## Māori mental health- presented by Daisy Thomas

A Kaupapa Māori framework benefits Māori mental health

## Main points

- Māori are 1.7 times more likely to develop a mental health disorder compared to non-Māori (Baxter, 2008).
- Māori tend to enter mental health services when symptoms are acute (Waitoki, Nikora, Harris & Levy, 2014).
- The biomedical model does not represent Māori health beliefs therefore a Kaupapa Māori framework is paramount to improving the mental health status of Māori in Aotearoa (Gunther, 2011).

## Recommendations

- Early response and appropriate referral to Kaupapa Māori services are advisable to assist the improvement of Māori mental health (Waitoki, Nikora, Harris, & Levy, 2014).
- Culturally safe nursing practice demonstrated effectively by promoting self-determination and empowerment can improve Māori mental health within a predominantly eurocentric health system (Nursing Council of New Zealand, 2011).

## **Key Findings**

- To address Māori mental health issues an understanding of the deeper causes contributing to a poor mental health status is necessary (Durie, 2012). Colonisation, urbanisation and assimilation are three historical factors that deeply affected the Māori population (Gunther, 2011; Timu-Parata, 2009; Mark & Lyons, 2010).
- These historical influences led to a euro-centric biomedical approach to health care; narrowly focusing on the malfunction of the body's biological mechanisms, generally ignoring the social origins of illness (Germov, 2014). Te Kupenga (2013) reports 70 percent, over half of the Māori population, viewed Māoritanga (Culture and language), as being of high priority. Two thirds of the Māori population acknowledges the importance of spirituality in relation to mental health (MacPherson, 2014).
- Wellbeing for Māori is heavily influenced by a multitude of factors (Durie, 2012). To determine wellbeing Māori Kaupapa is underpinned by, spiritual, physical, emotional, psychological and familial aspects (Timu-Parata, 2009; Mark & Lyons, 2010). Wellbeing for Māori is the synergy of physical and spiritual dimensions (Mark & Lyons, 2010).
- To assume that all Māori within a clinical setting should be managed in the same way as non-Māori is non-ethical because Māori worldviews have a vast continuum. It is equally unacceptable however that Māori within a clinical setting be treated as if being Māori was of no consequence (Durie, 2012).
- Te Puā waiwhero (Ministry of Health, 2008) has an overall aim to improve mental health via Whānau Ora. Evidence from this framework illustrates self-governance, management and Kaupapa Māori service delivery being beneficial to Māori mental health. For improvements to continue Whānau need to be involved in planning, decision-making and provision of Kaupapa Māori services (Ministry of Health, 2008).

Reference:

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