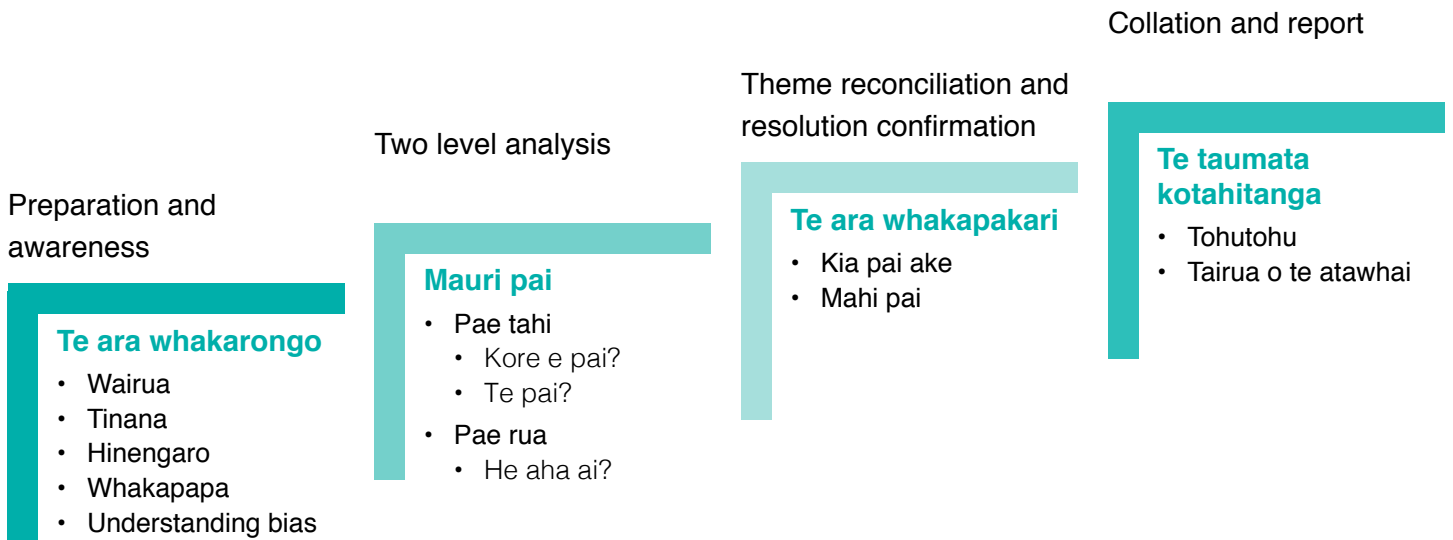
- Tūwharetoa, Whanganui
- Maniapoto
- Raukawa
- Hauraki
- Waikato-Tainui – including Ngāti Hauā

Māori service providers were engaged in partnership in these areas to assist with the planning and hosting of local hui. This partnership approach achieved success in engaging with large numbers of Māori. Forty-four percent of all people who registered as attendees were Māori.

'Let's Talk' hui were organised events that allowed local people to talk, tell their stories and be heard. Their kōrero was recorded for translation and analytical purposes.

# Me kōrero tātou Analysis framework

Ngā kōrero taonga | Te aroha, te ture, te whakapono | Tikanga | Rangatiratanga | Whakamana



Manākitanga | Pūrākau | Whakawhanake | Whakakitenga | Kaiwhakamārama

## Waikato District Health Board



# Tikanga tātari Methodology

The analysis engaged a grounded theory technique underpinned by Kaupapa Māori approach. This enabled open-ended inquiry throughout the analysis and allowed themes to emerge without bias and predetermination.

A framework was specifically developed to ensure that the team was able to bring their experience without bias to review and prepare the data for an in-depth analysis. The value in constructing this framework came with the ability to honour and protect the many that told their stories but also to protect the review team given the heaviness of the kōrero shared.

The framework reflects the values of the Waikato DHB and is supplemented with values that reflected the coming together of different teams, consumers and Iwi Māori.

The analysis occurred across a four-step process as follows:

## Te Ara Whakarongo

The opening path was an informing process for the review team to understand that the kōrero contained in the transcripts came from a whakapapa of peoples' experiences and the parameters under which all would work. The team was given a brief workshop in units of analysis.

## Mauri Pai

The second step was where reviewers employed a units of analysis approach and reviewed the data considering if the experience had was a good or bad experience shared, and why. A long list of emerging themes was collated in this process.

## Te Ara Whakapakari

Following the collation of emerging themes, reviewers gathered repeatedly over a four-week period to collectively grind down the themes. The clarity of the end themes came through a cross analysis of what diverged and converged.

## Te Taumata Kotahitanga

The final step in the analysis was the confirmation of the final themes in a table honouring what we heard and what the initial transformation response.

## This report style

The following pages have been organised to reflect the seven key themes from all the data collected.

- Each theme begins with a quote drawn from one of the hui to set the tone for the theme and express in words what participants said.
- Below each heading is a broad summary of the theme relevant to the following content.
- The next set of information includes subthemes where we clearly outline what we have heard from our people in statement form.
- Corresponding to the subthemes is a response where we have begun the starting point for further conversation. They are by no means the end conversation.
- It is envisaged that this report becomes a tool and reference point when designing our Mental Health and Addictions services and responses.



“I have a son who will be 20 this year and has been a bit of challenge for myself and my whānau... I’m looking for some sort of skills, tools, education – I need to be able to be there to help in any way I can. It has been ongoing since 2016 but I suppose we kinda lost our way”

Hui participant



# Whānau Strengthening families

If we consider the Whānau Ora framework - it tells us about increasing the wellbeing of individuals in the context of their whānau. It reminds us to be whānau-centred which differs from traditional social and health approaches that focus solely on the needs of individuals. We are also reminded to recognise the strengths and abilities that exist within whānau, and aim to support and develop opportunities that fulfill potential.

## Tautoko Support

“We need to be acknowledged and supported as we hold a key role in the care of our whānaunga whaiora. In many cases we understand what is going on, what has worked.”

“We have whānau stories that need to be shared and heard because they form an integral part of the care plan.”

“We also need adequate support to respite, navigators, counseling and community resources.”

### Our initial response

Whānau as equal partners in all decision-making involving their loved one's care

### Our initial response

Whānau will be offered information, training and support to recognise, monitor and act on any signs of mental unwellness

## Mātauranga Education

“We want to be properly resourced to keep our whole whānau well.”

“We want to understand the early signs of mental unwellness and who we can reflect our concerns with that will listen.”

“We want to understand, be involved and know ‘where to next’ in terms of the care pathway. It is important so that we can have input into our collective whānau plan.”

## Kia manawanui Resilience

“We need to have a sense of belonging within our whānau and be supported to always have this.”

“We want to go back to the basics of spending time together and celebrating each other as a whole whānau; so, we need the system to support and respect us through a wellbeing approach.”

“We don't want to live in poverty, substandard housing or experience inequities and need help to better our situation from all social services.”

### Our initial response

Navigational access within the health system and across the social sector

“I think as a community we need to take responsibility for our people. The problem is that we’re burnt out”

Hui participant



# Hapori Resilient communities

The importance of social connectedness in supporting community mental health is well established. Strong evidence suggests value in interventions that improve social connectedness, such as facilitating engagement with existing group memberships and building new group memberships, for mental health. Communities that are connected are much more likely to pool skills, resources and innovation to better the circumstances and outcomes for its members.

## Mahere hapori Community mapping

“Our community is adequately equipped with the right tools to deal with mental health and addictions.”

“We need to know what support is available in our own and neighbouring communities”

### Our initial response

Communities will know the best person/organisation to help navigate their community services

### Our initial response

Communities are supported to reach out, take care and check in on each other

## Tūhono Connected

“The people in our community need to feel a sense of belonging and connectedness.”

“We want to combat social isolation, help our people to be integrated well with a sense of togetherness and empowered contributors.”

“We need to be valued and supported to celebrate our diversity and our whakapapa.”

## Hanga raukaha Capacity

“We want to have the skills to triage levels of crisis in our community and training to deescalate and support whānau and tangata whaiora.”

“We have in our community multiple settings where we can implement care.”

“We want our social infrastructure to be responsive to our needs and have a point of reference in our community in the form of hubs done by us, to help us, earlier.”

### Our initial response

Communities have the resources and are supported to strengthen our social and operational infrastructure

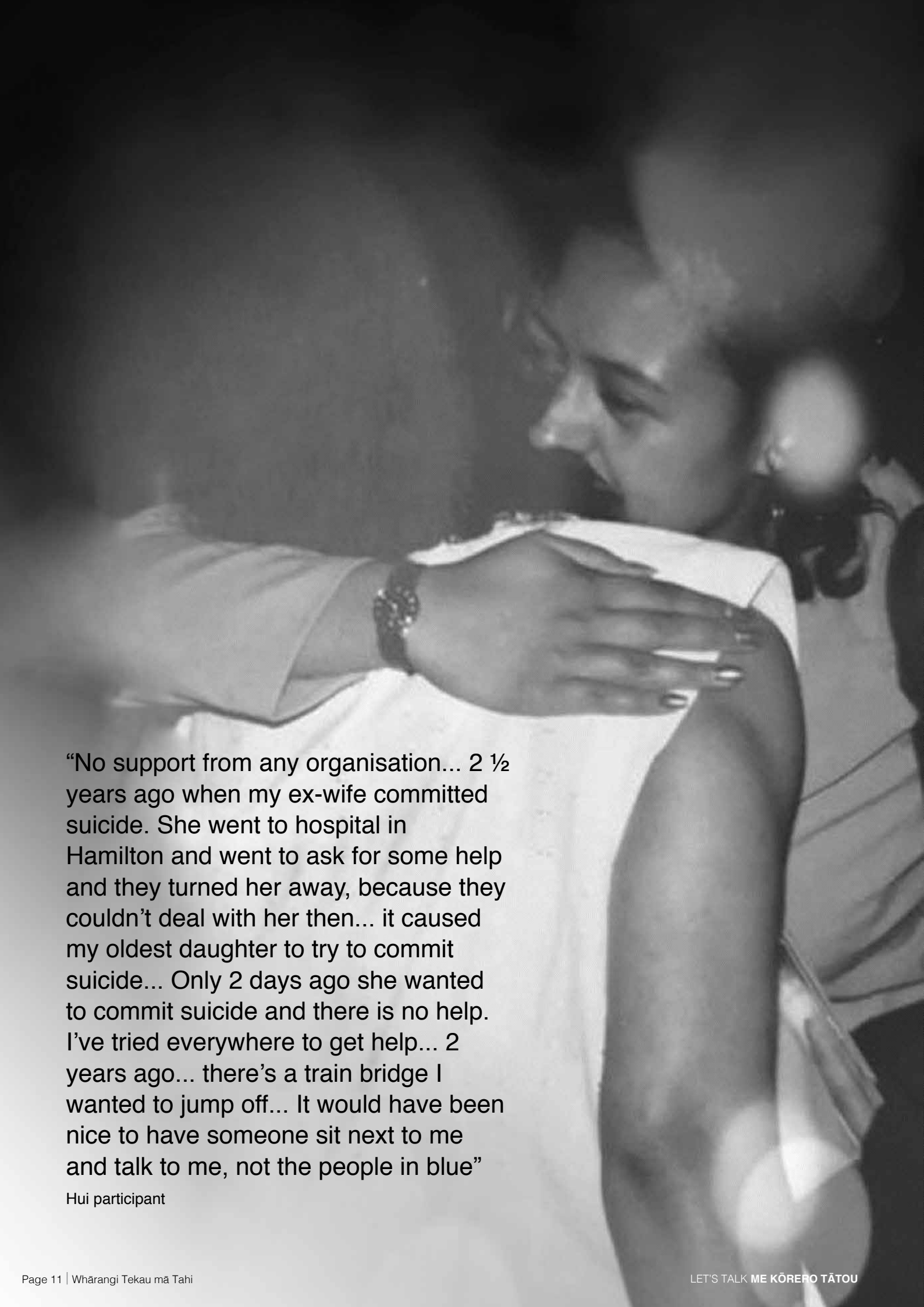
### Our initial response

Rural communities will co-develop their own crisis response

## Aiwhenua Rural

“Our rural spaces need to be supported by well-equipped GPs and wider networks. Our rural people experience the least amount of access to mental health services.”

“Our rural infrastructure both economic and social are important mechanisms in our wellbeing.”



“No support from any organisation... 2 ½ years ago when my ex-wife committed suicide. She went to hospital in Hamilton and went to ask for some help and they turned her away, because they couldn’t deal with her then... it caused my oldest daughter to try to commit suicide... Only 2 days ago she wanted to commit suicide and there is no help. I’ve tried everywhere to get help... 2 years ago... there’s a train bridge I wanted to jump off... It would have been nice to have someone sit next to me and talk to me, not the people in blue”

Hui participant

# Kati whakamomori Stop suicide

Since the release of provisional NZ suicide statistics starting in 2011, the devastating total number of suicides in NZ from 1 July 2007 to 30 June 2018 is 6204. (Coronial Services of New Zealand, 2018. Annual suicide statistics since 2011. Retrieved from <https://coronialservices.justice.govt.nz/suicide/annual-suicide-statistics-since-2011/> ).

## Rangatahi Coming of age

“We want our rangatahi to have a chance to come of age. They need more options in the community to be involved and active.”

“We want our young ones to be resilient and have self-agency. We want them to be confident.”

### Our initial response

Bringing people together to help harness the potential of Rangatahi

### Our initial response

The first call for help is answered, supported and followed up

## Whakakati Prevention

“When we have been at that end point and tried to seek help – it wasn’t necessarily available. If we understood better where all the supports were and how to connect with them – our pathways may have been altered.”

“We want to tackle this issue head on and feel that having a presence where it matters most, talking about suicide will go a long way.”

## I muri iho Postvention

“We have talked about the cyclic effects of suicide and want to break this. Help us to understand the processes following suicide and how to better support our whānau.”

“We need to understand more effective ways of grief management and support us on how to untangle and deal with suicide.”

### Our initial response

Reaching in to support whānau in these challenges

### Our initial response

Making it OK to not be OK

## Poapoataunu Stigma

“Quite often it is hard to confront issues we face because it feels shameful to speak about what’s really going on.”

“Our men need support more than ever to cope with what’s going on in life.”

“We need to know its okay to acknowledge our emotions and deal with these.”

“Sub-standard housing which needs repair and they say no as the landlord will repair and put the rent up... they’re trying to look after their kids and the benefit’s not enough and half the time their benefits gone to their rent and now they’re going to have to pay for their water”

Hui participant



# Ngā awenga oranga wellness influencers

The evidence that connects socioeconomic wellbeing and poor mental health and addictions is growing with great pace. One's experience of socioeconomic disadvantage, including unemployment, low income, poverty, debt and poor housing, is consistently associated with poorer mental health and addictions. We know that mental health and addictions issues are more common amongst populations that have experience of social exclusion, discrimination and historical trauma.

Much of what influences better mental health and addictions outcomes lies outside the scope of Mental Health and Addictions services. It is for this reason that we called this section "Wellness Influencers". There are clear differences between better mental health influences and influencers. We should always strive to be influencers where we absolutely can to ensure that what influences health outcomes are fair and just.

## Our initial response

Services that treat you with dignity quality and in a timely manner

## Rātonga Services

"We want far better access to services that treat us with care and respect."

"We want better wait times when we are referred for help. We have waited weeks and months for support with no "in the meantime" help."

## Our initial response

Wrap around services that will stick with you

## Rawakore Poverty

"We want to be employed, earners and economic contributors yet our mental health and addictions issues hinder our ability to work. We need every support so that we can mahi."

"Our housing is substandard or crowded and sometimes both. We need support to uplift our standard of living."

"Accessing social support is at times confusing and intimidating. We require support to navigate these systems so that we may access what we need to help us on our way."

"We want better intersectorial collaboration so that everyone in my social infrastructural support team is on the same page and our care is continuous and consistent."

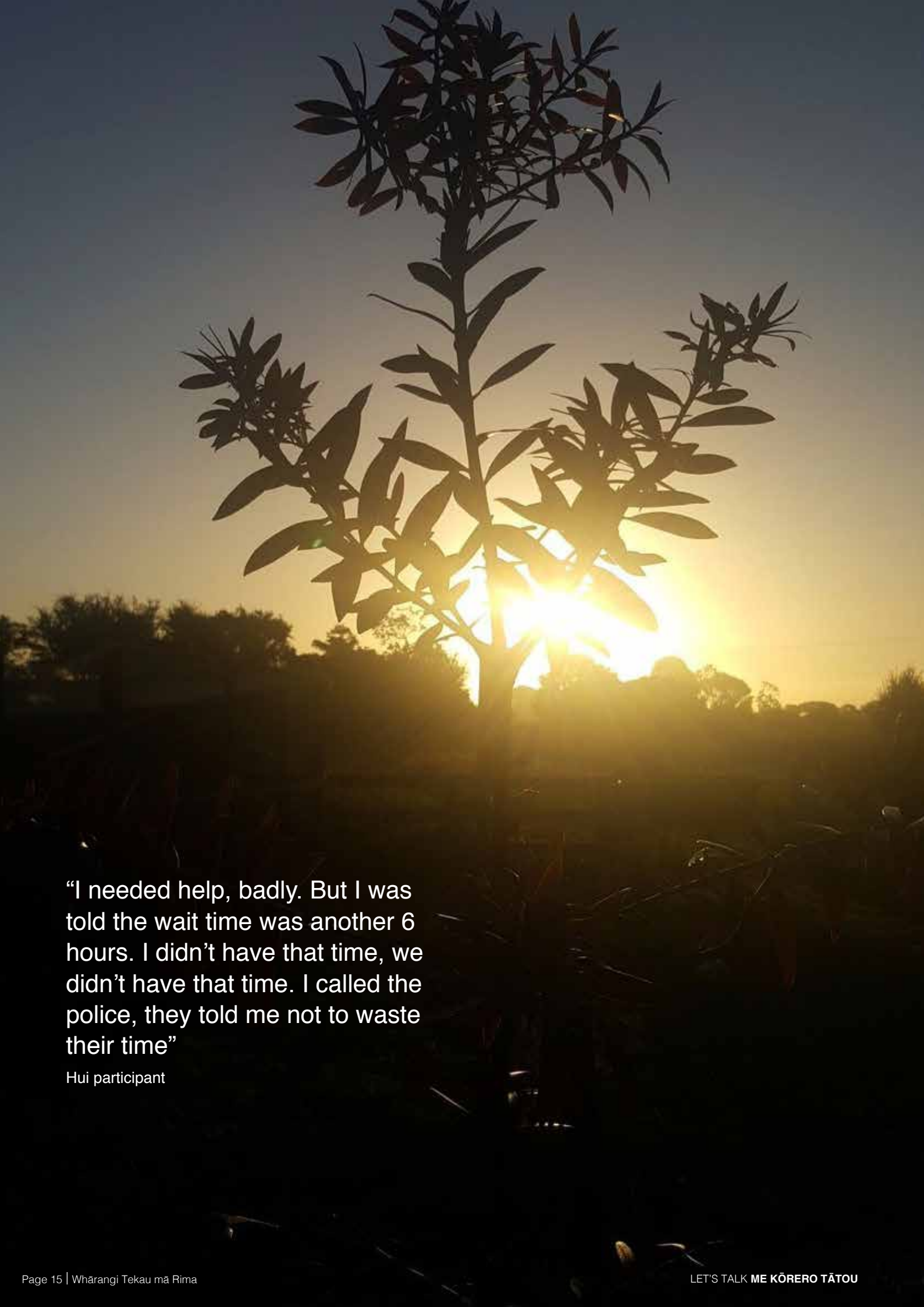
## Our initial response

Early access to a range of local services

## Whakatūtata Closer to home

"We want to visit our GP and know that they can deal with our mental health issues and recognise the signs when things are not going well – before they get worse."

"We want to have counseling and therapy in our community to be closer to home and our supports. It is helpful if we have more than four sessions and that the support cycle is completed."



“I needed help, badly. But I was told the wait time was another 6 hours. I didn’t have that time, we didn’t have that time. I called the police, they told me not to waste their time”

Hui participant



# Ngā mōrearea Crisis resolution

Asking for help is often hard for those experiencing a crisis. Fear; shame; safety and rejection are some of the many reasons. When that call for help is made we need to respond. We also acknowledge that sometimes these calls for help also come from families who have nowhere to turn to, that do not have the skills, resources or knowledge to cope or simply that they have done their best. They need our help in this time. We will work to be better communicators and work together with the people of our DHB region to reduce the risk of crises occurring, respond when help is needed and support families/whānau and communities to prevent crisis situations.

## Our initial response

Believe me  
when I say  
I need help

## Tōmuri-ināianeī Earlier, timelier

“In our crisis we call but are told that we were not urgent enough so we use the Emergency Department because our preferred route to help couldn't help.”

“We need to be offered culturally appropriate rites and protocols to remediate my crisis.”

“We have often called for help but it didn't reach us in time. We have been let down by service pressures and revolving crisis calls especially where we fear for the safety of ourselves and our whānaunga whaiora.”

## Our initial response

One friendly familiar  
face with you and your  
whānau throughout  
this journey

## Whakapā Communications

“We want to know what is going on when we are admitted and have our whānau told where we are and what is happening.”

“We really need everyone to be on the same page when we are in crisis.”

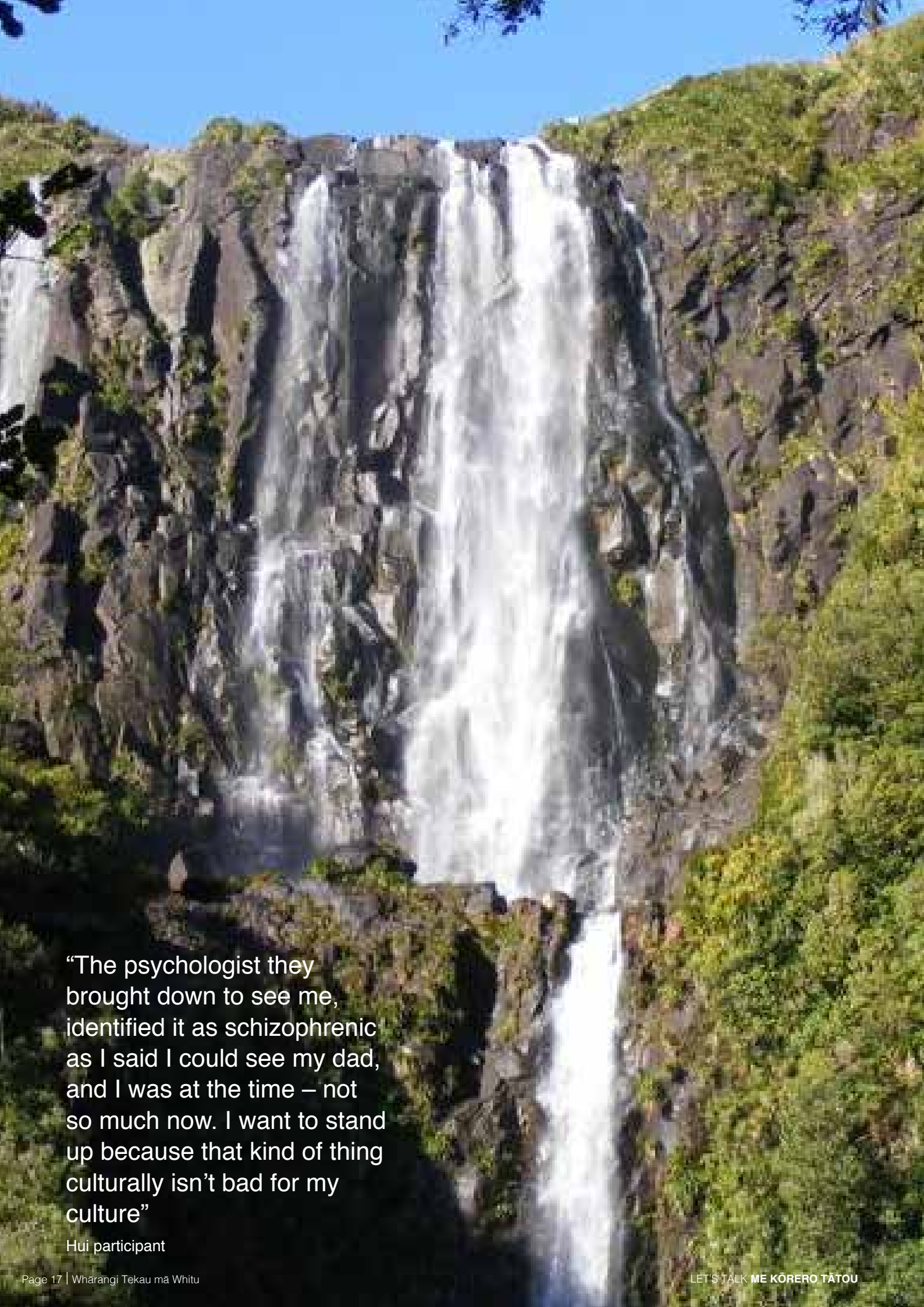
## Our initial response

One Care Plan  
throughout your  
journey

## Ngā mahere Planning

“Wellness needs to be at the forefront of my crisis team. We need to be on the same page and plan together to help our tangata whaiora come through this.”

“The Care Plan needs to consider our home lives, our whānau and the role that we all play. We want to transition back into our whānau and our communities over time.”



“The psychologist they brought down to see me, identified it as schizophrenic as I said I could see my dad, and I was at the time – not so much now. I want to stand up because that kind of thing culturally isn’t bad for my culture”

Hui participant

# Mana motuhake Holistic autonomy

Key indicators for thriving Māori wellbeing include being connected and anchored to whānau, hapu, marae, iwi, te Taiao and Reo. Strengthening and maintaining these ties have been identified as important to Māori mental wellbeing and the prevention of suicide. Māori more than likely have stronger experiences of discrimination, racism and socioeconomic disparity. These are markers for mental unwellness and it is imperative that as we gear up to transform mental health and addictions services we consider the wider holistic praxis and knowledge required to truly address Māori mental unwellness. We must engage and embrace a tikanga and whakapono approach.

## Our initial response

Supporting a sense of belonging and connectedness to cultural anchors

## Whakapapa Identity

“Who I am matters, my past, my family, my cultural past and future, my tupuna and my lineage is a part of who I am and needs to be acknowledged.”

“We may seem disconnected from our culture and we ask that you offer me all the support you can find to reconnect back.”

“Rongoa Māori is a part of me and my natural process of healing.”

## Tikanga-kawa Protocol and practices

“The team looking after our tangata whaiora understand cultural practices and protocols and the significant role these play in the pathway to recovery.”

“We ourselves need access to supports that will ensure our practices and protocols are adhered to.”

“Our māuiui is sometimes more than meets the eye and medicalised diagnosis and my illness will require holistic intervention and consideration.”

## Our initial response

Mātauranga Māori underpins health and wellbeing

## Our initial response

Kaumātua,  
Kaitakawaenga,  
Kaiārahi, Kaihautū  
Kaiwhiriwhiri

## Rangatiratanga Leadership

“As Māori, we need to exercise our guardianship over our people.”

“We need to be empowered under our cultural parameters in which wellbeing can occur.”

“Our models of wellbeing need to be enabled to guide our wellbeing pathway.”

“...I felt that my needs were a hassle for the staff. I felt that no one understood and with each new staff member I had to explain why my husband was there and what was being done to help me. Upon discharge the doctor said to follow up with my GP and get help. I thought I had already done that?”

Hui participant



# Mahia te mahi Workforce

As practitioners of wellbeing we must always ensure that we are well equipped and resourced to make a difference in the lives of our people that come to us for help. We must ensure that our workforce provides care with compassion and respect. We, alongside the families/whānau that utilise our services, are the key drivers for the transformation of mental health and addictions services. Our core knowledge, skills, values and attitudes matter. We are, all of us, practitioners of wellbeing from the floor to The Board. Our people deserve the best care possible. We need to employ a praxis that resonates how we would expect our own loved ones to be treated with great care. We need to support each other as practitioners to improve and grow daily. We also need to be protected and supported, to have a clear understanding of our role and responsibilities.

## Our initial response

Supporting  
a sense of  
belonging and  
connectedness to  
cultural anchors

## Whakatika Appropriate

“We need to have culturally trained staff that are able to understand when we are in a state of Tūroro and how to respond.”

“In many cases we need you to consult with Māori staff and kaumātua.”

“Those dealing with us should understand the Treaty of Waitangi and its significance in providing us with excellent responsive care.”

## Whakaata Reflective

“We need to know that we have more than adequate staffing levels to really deal with the ongoing demand.”

“We also need the staff to be reflective of the mental health and addictions service users and their whānau.”

## Our initial response

A sustainable  
workforce that reflects  
the needs of the  
service users

## Our initial response

A workforce that  
values and  
respects people

## Ngakau aroha Compassion

“We want staff to speak to us and not at us.”

“Approach us with compassion, respect and dignity.”



## Ngā mihi

The Waikato DHB owes a debt of gratitude to the many people who have contributed to the completion of this report: Tangata whaiora, whānau, service providers, Iwi Māori service providers.

The Iwi Māori Council, speed typists, Te Puna Oranga – Waikato DHB Māori Health service feedback reviewers, Tangata whaiora, whānau, Te Puna Wai Ora, Mental Health and Addictions service and Strategy and Funding staff, Creating our Futures and Te Pae Tawhiti representatives, Waikato DHB Media and Communications.

Without the generosity of these people this report would not have been possible.



