Mental Health Support Work Advisory Group

Te Puawaitanga o Te Oranga Hinengaro

Mäori Mental Health Workforce Support Work Development Consultation Report

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© Mäori Providers named in Appendix 1

Mihi

Ka rere taku mihi.

Ki nga karangatanga maha o nga Marae kainga o te motu I roto I nga piki me nga heke o tenei ao hurihuri ki o tatou tini mate, e moe. Ki a tatou katoa e mahi tonu nei i waenga i te Iwi,

ka mihi tonu, ka mihi tonu.

(Te Taite Cooper)

Foreword

The Mental Health Support Work Advisory Group (MHSWAG) approved the undertaking of a kanohi-te-kanohi consultation with Mäori mental health NGO providers contracted to the DHB to provide mental health services and an environmental scan of workforce initiatives in the Mäori mental health support work sector.

A nation-wide series of consultations[1] for the Mäori mental health NGO providers[2] has been completed according to the terms of reference[3] agreed by MHSWAG. This included the 21 DHB regions, some of which were jointly consulted due to geographical considerations and the non-existence of Mäori mental health NGO providers, most notably within Te Waipounamu.

Prior to the consultation project, an environmental scan was undertaken to provide the MHSWAG with information on current and past Mäori mental health workforce development initiatives and is up-dated in this report.

This report is a progression of the following documents:

1. Mental Health Support Work Advisory Group's Annual Business Plan 2002-2003

2. Mental Health Support Work Advisory Group: Annual Business Plan 2002-2003

3. The Development of a Kaupapa Mäori Caucus for the Mental Health Support Workers Standard and Implementation Body (MHSWSIB): Discussion Paper.

4. Rangiaho, A. (October 2002) Mäori Mental Health Workforce Development: Environmental Scan.

5. Rangiaho, A. (November 2002) Mäori Mental Health Workforce Development Progress Report 1,

6. Rangiaho, A. (December 2002). Mäori Mental Health Workforce Development Progress Report 2,

7. Rangiaho, A. (January 2002) Mäori Mental Health Workforce Development Progress Report 3,

Since the MHSWAG was not well known by the Mäori mental health providers, there was considerable risk they would not participate in the consultation process. Hence the reason for following Mäori protocol of kanohi-te-kanohi consultation. Prior to the consultation hui interest in the project was generated by visiting key organisations, delivering additional presentations at Mäori provider hui and through follow-up communications.

[1] Appendix 1: Hui Schedule

[2] Appendix 2: Maori Providers Consulted

[3] Appendix 3: Terms of Reference

MHSWAG now has a presence in the Mäori mental health NGO sector and it is culturally appropriate to communicate with the providers by arms length means.

This report has been written for the MHSWAG and should not be relied on for any other purpose. There is no responsibility to other parties, except to feedback the results of the consultation to the respondent Mäori providers.

Reliance has been placed upon information provided by independent parties, in particular the Mäori mental health providers. It is their comments and recommendations expressed throughout this publication, and reflects their views and experiences. Although the reasonableness of this information has been considered and care was taken in the preparation of this report, much of the auditing of the information has been through verification with other primary parties involved in various projects and obtaining a comparison across the Mäori mental health sector.

Noho ora mai

Awhina Rangiaho
Contract Project Manager

The views and opinions expressed in this report are those of the providers who contributed to the consultation process and are not necessarily those of the contractor. The contractor has however made every effort to ensure the information contained in this publication is correct. Therefore, the contractor will not accept responsibility for any errors or omissions whatsoever and nor will the contractor be bound or liablie to any party that relies on this information contained in this report. Users of this information do so at their own risk.

Acknowledgements

Thank you to the people involved in the Mäori mental health support work workforce development project, in particular Te Taite Cooper, who provided the kaumätua support for most of the consultation hui, Hana Tukukino and Josie Karanga who advocated support for the project amongst the providers and their networks, Paraire Huata, Tipa Compain, Carol Ingely-Maraku, Marion Blake, Arawhetu Peretini of the Mäori Mental Health Directorate, Peter McGregor of Te Puni Kokiri and their staff for their contributions and support, the project team,[4] support of the various organisations that provided background information for the project[5] and most importantly the contributions made by whänau, tangata whai ora and the Mäori mental health providers[6].

[4] Appendix 3: Members of the Project Team

[5] Appendix 3: Members of the Project Team: Supporting Organisations

[6] Appendix 4: Participating Maori Mental Health Providers.

1. Executive Summary

The purpose of this report is to document the Mäori mental health provider's issues and recommendations from the national Mäori Mental Health Support Work Workforce consultation undertaken from August 2002 to January 2003. The consultation was undertaken as part of the Mental Health Support Work Advisory Group's strategies to strengthen and develop the Maori mental health support workforce and the development of structures and processes of a Treaty based relationship.

This report is one of a series produced from the consultation project. The first was an environment scan of the Mäori mental health workforce development, and the second and third were reports as the consultation project progressed. Another important document is MHSWAG's business plan as it has driven the projects aims.

The environmental scan (or Mäori mental health workforce initiatives) illustrates the way in which the Mäori mental health workforce has developed. The trend for Mäori mental health workforce development has been to trial pilots at a regional level or they have emerged from Mäori NGOs (such as Te Ngaru Learning System Ltd and Te Korowai Aroha o Aotearoa).

For the first time, Mäori mental health providers have a workforce development body, Te Rau Matatini, to assume the role of nationally coordinating Mäori mental health workforce development. So it is timely that the MHSWAG has undertaken consultation with Mäori mental health providers in an effort to identify and respond to their workforce needs through nationally accredited NZQA standards and qualifications.

Interestingly, the consultation served to confirm findings of the Health Workforce Advisory Committee, Ministry of Health and Te Rau Matatini. The major difference being, the consultation was targeted at Mäori mental health NGO / Iwi providers who make-up a large proportion of the tauira for mental health support work qualifications. Furthermore, the information collated from the consultation revealed greater depth to Mäori mental health workforce issues as the Mäori mental health providers were prolific with solutions as they "see it," to resolve workforce problems they face everyday.

1.1. Overview

The intention of the consultation was to involve Mäori mental health NGO / Iwi providers to identify the strengths and weakness' of the National Certificate in Mental Health Support Work (Level 4) and submit solutions for improvements. Furthermore to engage Mäori mental health NGO / Iwi providers in developing solutions for future mental health standards and qualifications and agree on national support work training needs that will lead to a Mäori mental health workforce responsive to the needs of Mäori tangata whai ora and their whänau.

1.2. Strengths and Weakness of the National Certificate in Mental Health Support Work (Level 4)

The Mäori mental health providers concluded that the certificate had some good features, such as, it's accessibility to the majority of the providers, validated and provided a useful framework for those new to the industry and raised the self-awareness of kaimahi and understanding of mental health issues from a tangata whai ora perspective.

Overall, the provider's maintain that the certificate did not meet their needs as the "expectations by Mäori tangata whai ora and their whänau, Mäori communities were for a multi-skilled, culturally competent, and bilingual Mäori mental health workforce"[7].

The inadequate themes identified were that the certificate was developed without Mäori mental health provider consultation and as a result, Mäori practices were not a feature or are a clip-on to generic standards designed for mainstream. The reality for the providers was that through their kaupapa Mäori mental health contracts Mäori practices were recognised by the health sector but that recognition does not flow-on to the education and training industry in regard to mental health qualifications. The respondents were adamant the fundamental flaw is that due to cultural differences there is no such thing as "one fits all" generic qualification.

Another important discrepancy is that the certificate was designed for existing mental health workers but targeted to individuals who have never worked in the industry. As a result, those that did the certificate received very little value from it except that it validated them as community mental health support workers.

Several education and training quality issues centred around the competency of tutors employed in the TEI. Providers had serious concerns for the de-escalation methods taught and the quality of Te Tiriti o Waitangi unit standard, and the impact they would have on their services for tangata whai ora and their whänau.

1.3. Proposals for Improvement

The Mäori mental health providers propose that a review of the certificate is undertaken to determine the education and training providers responsiveness to Mäori mental health providers workforce needs. Other proposals include the development of a certificate content containing the following:

- matauranga Mäori;
- Mäori models of wellness;
- people management and communication skills;
- greater consumer participation in tuition and content,
- basic clinical knowledge for kaimahi to better understand the circumstances of the tangata whai ora,
- all forms of communication skills,
- conflict resolution,
- mental health promotion,

[7] Health Workforce Advisory Committee (October, 2002) The New Zealand Health Workforce: Framing Future Directions Discussion Document.p.64

- a working knowledge of applicable legislation,
- a more hands on approach to training

The most important proposal submitted by the providers was to stream the qualifications into separate standards for Mäori and mainstream so that mental health workforce needs by both are met.

Also the providers called for moderation and auditing of the standards 13439 and 13424 that were not being taught by professionals and it is essential they are. Work-placements are also worth a mention as most of the providers believed that on-the-job assessments and achievement should accumulate credits toward the mental health qualification.

1.4. Proposals for Future Mental Health Standards & Qualifications

The providers submitted a comprehensive list of key competencies, they considered were necessary for Mäori mental health kaimahi (and overall their organisations) needed to respond to the needs of tangata whai ora and their whänau. The key competencies focused on the following:

- Mäori models of wellness, their practical application
- Mäori methods of assessment
- Mäori Models of Competency & Best Practice
- Mäori practices, ethics, boundaries and their application
- A more in-depth standard for Te Tiriti o Waitangi
- Whänau, Hapü and Iwi dynamics and the applicable tikanga and kawa that apply to kaimahi
- Best practice for Mäori mental health

The contributing factors to the accessibility of Mäori mental health qualifications to kaimahi were the:

- learning environment must be taught in Mäori environment and
- enable employed kaimahi to participate using distance learning methods.
- must be geographically accessible therefore a national approach is necessary
- provision for work-based mentoring and assessment which credit toward mental health qualifications

In addition, the future qualifications required immediately to meet the needs of the providers are five distinct qualifications or sets of standards. They are:

- Diploma in Mäori Mental Health designed by Mäori for Mäori within 2 years
- A mental health promotion and understanding mental health training programme for supplementary and voluntary kaimahi.
- A compulsory cultural bridging training programme for all mental health practitioners across the sector.
- Tohunga and kaumätua succession training programmes
- An under-graduate degree in Mäori mental health within the next three years.

1.5. Treaty Based Relationship

There is national backing by the providers for a treaty based relationship within or attached to MHSWAG. However, the majority of providers were unable to firmly commit until they could consult further, internally, locally, regionally and nationally. When asked how the providers propose to consult nationally, the most common suggestion was a national Mäori mental health conference where local and regional decisions would be finalised. In the meantime, they would work toward consultation and planning in their own regions.

1.6. Recommendations

Recommendation 1: Value of the Nat.Cert.MHSW
MHSWAG undertake a review of the unit standards with the assumption that students are new to mental health support work and are not currently employed in the industry.

(For the rationale to this recommendation, refer to section 6.1.1.1. Value of National Certificate in Mental Health Support Work (Level 4))

Recommendation 2: Improvements to the Nat.Cert.MHSW
Review the national certificate for the inclusion of the following:

- mental health communication skills,
- ethics in mental health communication,
- support work case management,
- conflict resolution,
- mental health promotion
- greater participation by tangata whai ora; their stories of recovery.
- a practical application of mental health and related legislation.
- Greater use of mental health standards
- The practical aspects of clinical knowledge

(For the rationale to this recommendation, refer to section 6.1.1.2. Improvements to the Nat.Cert.MHSW)

Recommendation 3: Unit standard 13425
Develop unit standard 13425 to level 5 or 6 (inclusive of whänau, hapü and iwi) that leads on from the new unit standard (replacement for 13425), which will be a pre-requisite.

(For the rationale to this recommendation, refer to section 6.1.1.3. Removal unit standard 13425)

Recommendation 4: Basic Clinical Knowledge vs Models of Wellness
Review of the unit standards and include basic clinical knowledge and models of wellness throughout the qualification.

(For the rationale to this recommendation, refer to section 6.1.1.4. Basic Clinical Knowledge vs Models of Wellness)

Recommendation 5: Quality Issues of the Nat. Cert. in MHSW
The MHSWAG request NZQA to moderate and audit the quality of tuition and safe practice of unit standards 13439 (de-escalation) and 13424 (Te Tiriti o Waitangi). In addition, apply a more stringent criterion to future accreditations of training providers.

(For the rationale to this recommendation, refer to section 6.1.1.5. Quality Issues of the Nat. Cert. in MHSW)

Recommendation 6: Mäori Participation & Mätauranga Mäori
Mäori mental health providers and stakeholders are involved in the development and design of a National Certificate in Mäori mental health and the guiding principle is “for Mäori by Mäori.

(For the rationale to this recommendation, refer to section 6.1.1.6. Lack of Mäori participation in the design of and mätauranga Mäori in the National Certificate in Mental Health Support Work (level 4))

Recommendation 7: Mäori mental health key competencies
Mäori mental health providers and stakeholders are involved in the development and design of a Diploma in Mäori mental health carried out “for Mäori by Mäori and includes Mäori mental health key competencies.

(For the rationale to this recommendation, refer to section 6.1.1.7. Mäori mental health key competencies)

Recommendation 8: In-house training
MHSWAG supports work-based training as an additional option for Mäori mental health provider’s and that in-house training achievements are assessed and accredited toward a Mäori mental health qualification, by competent tutors / assessors.

(For the rationale to this recommendation, refer to section 6.1.1.8. High levels In-house training activities)

Recommendation 9: Responsiveness by the education and training sector.
The MHSWAG requests a review of the training provider’s responsiveness to Mäori mental health sector. In addition, the relevant information in this report is released to the alliance between MoH, HWAC and the tertiary sector for further examination. The MHSWAG also reviews it’s own AMAP requirements for each unit standard in regard to the quality of tutors and mätauranga Maori.

(For the rationale to this recommendation, refer to section 6.1.1.9. Lack of responsiveness by the education and training sector)

Recommendation 10: Cultural and industry appropriate learning environments.
The MHSWAG reviews the AMAP to ensure Mäori learning and industry requirements are met and that they are a priority when assessing the training providers suitability for accreditation to deliver the qualification. For existing providers, the amendments to the AMAP become part of the NZQA’s monitoring and auditing procedures.

(For the rationale to this recommendation, refer to section 6.1.1.10. Lack of culturally and industry appropriate learning environments)

Recommendation 11: Ad hoc succession training
The information on succession training issues and recommendations for kaumätua and tohunga is released to Te Rau Matatini for consideration in their workforce development planning.

(For the rationale to this recommendation, refer to section 6.1.1.11. Ad hoc succession training)

Recommendation 12: Nationally accessible higher level qualifications
Nationally recognised Mäori mental health qualifications higher than the Nat.Cert. MHSW is developed to ensure they are accessible to Mäori mental health providers.

(For the rationale to this recommendation, refer to section 6.1.1.12. Lack of nationally accessible higher level qualifications

Recommendation 13: Mental health bridging training programmes
A brief (three month) training programme for "understanding mental health," "mental health promotion", and "de-stigmatisation" is developed for supplementary Mäori mental health kaimahi.

(For the rationale to this recommendation, refer to section 6.1.1.13. Lack of mental health bridging training programmes)

Recommendation 14: Cultural bridging programme for non-Mäori
Develop a cultural bridging training programme for mental health practitioners working with Mäori and make it compulsory across the sector.

(For the rationale to this recommendation, refer to section 6.1.1.14. Lack of a cultural bridging programme for non-Mäori)

Recommendation 15: Recognition of measurements defined by Mäori for Mäori.
Mäori benchmarks, imbedded in tikanga Mäori, are used for measuring quality and competency to achieve Mäori outcomes.

(For the rationale to this recommendation, refer to section 6.1.1.15. Lack of acknowledgement of existing measurements defined by Mäori for Mäori.)

Recommendation 16: Treaty based relationship
MHSWAG provides ongoing consultation and a forum for local, regional submissions for a treaty based relationship in association with the MoH, Mäori Mental Health Directorate. The relative information is released to the Mäori Mental Health Directorate and Te Rau Matatini for their planning.

(For the rationale to this recommendation refer to section 6.1.1.16. Treaty based Relationship)

2. Background

2.1. Mäori Mental Health NGO / Iwi Providers

There are 240 NGO and Iwi trusts contracted to the 21 DHB throughout Aotearoa. Information on how many of those providers deliver Mäori mental health services is not readily available, as one complete national database of Kaupapa Mäori Mental Health NGO / Iwi organisations does not exist. The Ministry of Health (MoH) website lists only 70[8] of the 240 Mäori Health organisations (not all provide mental health services) and the new Te Rau Matatini directory lists 84 (not all are contracted to provide mental health services).

Although the numbers of Mäori mental health NGO providers is not precise, they play a significant role in delivering mental health services. Some general features about the Mäori mental health NGOs and their workforce are:

- the majority are newly contracted mental health providers (in the last four years).
- concentrated in the North Island and this reflects the population dispersion of Mäori.
- Although the NGOs have mental health expertise, they employ predominately non clinical professionals and operate community residential and community support services.
- A requirement of their contracts is that 80% of their staff must have the minimum qualification of the National Certificate in Mental Health (Mental Health Support Work) (Level 4) except Nga Oranga o te Rae contracts.
- Is the highest growth area and therefore need for the Mäori health workforce.

The findings in this report support statements in previous SWAG reports. In particular, there is no national approach to Mäori mental health workforce development as individual initiatives are specific to each region. However, Te Rau Matatini, (the mental health workforce development purchasing organisation) has future plans to implement a national coordinated approach.

2.2. Mäori Population

Mäori comprise 15% of the population in New Zealand at the last census 2001 and is expected to increase to 1 million, 20% by the year 2051.

Table 1 shows the geographical dispersion of the Mäori Population for the DHB regions (combined and / or individually) for the Mäori mental health support work, workforce development project.

The 2001 census information on the Mäori population is as follows:

- In 2001, 526,281 people in New Zealand were of Mäori ethnicity (1 in 7) people, and increase of 21% since 1991
- In the Auckland region, 1 in 10 people are of Mäori ethnicity

[8] Ministry of Health (2002) Mäori *Health Providers* www.maorihealth.govt.nz

- Nearly 90% of Mäori live in the North Island, however the number of Mäori in the South Island increased 38% between 1991 and 2001
- Mäori is the most widely spoken language in New Zealand after English.
- The Mäori population is ageing. Ten years ago 1 in 40 Mäori were aged 65+ years – this is now 1 in 30
- 1 in 4 Mäori (25%) live in households with access to the internet.
- 1 in 9 Mäori (11%) live in households without a telephone, fax or Internet access.
- The largest Iwi is Ngapuhi followed by Ngati Porou
- The median income for Mäori men is $18,600: for Mäori women it is $13,200
- The median age for Mäori is 21.9 years.

Table 1: Total Mäori Population for DHB Regions in the Consultation Project

Territorial Authority and Sex by Age Group								
for the Mäori Ethnic Group Census Usually Resident Population Count, 2001								
DHB Regions	**Age Group**							**% Maori Pop.**
Note: Regions are DHB defined	**0 - 14Yrs**	**15 - 29Yrs**	**30 - 44Yrs**	**45 - 59Yrs**	**60 - + Yrs**	**Total**	**Median Age(1)**	
Northland	15,585	8,514	8,361	4,905	3,378	40,734		7.7%
Auckland / Waitemata	23,793	18,957	15,609	7,293	3,177	68,823		13.1%
Counties Manukau	23,970	15,732	12,699	6,558	2,442	61,398		11.7%
Waikato	24,072	16,422	12,966	6,963	3,479	64,295		12.2%
Lakes	11,238	7,437	6,414	3,366	1,911	30,363		5.8%
Bay of Plenty	16,227	9,507	8,880	5,097	2,916	42,618		8.1%
Tairawhiti	6,990	4,323	3,975	2,520	1,557	19,365		3.7%
Hawkes Bay	12,273	7,866	6,609	3,720	2,007	32,454		6.2%
Taranaki	5,661	3,495	2,934	1,602	906	14,592		2.8%
Whanganui	5,631	3,651	3,045	1,710	964	14,101		2.7%
Mid Central	8,376	5,757	4,362	2,166	1,083	21,750		4.1%
Capital Coasts & Hutt Valley	16,443	12,414	10,077	4,878	1,899	45,708		8.7%
Wairarapa	2,184	1,188	1,050	630	336	5,403		1.0%
Nelson / Marlborough / West Coast	5,043	3,003	2,760	1,425	684	12,933		2.5%
Canterbury / South Canterbury	11,337	8,304	6,507	3,255	1,338	30,756		5.8%
Otago / Southland	7,659	5,742	4,161	2,304	1,110	21,003		4.0%
Total, New Zealand	**196,482**	**132,312**	**110,409**	**58,392**	**29,187**	**526,296**		**100.0%**
Male	100,656	63,345	51,636	28,269	13,587	257,481	20.8	48.9%
Female	95,829	68,442	58,797	30,129	15,600	268,800	23.0	51.1%
Total	**196,485**	**131,790**	**110,427**	**58,392**	**29,193**	**526,281**	**21.9**	**100.0%**

Source: Statistics New Zealand, 2001 Census.

2.3. Mäori Mental Health Workforce

Information on the composition Mäori mental health support work workforce is unreliable. However, the DHBNZ and MoH has a project underway to monitor mental health workforce numbers and skill levels.

The trends indicate that the Mäori mental health support work workforce is a high growth area. The HWAC report that contracting records for CSW, show 786 FTEs up to July 2001. However, there is no demographic make-up of the CSW and further suggests the percentage for Mäori tends to be higher than for any other health workforce group. For example it is estimated at "5 percent of the whole health workforce"[9] is Mäori, and out of "8488 mental health practitioners (excluding CSW and CHW) Mäori comprise of 15.1 percent[10]."

More recently, the survey undertaken by Te Rau Matatini would suggest the HWAC estimations to be correct as the survey shows, that *"of the 532 respondents:*

- *20 percent were community support workers*
- *7 percent were community health workers*
- *56 percent have worked in Mäori health for 0-2 years*
- *16.5 percent have worked in Mäori health for 3-4 years*
- *16.5 percent have worked in Mäori health for 5-9 years[11]"*

The latest Mäori mental health NGO/Iwi contracted FTEs volumes provided by the Mental Health Directorate is 460[12]. This does not include the number of contracted kaupapa Māori mental health FTE for NGO/Iwi residential and rehabiliation services and all the kaupapa Māori mental health FTE within the 21 DHB services.

It is difficult to estimate the number of paid and voluntary Māori mental health kaimahi as the data does not exist. Nor is there any data on non-public funded Māori mental health organisations. However, some useful information collected by Statistics New Zealand's 2001 census[13] is as follows:

- 13,566 Māori are employed in health and community services of which,
- 11,316 Māori are women, and
- 2,247 Māori are men.
- 65,151 Māori help or working voluntary for or through any organisation, group or Marae"[14] but the percentage that work in mental health is not available. The providers report that the roles of voluntary workers in their organisations are tohunga, kaumātua, care-givers and support workers.

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[9] Health Workforce Advisory Committee (April, 2002) The New Zealand Health Workforce: A Stocktake of Issues and Capacity 2001 p. 7

[10] Health Workforce Advisory Committee (April, 2002) The New Zealand Health Workforce: A Stocktake of Issues and Capacity 2001. p.111

[11] Te Rau Matatini (2002) Nga Kitenga o nag Rangahau: Te Rau Matatini Survey Results.

[12] Ministry of Health, Mental Health Policy & Service Development (March, 2003) Contract FTE for kaupapa Māori mental health services.

[13] Statistics New Zealand (2001) 2001 Census. Ethnic Group (Total Responses) and Sex by Industry Division for the Employed Census Usually Resident Population Count Aged 15 years and over 2001.

[14] Statistics New Zealand: 2001 Census. Unpaid Activities (Responses) for the Mäori Ethnic Group Census Usually Resident Population Count Aged 15 years and over.

3. Overview of Mäori Mental Health Workforce Initiatives

The findings in this report support statements in previous MHSWAG reports that up until now, there has not been a national approach to Mäori mental health workforce development. Mäori mental health workforce development have been individual, local or initiatives specific to each region. However, Te Rau Matatini, (the mental health workforce development purchasing organisation) has future plans to implement a national, coordinated approach. This section provides an overview of the development of Mäori mental health workforce initiatives and the factors that have shaped it today.

3.1. Kia Tu kia Puawai

Kia Tu Kia Puawai was the start of a long term strategy for tangata whenua mental wellbeing and mental health promotion. This document identifies the development of Mäori mental health workforce as a critical issue in addition to quality improvement, funding, evaluation and research and overall, the advancement of mental health for Mäori.

Expected workforce development benefits include:

- Timeframe for prioritizing and addressing mental health workforce issues
- Estimates of costs and forecasts
- Increased likelihood of aligning mental health workforce needs with the delivery of mental health services
- National funding approach to developing mental health workforce with local and regional needs addressed
- Monitoring framework developed that can inform the funder of ongoing achievements and problems

Two of the workforce development initiatives (Te Rau Puawai and Kia Tu kia Demonstration sites) to emerge from the strategy are reported below.

3.1.1.1. Te Rau Puawai

"Te Rau Puawai was established in 1999, as a joint venture between the former Health Funding Authority and Massey University to contribute at least 100 Maori graduates to the Maori mental health workforce within a five year period. To achieve this, Te Rau Puawai recruits and supports Maori who are committed to Maori mental health advancement, into mental health related programmes available from the College of Humanities and Social Sciences of Massey University. The desired outcome of Te Rau Puawai is the accelerated development of a professional Maori mental health workforce, and of the range of providers of Maori mental health services"[15].

[15] Ministry of Health (May, 2002) An evaluation of Te Rau Puawai Workforce 100: Evaluation Overview. Technical Report No. 1. p.2

Te Rau Puawai supports 113 Mäori students nation-wide who have achieved a pass rate of 80% compared with 65% for all Massey University students as a whole, and it is anticipated that at least 56 students will have completed their programme of study by the end of 2001, with a further 50 to complete over 2002 / 03.

3.1.1.2. Kia Tu Kia Puawai Demonstration Sites

This project focused on Mäori mental health workforce development for the four priority areas: tamariki, Kaumätua, mokopuna and wahine, and rangatahi. The project was a pilot, targeted to achieve the characteristics of the Kia Tu Kia Puawai model for a three year term (ending 2002). The four demonstration sites selected were:

1. Tamariki — Ngati Whatua Social Services Ltd (Auckland)
2. Kaumätua — Te Kapu a Rangi Trust (Waimana)
3. Mokopuna and Wahine — Ngati Haua Haua Trust (Waharoa)
4. Rangatahi — Hekenga Mauriora (Te Araroa and Muriwai)[16]

Aims of Kia Tu Kia Puawai Demonstration Sites was:

- advance the characteristics of the Kia Tu Kia Puawai model
- towards early intervention and prevention rather than serious mental illness.

Evaluation of Kia Tu Kia Puawai Demonstration Sites.
The pilot was monitored and evaluated by Te Wananga o Raukawa and the mental health workforce development pilot was for the benefit of the individual organizations. However, through the monitoring and evaluation: national gains on early intervention were made for the Mäori mental health sector as a whole.

3.2. Tuutahitia te Wero: Meeting the Challenges

Tuutahitia te Wero identifies 11 mental health workforce priorities but states that “the mental health workforce needs are so pervasive that a national approach may be mandated in the first instance”[17].

Tuutahitia te wero, funding plan, funded a number of regional Mental Health workforce development training programmes up to 2002. Three of those Mäori Mental Health training initiatives are summarised below.

The purchasing component of the funding plan has since been contracted to Te Rau Matatini and headed by Professor Mason Durie. The purchasing function of the Tuutahitia te Wero funding plan is to take a more coordinated and national approach to new initiatives. The impact of the national focus on regional initiatives will be monitored and may become more decentralised in the future.

[16] Health Funding Authority (August, 1999) Kia Tu Kia Puawai p. 14

[17] Health Funding Authority (September, 2000) Tuutahitia te Wero: Meeting the Challenges. Mental Health Workforce Development Plan 2000-2005.p.4.

3.2.1. Miria te Hinengaro

Miria te Hinengaro is a collective of Mäori Mental Health stakeholders (consumers, and Mäori Mental Health providers) who in 1998 consulted widely with all the providers for the then, Midland HFA region, to identify gaps. Among the four gaps identified the critical priority identified was Mäori Mental Health Workforce Development and became the key project. At the same time Tuutahitia te Wero was launched and funding was allocated to the training programme decided by the stakeholders. As a result, NETCOR was contracted to provide the Nat. Cert. MHSW and collaborated with Te Ngaru Learning systems to deliver a mainstream and kaupapa Mäori mental health training programme.

Aims of Miria te Hinengaro was to:

- apply a consultative approach to Mäori Mental Health Workforce Development
- utilise Mäori models of Practice toward training,
- develop a treaty framework for service delivery.

Evaluation

Mäori Models of practice implemented were based on the Powhiri and Poutama model (developed by Te Ngaru Learning Systems Ltd) as NETCOR sub-contracted the Kaupapa Mäori component of the training to Te Ngaru Learning Systems. The training programme is currently operational but as it was a pilot; funding was not ongoing.

The organizations who participated in the training included both DHB and NGO providers. The providers report that training programme was successful as it met their service provision needs and the NZQA framework qualifications required by their contracts.

3.2.2. Nga Oranga o te Rae

Ten Mäori Mental Health providers (spread over a geographical area of Gisborne, Mahia, Wairoa, Napier, Hastings, Masterton, Dannevirke, Palmerston North, Otaki, Whanganui, and Wellington) formed a charitable trust, Te Upoko Nga Oranga o te Rae. Their Kaimahi collectively attend the Whaiora Kahurangi training programme (developed and delivered by Te Korowai Aroha Aotearoa). The initiative was funded through the Tuutahitia te Wero for a term of three years, and has been renewed for a further term. Whaiora Kahurangi is not an NZQA registered qualification, however it is endorsed and recognised by the Ministry of Health.

Evaluation

Key features of the Whaiora Kahurangi training programme is that, the learning is based on traditional tikanga Mäori, Mäori philosophies and Mäori learning environments combined with a mental health clinical module.

The kaimahi who have completed the programme and their benefiting organisations give glowing accounts of the programme. Accordingly they report that the programme has achieved it's aims of delivering a training programme that is:

- Consistent with Mäori concepts and practice
- Reflects Mäori generally accepted style of learning
- Is relevant to Kaupapa Mäori mental health service provision
- High in quality

The only disadvantage identified by the participating Mäori mental health organisations is accessibility to the training programme as the Whaiora Kahurangi is delivered at pre-planned Marae sites and many tauira must travel long distances to attend.

3.2.3. Te Rau Matatini

For the next three years Te Rau Matatini assumes the role of an NGO Mäori mental health workforce development purchasing organisation. The organisation is headed by Professor Mason Durie, and governed by 16 members representative of the mental health sector. Their strategic plan is not due for release until February 2003, however they have identified a number of projects:

1. Undertake a nation wide survey to assess the training needs of the Mäori mental health workforce, and carry out a stock-take of the Mäori mental health workforce. The results of the survey will be used to design training packages that enhance both the cultural and clinical expertise of Mäori working in mental health. At the closing date of the survey, Te Rau Matatini received 532 responses (see below for a summary of the survey).

2. Initiate a project aimed at attracting new Mäori mental health staff and retaining existing mental health staff. Their first step has been to produce a promotion video and will be widely available. The second step is the double the Mäori mental health workforce in the next three years.

3. Pilot workforce development training programmes at four sites for the year 2003, specifically targeted at three areas of the mental health sector: clinical, tertiary, and community.

4. Establish a website which was launched in November 2002

5. Compile a national Mäori mental health providers internet directory for access through the internet

3.2.3.1. Nga Kitenga o nga Rangahau Te Rau Matatini Survey Results

There were 532 Mäori health workers who responded to the national training needs assessment survey undertaken by Te Rau Matatini. Preliminary results are summarised below:[18]

3.2.3.2. Type of Participating Organisation

Of the 532 respondents, “

- *254 respondents or 48% of respondents, the largest proportion of participants were working for DHB services.*
- *175 respondents (33% of the sample), the next largest group, worked in Mäori health NGO services;*
- *29 (6% of respondents) were working for other NGO mainstream providers.*

[18] For the full preliminary results of the Te Rau Matatini, Te Rau Whakaemi Maori Mental Health Training Needs Assessment refer to www.matatini.co.nz

3.2.3.3. Types of Services

When asked about providing specialist services to Mäori,

- *139 (26% of respondents) worked for organisations which provided services exclusively to Mäori;*
- *119 (22% of respondents) worked for organisations which while not exclusively Mäori mental health services mainly had Mäori clients*
- *198 (37% of respondents) worked for specialist mental health services whose clients were not mainly Mäori*
- *67 (13% of respondents) did not work for specialist mental health services.*
- *When asked about specialised mental health services for age-groups, 87 respondents (15% of respondents) worked for an agency specifically providing mental health services to children, adolescents and families;*
- *212 (36% of respondents) worked for agencies specifically providing mental health services to adults.*

3.2.3.4. Workforce Roles

The most common roles of Mäori health workers from the survey sample were

- *20% of respondents, community support workers*
- *14% of respondents, registered nurses and counsellors*
- *12% of respondents both (the above)*
- *7% community health workers*
- *Mäori health workers, community support and community health workers in many cases perform similar duties.*

3.2.3.5. Key Training Needs

The common primary training needs to emerge were:

- *a general need for continuing education,*
- *ongoing training or extension of one's professional skill-base in both the clinical and cultural domains of mental health work.*

3.2.3.6. Cultural Training Needs

Te Reo Mäori was the primary need and most common response to the cultural training needs, i.e. 57% of the respondents). Verbatim responses included:

- *"Learning te reo o ngä tupuna"*
- *"Te reo Mäori if I were to move into kaupapa Mäori services"*
- *"Acquiring the knowledge to kōrero Mäori"*
- *"improving on Te Reo Mäori"*
- *"improvement on the appropriate use of Te Reo"*
- *"I'd like to pursue Te reo more"*

Knowing how to adapt te reo and tikanga Mäori to practice in mental health work was a further training need and included the following responses,. :

- *"Tikanga Mäori, Te Reo and how to adapt it into western methods of working for our people"*
- *"Te reo me ona tikanga"*
- *"More understanding of kawa and tikanga, especially where related to health issues"*

Mäori models of practice and therapy were also common training needs identified by survey participants. Responses included:

- *“More training in the whare tapa whä”*
- *“More on Mäori models of healing / therapy”*
- *“All of the above plus Mäori Models of therapy for Alcohol and Drug clientele”*

Other less prominent themes from the training assessment survey included training in

- *cultural assessment*
- *local tribal kawa and tikanga, history*
- *traditional forms of Mäori healing (e.g. rongoa rakau and mirimiri training).*

3.2.3.7. Summary of Nga Kitenga o nga Rangahau

The survey findings are similar to those found in the MHSWAG’s Mäori mental health workforce development project. However the views and opinions largely reflects those of staff working in DHB services. Also, the survey results do not specify the number of organisations the respondents represent or the type of health work the “Mäori health” workers”[19] are employed in. The survey results are preliminary findings and the clarification is still to come.

3.3. Mäori Mental Health Training Providers / Programmes

3.3.1. National Certificate in Mental Health Support Work

The National Certificate in Mental Health (Mental Health Support Work) (Level 4) is an entry level qualification for mental health Community / Iwi Support Workers, developed by MHWSAG and registered on the NZQA national framework in 1998. Training providers offered the qualification in 1999 and Table 2 shows that 648 students have completed the Nat.Cert in MHSW for the years from 1999 to 2002. Of the students who completed the qualification, 33 percent were Mäori and 67 percent were non-Maori.

Table 2: Usage of the National Certificate in Mental Health Support Work

National Certificate in Mental Health (Mental Health Support Work) (Level 4) Usage						
Usage	**1999 Year**	**2000 Year**	**2001 Year**	**2002 Year**	**Totals**	**%**
Number of Non Maori	90	71	177	96	434	67.0%
Number of Maori	26	64	99	25	214	33.0%
Total Usage	**116**	**135**	**276**	**121**	**648**	**100.0%**

Source: New Zealand Qualifications Authority

[19] Refer to section 4.2.3.1.2 Types of Services

The training providers[20] accredited by NZQA and deliver the Nat. Cert. MHSW qualification provide a good national coverage of New Zealand making it accessible to mental health practitioners. The qualification has in the opinion of the designers and developers the flexibility to include Mäori elements. However, the majority of Mäori mental health providers report that the inclusion of Mäori mental health practices is dependent mostly on the skills and competency of the individual Maori tutor. The training providers identified by the Mäori mental health providers as providing some Mäori protocols and practices in the qualification are:

- Whitireia Community Polytechnic — Wellington
- Waiariki Institute of Technology — Whakatane
- Waikato Institute of Technology — Waikato
- Indigenous Consultants Ltd — Gisborne (Head Office)

Indigenous Training Consultants Ltd deliver their entire training programme on the Marae whereby tradition, Marae protocol: (that is, tikanga and kawa) is paramount. In this manner, students are immersed in tikanga Hapü and Iwi. The current students are affiliated to Tuhoe, Ngati Porou and Ngati Kahungunu who alternate at hosting the Noho Marae between the three Iwi. The training programme is divided into twelve modules each being three days in duration. The tutors report that NZQA auditors have been critical of their delivery as their expectations of the students far exceed the AMAP requirements.

NETCOR, another training provider who endeavoured to bridge the gap for the Mäori learner, offered the Nat.Cert.MHSW in collaboration with Te Ngaru Learning Systems Ltd who delivered a kaupapa Mäori training programme. This was delivered to the midland region's Mäori mental health providers and from their experience, NETCOR have recommended to HWAC that "a national Mäori mental health qualification is necessary to develop the kaupapa Mäori workforce"[21].

All the above organisations and their courses are NZQA registered and accredited so must undergo a rigorous annual audit process by the NZQA audit team.

3.3.2. Mäori Mental Health Local Qualification Accreditations

A Diploma in Mental Health is offered by two tertiary institutions. They are Waikato Institute of Technology (Hamilton) and Te Wananga o Raukawa (Otaki).

The Waikato Institute of Technology's Diploma in MHS offered this year has been developed in conjunction with Te Tari Mäori at WINTEC and offers 8 core modules and 2 optional (mainstream or Kaupapa Mäori)modules in each year. The Diploma, generally is developed as a bi-cultural programme.

Te Whare Wänanga o Raukawa offers a Diploma in Oranga Hinengaro delivered through te Ao Mäori (Mäori perspective). The training programme is funded by CTA in the specialty field of Mäori mental health and is available by distance learning. However, very few providers are aware of their qualification.

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[20] Refer to Appendix 7: NZQA Accredited Training Providers

[21] Health Workforce Advisory Committee (April, 2002) The New Zealand Health Workforce: A Stocktake of Issues and Capacity 2001.p.126

Both the former training programmes are NZQA accredited, local to the respective tertiary institutions, therefore not widely available to a large majority of the Mäori mental health providers.

3.3.3. Non-NZQA Registered / Accredited Training Programmes

3.3.3.1. Te Korowai Aroha Aotearoa: Whaiora Kahurangi

Te Korowai Aroha Aotearoa is a training provider with the twelve year history[22] of delivering kaupapa Mäori training programmes to the Kaupapa Mäori NGO workforce and more recently, (two years) Whaiora Kahurangi[23] (a kaupapa Mäori Mental Health programme equivalent to diploma). The organisation developed it's own quality management systems, that is Mäori based assessments, evaluation and measurement systems[24]. However, the organisation is not NZQA registered and neither is Whaiora Kahurangi on the NZQA Framework, although their training programmes are endorsed by the MoH, and CYF Services.

Whaiora Kahurangi training programme is based on traditional Mäori philosophies and notions of mental health, and wellbeing within the context of Kaupapa Mäori Mental Health Services.

The Pou Arahi, is adamant they will not be contributing course content to the MHSWAG's Mäori Mental Health Workforce Development project as they are signatories to the Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous Peoples and therefore legally bound by the nine tribes of Mataatua[25].

3.3.3.2. Te Ngaru Learning Systems Ltd

Te Ngaru Learning Systems Ltd, is headed by Paraire Huata, a nationally recognised expert, has a 20 year history of training and mentoring kaimahi. Their Mäori mental health training programme (poutama and powhiri) is based on traditional Mäori learning and assessment models. The content of the training programmes is highly regarded in the industry by DHB mental health and Mäori mental health NGO practitioners alike.

The Mäori mental health training programme features the following:

- Wairua assessment
- Cultural assessment
- Traditional Mäori concepts and practice
- Many Mäori models of wellness and their specific application to both the Mäori mental health and Mäori alcohol and drug sectors

[22] Te Korowai Aroha Aotearoa (2002) Te Korowai Aroha: Indigenous Training & Education Prospectus:

[23] Te Korowai Aroha o Aotearoa (2002) Indigenous Training & Education. Whaiora Kahurangi Training Programme. Prospectus 2002.

[24] Te Korowai Aroha o Aotearoa (2002) Nga Tohu Arahi: Quality Management Systems 2002-2003

[25] Nine Tribes of Mataatua (June 1993) The Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous Peoples.

- Tauri (students) are immersed in the wananga environment and the emphasis is to produce master practitioners (in mental health, and alcohol and drugs) through the Poutama model of learning and achievement. After each wananga, Tutors provide tauira with follow-up site visits (four to six) in the actual work environment to assess and mentor the kaimahi / student in the workplace. Kaimahi / students are given the opportunity to address their competency needs or build upon existing strengths.

Te Ngaru Learning Systems Ltd is not NZQA registered and neither is the training programme on the NZQA framework.

3.4. National Training Grants

Mental health training initiatives are currently funded by two sources. Firstly, NETCOR is contracted to administer a national training grant for students enrolled in the Nat.Cert MHSW and who work in the industry. In 2001 they funded 600 students for the Midland region for 62 mainstream and 45 kaupapa Mäori mental health providers. However the pilot ended in June 2002 and is not ongoing. The other is CTA, who purchases post-entry mental health (among others) clinical training, and specialist training.

MPDS has also funded numerous Mäori mental health workforce development initiatives identified as necessary by the Mäori mental health providers. For example, Tui Ora Ltd approved 14 scholarships for post and under graduate qualifications for health practitioners in their region[26].

Another MPDS workforce development project was a joint venture by Te Kotuku ki te Rangi Trust, Te Whare Tiaki Trust, Te Puawai Aroha ki Otara Trust and Mahitahi Trust, including involvement by Ngati Kahu Iwi Support Services, Huakina Trust and Raukura Hauora ki Tamaki. The project was a three day wänanga for 70 kaimahi on Mäori models of wellness run by Paraire Huata, Ripeka Chaplow and Dr David Chaplow. The aim was for kaimahi to attain workplace competency. So after the three day wänanga, Te Ngaru Learning Systems provided kaimahi with six follow-up visits to monitor and mentor their competency in the workplace[27]. From that wänanga a cultural assessment resource was developed for ongoing training © Te Ngaru Learning Systems Ltd.

[26] Tui Ora Ltd (2001) Tui Ora Limited: 2002 Annual Report. p.8

[27] Mahitahi Trust (2001)MPDS 2000 / 2001 Report 2, Maori Models of Wellness & Cultural Assessment Wananga.p.7.

4. Consultation Overview

During the period from August 2002 to January 2003, a national wide consultation was undertaken through a series of 16[28] kanohi-ki-te-kanohi consultation, distance communication methods and interviews with associated workforce development agencies.

This report provides an analysis of submissions from various organisations, in particular Mäori NGO / Iwi mental health providers[29]. The provider's submissions are not all specific to the mental health support work industry however, they are recorded in acknowledgement of their contributions.

The consultation hui were held in the following DHB regions.

- Taranaki (New Plymouth)
- Capital & Coast / Hutt Valley (Wellington)
- Canterbury / South Canterbury (Christchurch)
- Southland / Otago (Invercargill
- Counties Manukau (Manukau City)
- Auckland / Waitemata
- Tairawhiti (Gisborne)
- Hawkes Bay (Hastings)
- Wairarapa (Masterton)
- Mid-Central (Manawatu / Kapiti Coast)
- Whanganui
- Bay of Plenty (Whakatane)
- Lakes (Rotorua)
- Nelson / Marlborough / West Coast (Nelson)
- Waikato (Hamilton)
- Northland (Kawakawa)

The consultation hui were divided into four distinct phases. They were:

Phase	Description
Phase 1	The first part of the consultation hui, introduced the MHSWAG, it's relationship to the mental health industry and the education and training industry, including roles and responsibilities of each party.
Phase 2	all participants worked together to give feedback on the strengths and weaknesses of the National Certificate in MHSW.
Phase 3.	participants formed workgroups to assess Mäori mental health support work workforce needs and identify issues and recommendations for future development of unit standards and qualifications that they would be valued and strengthen the Mäori mental health workforce. This included priorities, and additional qualifications. Three distinct perspectives were identified: the first being tangata whai ora and whänau, secondly kaimahi, and thirdly governance / management. Each workgroup then feed-back the results of their workshop to the entire group.
Phase 4	all participants worked collectively to development of structures and systems for a Treaty based relationship in the MHSWAG, including the potential or need for a Kaupapa Mäori caucus

28 Appendix 5: Consultation Hui Schedule

29 Appendix 6: Providers Responses

Note: Consultation hui with small numbers of attendances, participants worked collectively on all the phases.

4.1. Consultation Objectives

1. Relevance and value (strengths and weaknesses) of the National Certificate in Mental Health Support Work (Level 4) for the Mäori Mental Health workforce.

2. To carry out a Mäori mental health support work workforce needs assessment with the involvement of Mäori NGO providers, whänau and tangata whai ora, so that the final document reflects Mäori needs, as defined by Mäori. To a lesser extent, other Mäori NGO providers were included in the areas of Alcohol and Drugs, Whänau Support (Social Services), Kaupapa Mäori mental health training and Mäori social services.

3. To gather information for the future development of unit standards and qualifications that are valued by and / or will strengthen the Mäori Mental Health workforce, including priorities, and additional qualifications.

4. The development of structures and systems for a Treaty based relationship in the MH Support Work Advisory group, including the potential or need for a Kaupapa Mäori caucus.

5. Produce a reliable national database of all the Mäori mental health NGO providers as a vehicle for further consultation in the development of mental health support work qualifications.

6. Educate and promote the MHSWAG's purpose and role individually and collectively within the mental health, and education and training system to the participants.

4.2. Consultation Process

Stage 1	Environmental Scan	What are the Mäori mental health workforce development achievements to date? What training program-mes are currently available to Mäori MH providers?	What are the future Mäori Mental Health Workforce Development projects?
Stage 2	Consultation Hui	Background information about MHSWAG. The relationship between related agencies. Roles and responsibilities. Changes to the Nat. Cert. in MHSW	Analysis on the National Certificate in Mental Health Support Work, strengths and weaknesses. How relevant is the Nat. Cert. MHSW to Mäori MH service provision

Stage 3	Feedback Stakeholders	Consultation hui transcripts sent out by mail and email for editing and amendments.	Stakeholders advised of the final consultation transcripts for their particular region. Results reported to MHSWAG

4.3. Mäori Mental Health Providers Consulted

The national wide consultation was undertaken with 147 Mäori health organisations either through kanohi-ki-te-kanohi consultation, email and mail. The largest group were predominately Mäori mental health NGO / Iwi and reflects the priority for the consultation.

4.3.1. Types of Providers Consulted & Services Delivered

Table 1 lists the types of services the providers deliver and the type of organisations consulted. Of the 88 Mäori mental health NGO / Iwi providers 65 stated they deliver Mäori mental health and / or Mäori alcohol and drugs services, and 23 provide alcohol and drug services only. The other non-DBH contracted mental health service providers, were invited to participate as they deliver other types of services (e.g. social work and primary health services) to tangata whai ora and whänau. The DHB Mäori mental health providers were not targeted for this project but those wanting to participate were welcome to do so. The approximate number of DHB Mäori mental health services is 43 nation-wide and 6 participated in the project. Although priority for the project was designated Mäori mental health NGO / Iwi providers, anyone wanting to participate, were not excluded.

Table 1: Types of Providers Consulted & Services

	Percentage	No. of Providers
Mäori A & D Services (excluding mental health)	15.6%	23
Mäori Health Services	28.6%	42
Mäori Social Services	2.0%	3
Mäori Mental Health NGO / Iwi (and other health services)	44.2%	65
DHB Mäori Mental Health Services	4.1%	6
Mental Health NGO (mainstream with Mäori Mental Health Units)	2.7%	4
Training Providers	2.7%	4
Total Number of Providers Consulted	**100.0%**	**147**

Of the 147 providers consulted 81 responded. The largest groups in descending order are:

- 74.2% were Mäori Mental Health NGO / Iwi providers
- 10.6% were DHB Mäori Mental Health providers
- 6.1% were Mäori Alcohol & Drug providers
- 4.5% were Mäori Health providers
- 4.5% were training providers

4.3.2. Geographical Spread of Respondent Mäori NGO / Iwi Mental Health Providers

Table 2 shows the distribution spread of Mäori NGO / Iwi organisations that responded to the consultation.

The lowest response was from Auckland / Waitemata, MidCentral, Wairarapa and Northland. Low response rates for MidCentral, Wairarapa and Northland regions reflect their low support for the Nat. Cert. in MHSW, and Auckland / Waitemata region, no explanation was given.

Table 2: Geographical Spread of Mäori NGO / Iwi Mental Health Providers Consulted and Responded

	Percentage	Number Responded	Number Consulted
Auckland / Waitemata	40%	2	5
Bay of Plenty (Whakatane)	100%	4	4
Canterbury / South Canterbury	100%	5	5
Capital & Coast / Hutt Valley (Wellington)	100%	5	5
Counties Manukau	80%	4	5
Hawkes Bay	67%	4	6
Lakes (Rotorua)	100%	3	3
MidCentral (Palmerston North)	50%	1	2
Nelson / Marlborough / West Coast	100%	2	2
Southland / Otago	67%	2	3
Taranaki	57%	4	7
Tairawhiti (Gisborne)	67%	2	3
Waikato	100%	3	3
Wairarapa	50%	2	4
Whanganui	100%	1	1
Northland (Te Taitokerau)	43%	3	7
Total Mäori NGO / IWI Mental Health Providers Consulted and Responded.	72%	47	65
No Response	28%	18	65

Nationally, 65 organisations identified themselves as Mäori mental health NGO / IWI providers (excluding those who provide only alcohol and drug services). 72 % of the 65 organisations responded by attending the consultation hui, and / or by electronic mail or telephone. In particular, 67.8 % responded by attending the consultation hui and the remainder 4.2% responded by email or telephone only.

The organisations were informed of the consultation by mail, email and follow-up telephone calls the day before. The most successful method of response was by mail and they responded in the first instance by telephone.

4.3.3. Individuals who Responded

As part of the pre-hui consultation information pack, organisations were informed that the consultation was for tangata whai ora, their whänau, kaimahi, management and governance of the Mäori mental health NGO / Iwi providers. The organisations sent 147 individuals to represent them. The respondents comprised of managers, trustees, kaimahi who were also tangata whai ora or whänau, otherwise they were tangata whai ora or whänau not affiliated to any one particular organisation. Also respondents were asked to sign the attendance register booklet. The register provided to up date data for the provider's database, for example the type of provider and the services they delivered, their names and contact details.

4.4. Respondents Expectations from the Consultation

After the initial scepticism, overall the consultation was well received, and the respondents commended MHSWAG for actively prioritising Mäori mental health support work through a kanohi-ki-te-kanohi consultation process. The respondent's expectations from the consultation included:

1. Their concerns will be acknowledged and actioned.
2. The consultation process will continue.
3. The providers will receive feedback from the consultation
4. Unit standards and qualifications are designed specifically for the Mäori mental health workforce needs.
5. Unit standards and qualifications will be designed by Mäori for Mäori
6. Learning environmental needs will be met to enhance the Mäori mental health sector.
7. Work-based competencies contribute to the achievement of mental health unit standards.
8. A mentoring and monitoring programme is included in the standards and qualifications.
9. Key competencies for the Mäori mental health workforce are included in the standards and qualifications.
10. Mental Health promotion and awareness raising standard is developed for the Mäori mental health sector. Particularly, a programme targeted for kaumätua.
11. Ownership of Mäori knowledge remains with Mäori.
12. MHSWAG will use their influence to ensure NZQA to carry out auditing and monitoring of training providers to review their
    - 12.1. responsiveness to Mäori mental health curriculum
    - 12.2. responsive to Mäori learning needs.

12.3. Tutor competence and professionalism to deliver individual unit standards.

13. MHSWAG would will actively support a forum for ongoing consultation, in particular a kaupapa Mäori caucus as many of the respondents could not make decisions without consulting internally with their governance, management, staff, tangata whai ora and whanau, then externally with other providers in their regions before.

During the consultation, the respondent's expectations were acknowledged, although the constraints of the scope of the consultation and a single day hui meant that not all of their concerns could be addressed to their satisfaction. Some concerns would need to be addressed in future or by other agencies. For example, the terms of reference, structure and support for a kaupapa Mäori MHSWAG caucus.

Many questioned the advisory role of MHSWAG whereas NZQA was the ultimate decision maker about unit standards and qualifications. Therefore, NZQA could override recommendations, and change the content of unit standards, thus compromising them for Mäori. Others included:

- Ownership of Mäori knowledge.
- Scepticism that even if MHSWAG ensured the unit standards were responsive to the needs of Mäori mental health stakeholders, could the NZQA registered training providers do the same?
- Given that MHSWAG had an advisory role only, what influence if any do they have?

Overall, the providers did not have a great deal of confidence with the education and training system to be culturally sensitive or capable of responding to Mäori mental health workforce training needs[30]. Nonetheless, the HWAC and MoH are seeking an alliance with the MoEd to "*influence the development of the Statement of Tertiary Education Priorities* and *within the new tertiary education system there is the potential for greater development of strategic alliances and relationships between tertiary education organisations and health providers*"[31]

In addition, the submissions illustrate the difference of understanding between Mäori and mainstream's definition of support work.

[30] Appendix 6: Providers Responses: Learning Environments / Tutors

[31] Health Workforce Advisory Committee (October 2002) The New Zealand Health Workforce: Framing Future Directions Discussion Document.p.53

5. Provider's Proposals

The consultation, activated healthy examination and constructive recommendations amongst the providers throughout the series of hui.

However, the MHSWAG was new to the Mäori mental health providers and a huge promotion drive was necessary. Although the providers were well informed of the relationships, roles and responsibilities between the mental health industry and the education and training industry, they had difficulty isolating issues and connecting them to a particular agency. Nonetheless, the provider's submitted their issues and recommendations in their entirety. For the benefit of MHSWAG members the submissions are separated (outside the capacity of MHSWAG) where possible while attempting to maintain the context in which information was submitted.

Many of the provider's submissions need to be addressed by Te Rau Matatini, MoH, tertiary institutions, NZQA and the Ministry of Education.

5.1. Feedback for the National Certificate in MHSW

The Nat. Cert. in MHSW feedback reflects the opinions and experiences expressed by the Mäori mental health NGO / Iwi providers. NZQA report that approximately 494 Mäori have enrolled for the Nat.Cert. in MHSW for the years 1999 to 2000.

Quality issues outside the capacity of the MHSWAG centre around the capacity of tutors / tuition and the learning environment rather than the quality of the Nat. Certificate in MHSW itself. The MHSWAG cannot directly address these issues except through the AMAP for new accreditations and thereafter advise NZQA of ongoing monitoring.

The providers contributions toward improvements for the National Certificate in MHSW (refer to Appendix 6 Providers Responses, for the full version) are reported below.

The respondent's contributions are either reported verbatim ("in Italics") or condensed where the same contribution is duplicated, but expressed in a different way.

5.1.1. What are the Strengths of the National Certificate in MHSW?

The strengths of the Nat. Cert. in MHSW qualification identified by the respondents are:

- Is geographically accessible to all regions except for Northland Mäori mental health providers, who are located in Hokianga, Kaitaia, Kawakawa and Wellsford, whereas the certificate is offered in Whangarei.
- *"Overall the National Certificate in Mental Health Support Work Level 4 has achieved it's goal and that was to get people working in the industry an entry level qualification in mental health".*
- *"Overall the unit standards of the National Certificate in Mental Health Support Work Level 4 are good. Provides a framework useful for those new to the industry".*

- *"The best part of the certificate was meeting tangata whai ora who told their stories of recovery".*
- *"The self-awareness module was very enjoyable and a useful exercise for working in mental health".*
- *"It is good the alcohol and drug unit standard has been added. This is important and needs to be included".*
- *The most positive aspect of the National Certificate is that it forces mental health support workers to listen to the needs of tangata whai ora. They say they are listening but they don't*

5.1.2. What are the Weaknesses of the National Certificate in MHSW?

A summary of the Weakness of the National Certificate in MHSW is itemised below:

- developed without Mäori mental health provider consultation
- was designed for kaimahi with a no knowledge base but targeted to the existing workforce. Therefore the certificate has very little learning value.
- does not recognize many Mäori practices although they are by the DHB kaupapa Mäori contracts.
- Historically, Mäori training programmes are an-add on to generic training programmes and Mäori needs are not met.
- Has too many competing needs and as a result is too brief on the important topics within the qualification
- should contain a more practical approach ("hands on") to attain workforce competency, consistency and quality in service delivery to Mäori.
- *Te Tiriti o Waitangi is too general, does not address the practical application to tangata whai ora and whänau, is not meaningful with only 3 credits and the delivery is substandard in Auckland, Counties Manukau, Lakes, Waikato, Whakatane, Nelson and Wairarapa.*
- *should have a balance between illness (clinical) and wellness (Mäori models of wellness) as it is the support workers who have a major role in the ongoing wellness of tangata whai ora.*
- *should include more tangata whai ora contributions and their stories to recovery into the qualification.*
- *The cost is too high $3,800, expensive in comparison to a university diploma.*
- *Has little mana in the industry i.e. Certificate vs Clinical or Social Work tohu*
- *Has to pathway to a higher level of learning.*

Quality Issues

- *Face to face tuition of 5 hours per week for 40 weeks is insufficient, compared to a diploma which is 20 hours per week for the same cost.*
- does not meet the needs of Mäori mental health service provision as the curriculum is designed specifically for mainstream practices (by the training provider).
- Work-placement students not employed in the industry (paid or unpaid) undertaking the Nat.Cert.MHSW are raising further issues for the providers such as, client confidentiality, and placing additional stress on the organisation's human resources.

5.1.3. What are the Recommendations for Improvements to the Nat. Cert. MHSW?

The recommendations made by respondents in order of priority includes:

5.1.3.1. High Priority & Most Common

Matauranga Mäori, the application of:

- Mäori ethics and boundaries
- Tikanga Mäori in mental health settings
- Traditional terms of Mäori health defined by kaumatua[32] - at the very least, learn the Mäori determinants of holistic health identified by Eru Pomare and,[33] later named by Mason Durie as "Te Whare Tapa Wha".
- Add kete knowledge e.g. wairua, and tinana.
- Tikanga of roles and relationships
- Understanding and valuing one self as tangata whenua

Wellness Models

- More application of the recovery principles
- Mäori models of wellness, their purpose and practical application
- Students should be made to go to a place where Mäori models of wellness are used to observe and gain competency in practicing specific components themselves.

Managing People

- Basics of working with people with mental disorders.
- Tangata whai ora and whänau management
- Working with whänau, hapu and iwi.
- Understanding the environment in which kaimahi are expected to advocate on behalf, and what tangata whai ora and whänau are experiencing.
- Advocating for whänau and tangata whai ora.
- life style planning, case management and safe practices,
- de-escalation (from a kaupapa Mäori perspective).

Greater Consumer Content & Tuition:

- Incorporated hands on workshops facilitated by consumers e.g. Lighthouse or Debbie Hagger training.
- Strategies and tools for maintaining wellness

Basic Clinical Knowledge itemised as:

- Impacts of medication and their common side affects, what to expect with changes in medication.
- Basics of Mental illnesses, signs and symptoms
- Safety procedures and precautions when administering medication

[32] Department of Health (19-22 March 1984) Hui Whakaoranga Maori Planning Workshop, Hoani Waititi Marae.

[33] Pomare. Eru., (1988), Hauora Maori Standards of Health: A Study of the years 1970-1984. p.22

Communication Skills
- All forms of communication, report writing, translating conceptual ideas into written language, interpretation and perception, and verbal.
- Cultural and linguistic compatibility

Conflict resolution:
- internal conflicts
- external conflicts
- Constructive criticism
- How to captialise on strengths and risk manage the weaknesses

Mental health and promotion
- Countering mental health stigma (including Kaumätua)
- Health and promotion – promoting key messages which existing health providers could facilitate.

Legislation applicable to tangata whai ora, including:
- why they exist and practical knowledge around their use, rather than reference to them, also
- Child, Youth and Family Act, for tangata whai ora with children
- Criminal Justice legislation

Mental Health Standards applicable to tangata whai ora, that is a working knowledge of them as they relate to tangata whai ora and whänau should include:
- **Adventure ("hands on**") based models of learning, capitalising on intrinsic skills of Mäori mental health workers as a means of retaining Mäori mental health staff.
- **Two Streams of Unit Standards & Qualifications**
  - Everyone can be given the option of undertaking a Mäori or General qualification in mental health and pathway into a Diploma in Mäori mental health.

5.1.3.2. Low Priority & Less Common

Unacceptable behaviour should be integrated throughout all the unit standards rather than the topic being dedicated to one.

A & D past issues have to be dealt-with and not shut-off or it keeps coming back and affects the tangata whai ora from achieving sustainable wellness.

Dual Risk Management - The [similarities and differences] clarity between mental health and alcohol and drug risk management.

Te Tiriti o Waitangi
- Must be more than 3 credits to cover the topic adequately.

Reduce the Nat.Cert.MHSW to a six month qualification

The **cost is too high** in comparison to higher level qualifications and is not value for money so reduce it to $1,800.00

Make no changes to the Nat.Cert.MHSW but develop a **Diploma in Mäori Mental Health**

5.1.3.3. Quality Issues for the Nat. Cert. in MHSW

Serious concerns that respondents considered needing action immediately are as follows:

Unit Standard 13439 – De-escalation

- Audit and moderate unit standard 13439 Manage responses to challenging and threatening behaviour in mental health support work as the de-escalation techniques taught to students are dangerous practice and only professionals should be teaching them.

Unit Standard 13424 – Te Tiriti o Waitangi

- Audit and moderate unit standard 13424 Demonstrate knowledge of the application of the Treaty of Waitangi to mental health settings to ensure
  - training institutions employ reputable and knowledgeable tutors for tuition and assessment,
  - tuition actually occurs and the standard is not reduced to a questionnaire.
- Develop a level 4 or 5 standard for more in-depth coverage of the topic.

Tutors Skills & Delivery of Messages

- Tutors need a balance between clinical (what we need to know) and oranga hinengaro (mental wellbeing).
- Employ expert Mäori mental health tutors, i.e. Mäori models of practice, expert in local tangata whenua and clinical expertise.
- The mana of the messenger is very important to get quality training
- Increase the amount of compulsory tutor contact per week, from 5 hours to 10 hours.
- Requires Mäori lead as a commitment to getting it right. (Liaising with Mäori Departments and ensuring that culturally-educated Mäori are promoting the message)
- At present <u>kaupapa Maori</u> is taught only if the <u>tutors</u> have a commitment to do so. It needs to be a compulsory requirement of Maori mental health training.
- Maori mental health service provision has a huge knowledge base so <u>tutors</u> must be responsive to this.

Workplacements

- Ensure Students' performance are monitored in the workplace by tutors who are proficient in tikanga Mäori.
- Workplace endorsements are part of the qualification on attaining competencies e.g. competency standards for workplace guidelines, alcohol and drugs, and medication.
- On the job training, mentoring and assessment that contribute towards a qualification, designed for Mäori by Mäori

5.2. What are the Future Standards & Qualifications?

The providers identified several competencies necessary to strengthen the Mental Health workforce, for development into nationally recognised qualifications. The highest priority identified by the providers is quality standards and qualifications to address the support needs of whänau, hapü and iwi.

5.2.1. Key Competencies for Mäori Mental Health Workforce

Key competencies for Mäori mental health providers are listed in priorities, high, low, most common (suggested by the majority of the providers) and least common (suggested by a small number of providers): They are:

5.2.1.1. High Priority & Most Common

Qualifications

- *"A cultural bridging training programme, compulsory for all mental health practitioners who work with Mäori and designed to protect tangata whai ora and whänau from culturally uninformed clinicians / practitioners.*
- *Increase the status of Mäori menal health workers through qualifications. "Social Worker status for kaimanaaki, kaimanamanaaki through qualifications."*
- *Develop a Diploma in Mäori Mental Health within 2 years inclusive of matauranga Mäori (listed below)."*
- Kaumätua focused mental health support work training and education. *"They need mental health training as well and also need to train the next generation of Mäori mental health kaimahi to fulfil [succeed] their roles".*

Matauranga Mäori

- *"Awhi manaaki - unlocks relationships, the process is less of a threat to whänau and tangata whai ora, resolves conflicts and boundary crossing and bonding leads to*
  - *Whakapapa*
  - *Turangawaewae*
  - *Titiro whakarongo korero – (all forms of communication)*
  - *Korero purakau"*

Mäori Models of Wellness, their purpose and application e.g.

- *"Te Whare Tapa Rima (includes matauranga Mäori)*
- *Te Whare Tapa Wha (excludes matauranga Mäori)*
- *We need an education programme for tauiwi who work with our people.*
- *Te Ariari o te Oranga (pioneered by Paraire Huata)*
- *The cycle of whänau – Wairua – Hinengaro – Matauranga – Tinana, with the centre being Tikanga Rongoa (Eddie Teneti)"*

Mäori Models of Competency & Best Practice

- *"Poutama (Paraire Huata)"*
- *Nga Tikanga Totika (Moe Milne)*
- *"according to Mäori, the emphasis is on practical competency".*

Mäori Models of Assessment

- *"Powhiri (Paraire Huata)*
- *Tohunga assessment*

- *Cultural assessment"*

Mäori practices, ethics, boundaries and their application
- *"Manaakitanga – koha / taonga, awhinatanga*
- *whänaungatanga / Kotahitanga - Whakapapa, Kaumätua, Tangata Whenua.*
- *Wairuatanga – karakia, kaupapa matauranga, tohunga, rongoa*
- *Rangatiratanga – kawa / tikanga, Marae, te reo Mäori, ritenga.*
- *Cultural supervision by tohunga*
- Mäori *therapeutic practices which pre-date Te Tiriti o Waitangi*
- *Set a competency standard for cultural and clinical qualifications to reflect and support the blueprint statement "It is vital that a Mäori health worker or kaumätua is always part of the first contact and is present at the start of the assessment process.[34], that is mental health staff working with tangata whai ora, whänau, hapü and iwi.*
- *Tikanga dictates Behaviour (Winston Maniapoto, Raukura Hauora training programme)".*
- **Re-instate Unit standard "13425** *"Establish and maintain a supportive relationship with a whänau as a mental health support worker" needs to be restored to include working with whänau, hapu and iwi and delete the word "a". Ideally a standard should pathway from 13425, specifically aimed at working with / and concepts of whänau, hapu and iwi, with a higher number of credits than 13425 and higher level e.g. 5 or 6"*
- **Best practice for** Mäori **mental health** *"to be added. As this is a huge knowledge base – to develop a qualification specifically for Mäori".*

Te Tiriti o Waitangi
- *"History (te ao* Mäori*) and application of Te Tiriti o Waitangi i.e. a living document in the workplace.*
- *Application of Article 4: for both* Mäori *and non-* Mäori*"*

Learning Environment & Access:
- **Implement Mäori style of learning**
  - *"Puawai Oranga*
  - *Hua Oranga*
  - *Marae based e.g. Noho Marae, wänanga e.g. 12 x Modules, of 3 days per month.*
- *We need a combination of the job training, wänanga style of learning, mentoring programmes, extramural and video link or video tuition (for those where distance is an issue). Use of technology to bridge access to appropriate training.*
- *Distance learning like the Puawai 100 training is ideal for us as it is extramural with one on-campus attendance required for each paper.*
- *Mentoring programmes - on the job training, mentoring and supervision.*
- *Ongoing education and training, and professional development.*
- *Must be taught by competent, experienced and appropriate Mäori tutors.*
- *qualifications and training that can be delivered locally."*
- *On the job training that contribute towards a qualification, designed for Mäori by* Mäori*".*

[34] Mental Health Commission (1998) Blueprint for Mental Health Services in New Zealand: How Things Should Be. p.33

5.2.1.2. High Priority & Less Common

- *Kaumätua training for the next generation*
- *Tohunga training for the next generation i.e.*
  - *He tohunga karakia*
  - *He tohunga rongoa*
  - *He tohunga wairua*
  - *He tohunga mirimiri*
  - *He tohunga whakapapa*
  - *He tohunga korero*
  - *He tohunga waiata*
  - *He tohunga Whakairo rakau*
  - *He tohunga kohatu*
  - *He tohunga Whakairo Whenua*
  - *He tohunga Whakairo korero mo nga ahuatanga katoa*

5.2.1.3. Low Priority and Less Common

- *"Development of a degree in* Mäori *mental health within 3 years".*

5.2.2. Mäori Mental Health Workforce Issues

5.2.2.1. Mäori Mental Health Training Issues

- **Dual training.** *"We must do two [entry level] training programmes, one to get a mainstream qualification and another to be effective workers with Mäori whänau, hapu and iwi. We are forced to do the National Certificate in Mental Health Support work (our DHB does not recognise any other mental health qualification).*
- **Importance of whänau, hapü and iwi in Mäori mental health qualifications**. *We are an Iwi social service and provide a whänau, hapü and iwi service and have noticed over the past 3 months the number of tangata whai ora seeking assistance from us has grown considerably, (due to their whänau, hapü and iwi issues for tangata whai ora and their whänau).*
- **Lack of Matauranga Mäori Qualifications**. *The education and training sector is not responsive to the needs of Mäori [mental health workers / providers] and therefore tangata whai ora and their whänau.*
- **Lack of qualified and competent tutors to meet the three competencies**, *mätauranga Mäori mental health, clinical mental health and teaching skills the Mäori mental health workforce requires.*
- **Lack of nationally accessible qualifications to meet the kaupapa Mäori mental health workforce's mätauranga Mäori needs.**
- **Lack of participation by Mäori in the development of mental health support work qualifications.**
- **Intersectoral approach for Mäori mental health workforce development**. Many of the education and training issues fall outside the scope of the MHSWAG as the Mäori definition of support differs from mainstream. These types of issues will need an intersectoral approach.
- **Raising the awareness of mental health amongst Kaumätua**. A Shortage exists, of kaumätua who have an understanding of the mental health environment and committed to the needs of the Mäori mental health workforce. *Our over burdened, kaumätua also need training.*

- **Mentoring and Monitoring**. *Often Kaumätua fulfil the role for on the job mätauranga Mäori training, support and mentoring. Most often, their contributions are voluntary and are not recognised by the system. Our kaumätua are heavily used for mental health support services. We are the next generation so the skills and experience of kaumätua needs to be passed onto us.*
- **Te Ao Mäori [35]monitoring and evaluation methods**: *"Maori practices need to be validated and recognised by the system e.g. evaluation and monitoring to achieve Maori outcome"* [standards of achievement as determined by Maori]
- **Accessibility of Qualifications**. Qualifications higher than the certificate are geographically in-accessible to many of the providers, in particular, South Island, Wellington, Taranaki, Hawkes Bay, Gisborne, Rotorua, Tauranga, Bay of Plenty, Auckland, Counties Manuakau and Northland.

5.2.2.2. Standards and Qualifications Outside the Scope of MHSWAG

- **Shortage of Tohunga** "(in all Mäori health fields) and the knowledge is handed-down to a very few, so in the short term this trend will remain unless they are resourced to remedy the situation. *Traditional Mäori healing contribute and support the wellness of tangata whai ora and their whänau and these are largely unfunded* [voluntary] *and / or not recognised by the system.*
- **Contributions that Mäori practice** bring to mental health wellbeing are not acknowledged by the education and training system's curriculum or the mental health system. Maori practice has already influenced at lot of the changes in mental health, even if it is not widely acknowledged. "*Mäori practice is not acknowledged. "We're always hearing about overseas models that have worked well and should be applied here which we as Mäori are having to analyse yet another model and it's impact on Mäori practice. This is wonderful but Maori practices are right under the noses of everyone and ignored."*
- **"Hands on" competency.** The competency of Mäori mental health kaimahi is one determinate of good outcomes for Mäori. By Mäori definition this is due to practical application of their knowledge. "*Qualifications need to be more **"hands on"** around the needs of the consumer to work more effectively*"
- **The education and training industry is not responsive** to Mäori learning. "*The education system should be putting more effort in the quality of the qualifications, through industry need".* The environment for kaupapa Mäori training needs to be a key feature of qualifications and need to be taught in Maori settings for students to achieve and get a more in-depth understanding of how Maori practices work
- ***Oranga hinengaro is a set of key competencies to Maori practice**: i.e. focus is on attaining and maintaining mental wellbeing rather than the diagnosis (mainstream practice)? The medical / clinical / mainstream models are only part of the range of treatment and healing to enhance the lives of tangata whai ora. We include the whanau concept of wellness but it is not reflected in the qualifications available to us in Auckland. Mäori mental health is an un-tapped resource that has a lot to offer the industry.*

[35] Milne, M., (2001) *Nga Tikanga Totika Report*. Nga Moemoea.

- **In-house training**. Mäori mental health expertise is dispersed throughout the Mäori mental health NGO / Iwi services and as result in-house training on key Mäori mental health competencies is a strong feature of all Mäori mental health NGO / Iwi providers. *We cannot assume all Maori understand tikanga, i.e. those bought up in the cities and isolation from their Marae do not necessarily have a good understanding of Maori tikanga to work in the industry. We expect all support workers to have this skill and if they do not, it's more difficult for the organisation who must invest more into their training. This is in-house training that is not recognised or validated by the system. Those with the skills have developed them over several years through repetitive practices – our community workers need to learn and practice now"* [as our communities expect that of them].

5.3. Treaty Based Relationship – MHSWAG Mäori Caucus

All respondents agree there does need to be a relationship between MHSWAG and Mäori. However, 56% of the participants / regions could not make firm commitments without further discussions amongst members within their organisations (Kaumätua / trustees / management / staff) and regional bodies. Even so the suggestions were submitted:

Terms of Reference

- *"to nationally coordinate Mäori mental health workforce development for the Mäori providers and ensure qualifications meet their needs*
- *Establish a relationship between Mäori NGO / Iwi mental health providers and MHSWAG based on equality.*
- *Form a Mäori Caucus* [now] *as a stepping stone to establishing a National Mäori mental health workforce development organisation representative of each region. The relationship with MHSWAG is maintained through a M.O.U. or similar tool*
- *Regional gains* [for Mäori mental health workforce development] *to be strengthened but planned nationally*
- *Focus on* Mäori *mental health qualifications only* [as opposed to addressing all Mäori mental health issues]
- *On the job training that contribute towards a qualification,*
- [qualifications] *designed for* Mäori *by* Mäori.
- *to develop Mäori mental health support work qualifications*
- *Mäori quality standards*
- *Mäori qualifications"*

Representatives Roles & Responsibilities

- *Representatives must be committed to improving the quality of training for kaupapa Mäori mental health organisations.*
- *increase the quality of Mäori mental health training programmes (qualifications) that add*

Representation

- *"Include at least two alcohol and drug representatives*
- *Tangata whai ora*

- *whänau*
- *Regional representation* [Mäori mental health NGO / Iwi providers] *"Our region is represented"* [Murihiku or Southland region]
- *Representatives must be representative of the whole country not regional e.g. Auckland. Nominate 2 Kaumätua from Kahui Kaumätua* [Otautahi] *as guidance to the Mäori caucus.*
- *a member of the Taranaki Mäori Health Advisory Group (for the Taranaki DHB) be a member as these people* [iwi representatives] *have already been nominated by the Mäori providers".*

Nomination process

- *"staggered rotation based membership every 3 years, to retain some of the experience otherwise the MHSWAG will fall over*
- *Elected by the people at a hui ano e.g. a national forum by whänau, tangata whai ora and kaimahi.*
- *The nomination process is to be transparent*
- *Nominations are to be made by Mäori, however, that must be decided collectively by the whole country"*

Term of Appointment & Succession

- *"Term of appointment e.g. staggered rotation based membership every 3 years, to retain some of the experience otherwise the MHSWAG will fall over.*
- *Succession – change the members every 2 / 3 years but must consider loss of expertise*
- *rotated on a regular basis to ensure we get good coverage across Aotearoa and the industry"*

Structure

- *"A MHSWAG and Tangata Whenua relationship is established*
- *50 / 50 relationship and partnership e.g. 8 tauiwi and 8 Mäori and tangata whai ora represented*
- *Mäori form their own National workforce development organisation and have an MOU with MHSWAG. The initial group will then form the terms of reference. That way Mäori issues and training programmes do not have to fit in with generic training programmes and a separate national body fits in with a Treaty based relationship.*
- *a Mäori Caucus as a stepping stone to establishing a National Mäori mental health workforce development organisation representative of each region. The relationship with MHSWAG is maintained through a M.O.U. or similar tool.*
- *A Mäori caucus is set-up to determine the best way for Mäori to participate in Mäori mental health support worker workforce development. This could be an interim measure and something for the Mäori caucus to find a solution amicable to all Mäori.*
- *Mäori caucus* [established now] *is responsible for setting up a National Mäori Mental Health Body*
- *MHSWAG members must have undergone a Treaty Workshop prior to taking-up a position with the group e.g. with the Rowan Partnership (Whanganui) or Moana Jackson"*

Tikanga / Values

- *"must be commited, have the patience and drive to make gains for Mäori mental health workforce Mäori competency.*
- *Equality*
- *Equal representation, decision making and status*
- *Tino Rangatiratanga (own automony)*
- *Mäori knowledge is Mäori owned*
- *value to the Mäori mental health sector*
- [representatives] *consult regularly with their regional networks on issues and any decision making".*

Skills & Experience

- *"The Mäori appointed to MHSWAG must have the expertise and commitment to progress the Mäori mental health workforce industry*
- *Mäori who have the commitment and skills in Mäori mental health are nominated (and not just there because they represent Iwi)*
- *Representatives must be representative of the whole country not regional e.g. Auckland. Nominate 2 Kaumätua from Kahui Kaumätua as guidance to the Mäori caucus*
- *Members must be committed to Mäori mental health workforce development through appropriate training programmes*
- *Have the skills and experience to fulfil the role as a representative."*

Future Planning & Ongoing Consultation

- *"An opportunity is made available for us to submit our terms of reference, structure etc…*
- *We suggest a National Mäori NGO Mental Health conference be held, October, 2003 and this will be one of the items to resolve at the hui*
- *There needs to be a national forum where we can submit our plans to and make some firm commitments.*
- *First of all we need national planning to facilitate this process. An ideal time for us would be April 2003*
- *Suggest another hui specifically to discuss the possibility of forming a national Mäori mental health body. A recommended venue is Massey University, Mäori Studies".*

Recources

- *"The body must be resourced to be able to do their job"*

6. Consultation Conclusions

6.1.1.1. Value of National Certificate in Mental Health Support Work (Level 4)

The provider's perception of the certificate was that it did not challenge their learning and served only to validate what they already knew from working in the industry. For this group of Mäori mental health practitioners, it was a waste of time and effort that they could have spent attaining a higher level qualification.

If one of the entry criteria into the Nat.Cert MHSW is that they must be employed or a voluntary worker in a Mental Health organisation, how is that encouraging or attracting new people into the mental health workforce?

In addition, the provider's considered the cost of the Nat.Cert.MHSW to be exorbitant in comparison to higher level qualifications (e.g. Diploma in Mäori Health) which costs less or the same. The reasoning is that advancements and competency in the work-place are measured by the level of qualification kaimahi have achieved. The provider's were also concerned that NETCOR administered training grants will end this year and the providers or kaimahi will have to assume the full-cost of the certificate. Given that the certificate is predominately aimed at NGO / community organisations, "*will they be able to afford the cost*"?

6.1.1.2. Improvements to the Nat.Cert.MHSW

The providers identified many areas of improvement to the Nat.Cert.MHSW[36] which predominately related to people management skills. They are, mental health communication skills, ethics in communication, support work case management and conflict resolution. Other areas suggested are:

- mental health promotion
- greater participation by tangata whai ora, particularly their stories of recovery.
- a practical application of mental health and related legislation. In particular for tangata whai ora with children.
- more use of mental health standards in every unit standard
- the practical aspects of clinical knowledge, defined in Section 5.1.3
- legal relevance and implication of every unit standard.

The provider's less common suggestions are for unacceptable behaviour to be dispersed throughout the qualification, dual risk management and skills in resolving alcohol and drug past issues. The low priority assigned to alcohol and drug issues is not a good indication of it's predominance as the consultation was dominated by mental health kaimahi working in mental health only.

[36] Refer to section 5.1.3

6.1.1.3. Removal unit standard 13425

The majority of the providers did not agree with the removal of unit standard 13425 and expressed dissatisfaction with the replacement “Establish supportive relationships with Families / whanau in the mental health support worker.” The primary reason for this was the separation of whänau from hapü and iwi. However, the providers did acknowledge unit standard 13425 contains a very large body of knowledge and is probably outside the capacity of a certificate level qualification. That is, if all the issues were addressed the number of credits would exceed the ceiling of 120. Another objection was that risks that exist for non-Mäori do not apply to Mäori support workers and this is another example of where Mäori is compromised for the sake of others.

6.1.1.4. Basic Clinical Knowledge vs Models of Wellness

The providers considered the inclusion of basic clinical knowledge in the Nat.Cert MHSW, that is, mental illnesses, signs and symptoms, impacts of medication and common side affects. This was an important issue since kaimahi have day-to-day contact with tangata whai ora upon release from acute services and kaimahi need a better understanding of the influencing factors of recovery for tangata whai ora. However, the providers did emphasis that models of wellness was equally important since they have the key role in supporting recovery process for tangata whai ora.

6.1.1.5. Quality Issues of the Nat. Cert. in MHSW

The MHSWAG request NZQA to moderate and audit the quality of tuition and safe practice of unit standards 13439 (de-escalation) and 13424 (Te Tiriti o Waitangi).

6.1.1.6. Lack of Mäori participation in the design of and mätauranga Mäori in the National Certificate in Mental Health Support Work (level 4)

Due to the lack of Mäori participation in the design of the Nat.Cert.MHSW, Mäori provider (inclusive of tangata whai ora and their whänau) needs are not met. Contributing factors are:

- Mätauranga Mäori is treated as a cultural add-on to unit standards. Most often this is difficult as concepts that exist in Mäori do not in exist in mainstream and vice versa and the Mäori perspective is changed or taken out of context. For instance, in Mäori language has no word for rehabilitation (and associate words); the closest interpretation is tangata whai ora which means a person seeking wellness. However, the usage of tangata whai ora is new in the last decade. The other common practice is to translate mainstream concepts into Mäori language; however, the concept is still mainstream and can often cause more misunderstandings as Mäori attempt to relate to them.
- In addition, Mäori must compare and contrast mainstream practices in an effort to make them relevant to Mäori.
- Majority needs should not be a determinate in the design of unit standard as it transgresses Mäori rights under the Treaty of Waitangi.

- The new unit standard "13425 Establish and maintain a supportive relationship with a whanau as a mental health support worker." This is consistent with Whakatätaka, where "Whänau Ora[37] "*will be achieved through actions along four pathways*", one being "*the development of whänau, hapü, iwi and Mäori communities*" In addition*, public health action supports the development of whänau, hapü and iwi and Mäori communities to achieve total wellbeing, as defined by them*.[38]."

6.1.1.7. Mäori mental health key competencies

The Mäori mental health providers have identified the key competencies for an effective workforce and it is these competencies that are not being met, except through non-NZQA registered and accredited Mäori training providers.

6.1.1.8. High levels In-house training activities

Due to the gaps in Mäori mental health qualifications, such as mätauranga Maori, much of the training is carried out in-house, placing needless stress on the organisation's resources. Mäori mental health master practitioners are dispersed thinly throughout Mäori NGO / Iwi providers and usually they are in management roles. This means, they must not only manage and lead the organisation but train their staff as well. This also leaves a gap in the Mäori mental health coal-face workforce. On the whole, they believe much of the training expert practitioners perform in-house could be included in a qualification, enabling managers more time to lead, organise, direct and control the organisation's activities.

6.1.1.9. Lack of responsiveness by the education and training sector.

Through necessity of Mäori mental health kaimahi must do two entry level qualifications to meet two needs. The two needs are contractual industry training compliance and the other is to meet the needs of the Mäori mental health industry. The contributing factors are:

- Lack of the fundamentals of Matauranga Mäori in Mäori Mental Health Support Work Qualifications
- Lack of qualified and competent tutors employed by TEI to meet the three competencies, mätauranga Mäori, mental health and teaching.
- Lack of accountability of both the tertiary and education system and the providers with in it to Mäori learning needs. The provider's responses correlate with the TEAC commission's findings, which are:

[37] Ministry of Health (2002 Whakatataka: Mäori Health Strategy Mäori Health Action Plan 2002-2003 p. 41

[38] Ministry of Health (2002) He Korowai Oranga: Maori Health Strategy p.11

- *"The lack of accountability (of both the tertiary and education system and the providers within in it). Furthermore under the current system, performance standards and benchmarks are largely absent, there is little evidence of best-practice research, and monitoring of achievement is ad hoc. Auditing of strategies for Mäori equity or Treaty of Waitangi compliance is rarely carried out, in contrast with accountability regimes for financial performance and quality assessment (where accredited external agents provide assurance of compliance with accounting for quality standards). Many TEIs simply delegate issues of Mäori responsiveness to their Mäori staff members to resolve"*[39]. The TEAC has made a recommendation to financially penalise training providers.

6.1.1.10. Lack of culturally and industry appropriate learning environments.

There is a lack of Mäori responsive and industry appropriate learning environments for Mäori mental health providers. The issues for the providers is the time staff need out of the workforce while training, and the other is kaupapa Mäori learning environments. The providers maintain they need a combination of noho Marae, wananga, work-based learning (to gain hands on competencies), assessment, and mentoring, and distance learning technologies such as video and video link.

6.1.1.11. Ad hoc succession training

Due to the high increase in Mäori tangata whai ora (and their whänau) using mental health services, demand for Kaumätua and Tohunga services has superseded supply. Often Kaumätua provide training in-house to pass their knowledge and competency on to the succeeding generations. Largely, these services are voluntary, their contributions are un-recognised by mainstream, the high level of knowledge and competency is not included available elsewhere so cannot be provided externally.

6.1.1.12. Lack of nationally accessible higher level qualifications

Nationally recognised Mäori mental health qualifications higher than the Nat.Cert. MHSW is not regionally accessible to many Mäori mental health providers. The gap is currently filled by NZQA locally accredited training programmes, Te Wananga o Raukawa, and a bi-cultural diploma at Waikato Institute of Technology.

6.1.1.13. Lack of mental health bridging training programmes

The industry lacks mental health training programmes to meet the needs of supplementary Mäori mental health support workers. A shortage exists, of kaumätua who have an understanding of the mental health environment and committed to the needs of the Mäori mental health workforce. Also, Mäori social services deliver services to tangata whai ora (and their whänau) and have done so for many years prior to the allocation of funding specifically for Mäori mental health services. These are two examples of kaimahi requiring access to mental health training programmes but do not have the capacity to commit to a full-year programme.

[39] Tertiary Education Advisory Commission (November, 2001) Shaping the Funding Framework: Fourth Report of the Tertiary Education Advisory Commission. Strategy, Quality, Access. p.128

6.1.1.14. Lack of a cultural bridging programme for non-Mäori

It is important most mental health workers gain basic understanding of Mäori protocols and customs. In particular, tikanga Mäori, and whänau, hapü and iwi dynamics. In many instances the only opportunity exists when mental health workers are training, then they are forced to pay attention. The Mäori mental health providers believe this programme should be compulsory for all mental health practitioners.

6.1.1.15. Lack of acknowledgement of existing measurements defined by Mäori for Mäori.

Mäori measurements for quality, competency and outcomes is imbedded in tikanga Mäori. They are well practiced in te ao Mäori and widely acknowledged. More recent evidence is documented by Moe Milne[40] best practice guidelines.

6.1.1.16. Treaty based Relationship

There is wide spread support for a treaty based relationship within or attached to MHSWAG. However, the majority of providers were unable to firmly commit to what and how that relationship will evolve until further consultation has been undertaken within their organisations, communities, regional stakeholders and finally submissions made at a national level. Many providers suggested a National Mäori mental health conference to make those submissions and define the relationship, and all agreed they wanted to meet nationally.

[40] Milne, M., (2001) *Nga Tikanga Totika Report*. Nga Moemoea.

Glossary

A & D	ALCOHOL & DRUGS
AMAP	Accreditation and Moderation Action Plan
CSW	Community Support Worker
FTE	Full time employee
Hui	Meeting and / or workshop
Iwi	Maori Tribe
Kaimahi	Staff
Kanohi-te-kanohi	Face to face
Kaumätua	Elder of a hapü, male or female
Mataatua	Migration Waka to Aotearoa of the Ngai Tuhoe, Ngapuhi, Ngati Awa, Whakatohea iwi.
Matauranga	learning
MHSWAG	Mental Health Support Work Advisory Board
MoH	Ministry of Health
MPDS	Mäori Provider Development Scheme
Noho Marae	Marae overnight stays
NCMHSW	National Certificate in Mental Health (Mental Health Support Work) (Level 4)
Oranga Hinengaro	Mental Wellness
Participants	Individuals representing their respective organisations, tangata whai ora or whanau
Pou Arahi	Chief Executive
Respondents	Individuals who responded to the consultation either by attending the consultation hui, by telephone, or email.
Tauira	Learner
Te Taitokerau	The Northland region.
Te Waipounamu	South Island
Tohu	Qualification

Glossary of Stakeholder Organisations[41]

DHBNZ	District Health Board New Zealand • Provides an organisational infrastructure for workforce development activity within and across DHBs
DHB	District Health Board – Providers
DHB Funding & Planning	District Health Board Funding and Planning • Ensures mental health resources are used within each of the 21 DHBs in a manner that reflects identified community needs

41 Ministry of Health (September, 2002) Mental Health (Alcohol and Other Drugs) Workforce Development Framework. p.6-7.

CTA	Clinical Training Agency • Purchases post-entry clinical training including mental health • Purchases specialist training programmes • Manages and monitors workforce development contracts on behalf of the Mental Health Directorate
CYF	Child Youth and Family Services
MHC	Mental Health Commission • Monitors and reports on workforce capacity • Works with key agencies to lift the image of the mental health sector as a career alternative • Addresses workforce issues through support and promotion of appropriate agencies and initiatives
MoH WAC	Ministry of Health Workforce Advisory Committee • Advises on the strategic overview of the contribution of the health and disability workforce to health and independence outcomes. • Coordinates health and disability workforce issues and initiatives within the MoH and externally to ensure an integrated, consistent approach and efficient use of resources
MHSWAG	Mental Health Support Work Advisory Group • Industry advisory group to NZQA for the National Certificate in Mental Health (Mental Health Support Work) (Level 4) • Industry representatives when accrediting new training providers when they apply to NZQA.
MQS	Mäori Qualification Service for NZQA • Generates new unit standards for the "field Mäori"
HWAC	Health Workforce Advisory Committee • Sits outside the MoH • Independently assesses current workforce capacity and foreseeable workforce needs to meet the objectives of the NZ Health and Disability strategies • Facilitates co-operation between the health sector and workforce education and training agencies to ensure a strategic approach to health workforce supply, demand and development • Reports on the effectiveness of recommended strategies and identifies required changes
NZQA	New Zealand Qualifications Authority
NGO / Iwi	A non-government organisation or Iwi provider • Delivers services to predominately Mäori consumers

NGO	Non Government Organisation
PTE	Private Training Establishment • Offers qualifications for study
TEAC	Tertiary Education Advisory Commission • Provides the long-term strategic direction for the tertiary education system
TEI	Tertiary Education Institution • Offers qualifications for study
Te Rau Matatini	• National Mäori mental health organsiation • Mäori mental health policy development • Purchasing agency for Mäori mental health workforce development initiatives.

Appendix 1: Mäori Providers Consulted

Maori Health Organisations consulted for Maori Mental Health Workforce Development Consultation

Organisation Name	ACTIVITY	DHB
Nga Ngaru	General Health	Auckland
Waiheke Health & Piritahi Marae	A & D	Auckland
Piritahi Hauora Trust	A & D & Dual Diagnosis	Auckland
He Kauaka Oranga	A& D	Auckland
Maranga House Trust	A& D	Auckland
Ranworth House	A& D	Auckland
Te Ara Hou Community Trust	A& D	Auckland
Te Ha o Te Oranga Trust	Mental Health	Auckland
Te Kotuku Ki Te Rangi Trust	Mental Health	Auckland
Te Puna Hauora o te Raki Pae Whenua	Mental Health	Auckland
Te Whanau o Waipereira Trust	Mental Health	Auckland
Hapai Te Hauora Tapui Ltd	Mental Health	Auckland
Ngati Whatua Health	Mirimiri Rongoa Wairua	Auckland
Tangata Mauri Ora Trust	Whānau Violence Prevention	Auckland
Mahitahi Trust	Training	Auckland
Kahunui Trust	A & D	Bay of Plenty
Te Roi o Heitiki Charitable Trust	A & D	Bay of Plenty
Te Tomika Trust	A & D	Bay of Plenty
Whakatane A & D Services	A & D	Bay of Plenty
Nga Kakano Foundation	Mental Health	Bay of Plenty
Pacific Health	DHB Mental Health	Bay of Plenty
Ngai te Ahi, Ngati He Hauora	General Health	Bay of Plenty
Ngaitai Iwi Authority	General Health	Bay of Plenty
Poutiri Trust	Mental Health	Bay of Plenty
Te Arangamai o Nga Taitamariki	General Health	Bay of Plenty
Te Ihu o Te Waka	General Health	Bay of Plenty
Te Oranga Pumau Trust	General Health	Bay of Plenty
Te Puna Ora O Mataatua Charitable Trust	General Health	Bay of Plenty
Te Rangimarie Trust	General Health	Bay of Plenty
Tuwharetoa Health Services Ltd	General Health	Bay of Plenty
Tuwharetoa Ki Kawerau Hauora Trust	General Health	Bay of Plenty
Ngati Awa Health and Social Service	Mental Health	Bay of Plenty
Pou Kaha Support Group	Mental Health	Bay of Plenty
Tuhoe Hauora Mental Health	Mental Health	Bay of Plenty
Whaioranga Trust	Mental Health	Bay of Plenty
Hinepukukohu – Rangi Trust	Social Services	Bay of Plenty
Waiariki Institute of Technology	Training	Bay of Plenty
He Waka Tapu Trust	A & D	Canterbury
Te Awa o te Ora Trust	Mental Health	Canterbury
He Oranga Pounamu	General Health	Canterbury
Te Puna Whaihua	General Health	Canterbury
Maori Disabilities and Resource Centre	Mental Health	Canterbury
Purapura Whetu Trust	Mental Health	Canterbury
Te Kakakura Trust	Mental Health	Canterbury
Te Rito Arahi	A & D	Canterbury
Toiora Arotake	Mental Health	Canterbury
Psychiatric Consumer Support & Advisory Trust	Mental Health-Mainstream	Canterbury

Organisation Name	ACTIVITY	DHB
Schizophrenia Fellowship NZ Inc.	Mental Health-Mainstream	Canterbury
Te Rapana Trust	Mirimiri Rongoa	Canterbury
Nga Te Kau Drug & Alcohol Services	A & D	Capital & Coast
Rangatau o Mauri Ora	A & D	Capital & Coast
Te Runanganui O Taranaki Whanui ki te Upoko o Te Ika a Maui	A & D	Capital & Coast
Kahungunu Hauora Hinegaro	Mental Health	Capital & Coast
Kahungunu ki Poneke Community Services	Mental Health	Capital & Coast
Te Roopu Awhina Ki Porirua	Mental Health	Capital & Coast
Te Roopu Pookai Taniwhaniwha Inc - Matahau Ariki	Mental Health	Capital & Coast
Te Roopu Whakapakari Ora Trust	Mental Health	Capital & Coast
Te Runanga o Toa Rangatira Inc.	A & D	Capital & Coast
Ara Tu Tika Trust	A & D	Counties / Manukau
Raukura Hauora - Te Ara Hou	A & D	Counties / Manukau
Mahitahi Trust	Mental Health	Counties / Manukau
Rapua Te Oranga Hinengaro Trust (Inc)	Mental Health	Counties / Manukau
Raukura Hauora o Tainui ki Tamaki Trust	Mental Health	Counties / Manukau
Te Puawai Aroha Ki Otara Trust	Mental Health	Counties / Manukau
Te Whare Tiaki Trust	Mental Health	Counties / Manukau
Te Roopu Huihuinga Hauora Inc	A & D	Hawkes Bay
Te Whatuiapiti Trust	A & D	Hawkes Bay
Mangaroa Charitable Trust	General Health	Hawkes Bay
Ngati Pahauwera Inc	General Health	Hawkes Bay
Te Whare Whakapikiora O Te Rangimarie	General Health	Hawkes Bay
Hine Kou Tou Ariki Trust	Mental Health	Hawkes Bay
Kahungunu Maori Executive	Mental Health	Hawkes Bay
Ngati Kahungunu	Mental Health	Hawkes Bay
Te Kupenga Hauora - Ahuriri	Mental Health	Hawkes Bay
Te Taiwhenua O Heretaunga	Mental Health	Hawkes Bay
Te Whanau o Rongomaiwahine Trust Inc	Mental Health	Hawkes Bay
Te Utuhina Manaakitanga Trust	A & D	Lakes & Mid-Central
Korowai Aroha Health Centre	General Health	Lakes & Mid-Central
Rau O Te Huia Trust	General Health	Lakes & Mid-Central
Te Aratu Trust	General Health	Lakes & Mid-Central
Te Runanga o Ngati Pikiao	Mental Health	Lakes & Mid-Central
Te Runanga o Ngati Tahu Ngati Whaoa	General Health	Lakes & Mid-Central
Manaaki Trust	Menta Health	Lakes & Mid-Central
Like Minds, Like Mine	Mental Health-Mainstream	Lakes & Mid-Central
Te Whanau Maanaki o Manawatu	A & D	Manawatu / Kapiti
Ati Awa Ki Whakarongotai	General Health	Manawatu / Kapiti

Organisation Name	ACTIVITY	DHB
Te Wakahuia Manawatu Trust	General Health	Manawatu / Kapiti
Te Runanga o Raukawa Social Services	Mental Health	Manawatu / Kapiti
Whakapai Hauora Charitable Trust (Best Care)	Mental Health	Manawatu / Kapiti
Te Korowai Aroha o Aotearoa	Training - Non NZQA	Manawatu / Kapiti
Ngati Koata Trust	Mental Health	Nelson-Marlborough
Te Rapuora o te Waiharakeke Trust	Mental Health	Nelson-Marlborough
Te Awhina Marae o Motueka	Mental Health	Nelson-Marlborough
Hauora Hokianga	DHB Mental Health	Northland
Hauora Whanui (Ngati Hine)	Mental Health	Northland
Nga Morehu Whaiora	Mental Health	Northland
Ngati Kahu Social Services Trust	Mental Health	Northland
Te Hauora o Te Hiku o Te Ika	Mental Health	Northland
Te Mana Oranga Trust (Te Hiku)	Mental Health	Northland
Te Runanga o te Rarawa	A & D	Northland
Te Whare Puawai	Mental Health	Northland
Ngapuhi Social Services Ltd	Social Services	Northland
Te Korowai Hau Ora	DHB Mental Health	Southland
Aroha Ki Te Tamariki	General Health	Southland
Awarua Social Services	General Health	Southland
Nga Kete Haua Hauora ki Murihiku	General Health	Southland
Oraka Aparima Runaka	General Health	Southland
Otago Youth Wellness Trust	General Health	Southland
Te Roopu Tautoko Ki Te Tonga Inc	General Health	Southland
PACT South	Mental Health	Southland
Te Huarahi Ki Te Oranga Pai Trust	Mental Health	Southland
Toiora Arotake	Mental Health	Southland
Nga Kaitiaki Hauora o Waikaremoana Trust	General Health	Tairawhiti
Nga Maia o Te Tairawhiti	General Health	Tairawhiti
Te Aitanga A Hauiti Oranga Whanau-Rangatahi-Kaumatua	General Health	Tairawhiti
Turanga Ararau	General Health	Tairawhiti
Te Hauora o Turanganui A Kiwa Ltd	Mental Health	Tairawhiti
Te Whare Hauora O Ngati Porou	Mental Health	Tairawhiti
Vanessa Lowndes Centre	Mental Health	Tairawhiti
Indigenous Training Consultants Ltd	Training	Tairawhiti
Tui Ora Ltd	DHB Mental Health	Taranaki
Ngaruahine Health Services	General Health	Taranaki
Ngati Rangi Community Health Centre	General Health	Taranaki
Ngati Ruanui Health Clinic	General Health	Taranaki
Mahi a Maia	Mental Health	Taranaki
Manaaki Oranga	Mental Health	Taranaki
Raumano Trust	Mental Health	Taranaki
Te Hauauru Mahi a Iwi	Mental Health	Taranaki
Te Ihi Rangi	Mental Health	Taranaki
Te Whare Puawai o te Tangata Trust	Mental Health	Taranaki
Tuu Tama Wahine o Taranaki	Mental Health	Taranaki
Te Ngaru o Ngati Maniapoto	A & D	Waikato
Thames A & D Service	A & D	Waikato
Waikato DHB - Maori Mental Health	DHB Mental Health	Waikato
Haoura Waikato Māori Mentl Health Services	Mental Health	Waikato
Mauri Ora Associates	Training	Waikato
Nga Whare Awhina	General Health	Waikato

Organisation Name	ACTIVITY	DHB
Maniapoto Māori Trust Board	Mental Health	Waikato
Taumarunui community Māori Health Trust	General Health	Waikato
Te Korowai Hauora o Hauraki	Mental Health	Waikato
Te Rohe Potae O Rereahu Maniapoto	General Health	Waikato
Tu Tangata Trust – North Waikato	General Health	Waikato
Ngati Maniapoto Marae Pact Trust	Mental Health	Waikato
Raukura Hauora o Tainui Trust	Mental Health	Waikato
Raukawa Trust Board	Mental Health	Waikato
Te Runanga O Kirikiriroa	Mental Health	Waikato
Richmond Fellowship	Mental Health-Mainstream	Waikato
Manawa Hauora o Hinengaro	Mental Health	Wairarapa
Rangitane Tamaki Nui A Rua Inc	Mental Health	Wairarapa
Te Hauora Runanga o Wairarapa	Mental Health	Wairarapa
Whaiora Whanui Turst	Mental Health	Wairarapa
Te Oranganui Iwi Health Authority (Hinengaro Hauora)	Mental Health	Whanganui

Appendix 2: Terms of Reference

The Mental Health Support Work Advisory Group agreed that the consultation with the Maori mental health NGO providers examine their workforce needs and the relevance of the National Certificate in Mental Health (Mental Health Support Work) (Level 4) to their service provision. Prior to the consultation a environmental scan

1. Undertake Maori mental health workforce consultation to gain information and provide a report about the following:

   1.1. Relevance and value (strengths and weaknesses) of the National Certificate in Mental Health Support Work (Level 4) for the Maori MH workforce.

   1.2. To gather information for the future development of unit standards and qualifications that are valued by / will strengthen the Maori MH workforce, including priorities, and additional qualifications.

   1.3. The development of structures and systems for a Treaty based relationship in the MH Support Work Advisory group, including the potential or need for a Kaupapa Maori caucus.

   1.4. To consult directly face to face, via a series of 15 hui throughout the country, with Maori NGO Mental Health service providers (including DHB contracted Iwi support, Whanau support and Residential services) Maori Mental Health training organisations, tangata whai ora and their whänau.

   1.5. The MH Support Work training needs of tangata whai ora and whänau.

   1.6. Prior to and as part of the consultation process, to provide background information about the purpose and role of the MHSWAG, ensuring people are properly informed.

2. To research and scan the environment for existing information about the planning, training and development of the Maori MH workforce.

Extended Scope of the Consultation

The scope of the consultation was expanded to include a cross-section of other types of providers who deliver services to tangata whai ora and their whänau, however the priority and focus was the DBH contracted Maori mental health NGO / Iwi providers. Other providers consulted were:

1. Maori NGO / Iwi Alcohol & Drug providers

2. Maori NGO / Iwi providers who deliver services to tangata whai ora and whänau

3. DHB Maori mental health providers

Appendix 3: Project Team

Members of the Project Team

- Awhina Rangiaho — Project Manager
- Te Taite Cooper — Project Kaumatua
- Patrick Taylor — Supporting Project Kaumatua
- Project Administration Support — Moana Smith-Dunlop
- Tipa Compain — MHSWAG Co-Chair
- John Wade — MHSWAG Co-Chair
- Anne Bristol — MHSWAG Administration Coordinator

Supporting Organisations

- Hauora Whanui — Hamene Kopa
- Platform — Marion Blake
- Ministry of Health Maori Mental Health Directorate — Arawhetu Peretini
- Ngati Koata — Roma Hippolite
- Nga Oranga o te Rae — Carol Ingley-Maraku
- Tainui MAPO — Michele Nathan
- Te Huarahi ki te Pai Trust — Lydia Matenga
- Te Korowai Aroha o Aotearoa — Hana Tukukino
- Te Ngaru Learning Systems — Paraire Huata
- Te Puni Kokiri, Lower Hutt, Hastings, Whanganui and Gisborne — Peter MacGregor
- Te Utuhina Manaakitanga Trust — Heather Swinton
- Tihi Ora MAPO — Te Miha Cookson
- Toiora Aratake — Kim Manahi
- Tui Ora Limited — Bev Gibson
- Waikato DHB — Marty Rogers
- Wairaiki Institute of Technology — Hineroa Hakiaha
- Schizophrenia Society — Anna Ah Kuoi

Appendix 4: Consultation Respondents

Organisation Name	Contact Name	City / Town	DHB REGION
Hauora Hokianga	Frank Ingram	KAITAIA	NORTHLAND
Hauora Whanui (Ngati Hine)	Astor Parkinson	KAWAKAWA	NORTHLAND
Hauora Whanui (Ngati Hine)	Brenda Hepi	KAWAKAWA	NORTHLAND
Hauora Whanui (Ngati Hine)	Glenys Papuni	KAWAKAWA	NORTHLAND
Hauora Whanui (Ngati Hine)	Hamene Kopa	KAWAKAWA	NORTHLAND
Hauora Whanui (Ngati Hine)	Jackie Chrerrington	KAWAKAWA	NORTHLAND
Hauora Whanui (Ngati Hine)	Moriki Hogan	KAWAKAWA	NORTHLAND
Hauora Whanui (Ngati Hine)	Sharon Henare	KAWAKAWA	NORTHLAND
Nga Morehu Whaiora	Lena Simeon-Myles	WHANGAREI	NORTHLAND
Ngapuhi Iwi Social Services	Patrick Taylor	KAIKOHE	NORTHLAND
Ngapuhi Iwi Social Services	Mereteowai Pou	AUCKLAND	NORTHLAND
Te Awhi Whanau	Walter Pather	WHANGAREI	NORTHLAND
Te Hauora o Te Hiku o Te Ika	Tere Gravenor	KAITAIA	NORTHLAND
	Gwen Tahana	KAIKOHE	NORTHLAND
Ngati Whatua Health	Eddie Teneti	AUCKLAND	AUCKLAND / WAITEMATA
Te Kotuku Ki Te Rangi	Harold Morris	AUCKLAND	AUCKLAND / WAITEMATA
Te Kotuku Ki Te Rangi	Rose Greaves	AUCKLAND	AUCKLAND / WAITEMATA
Te Kotuku Ki Te Rangi	Tangiwairua Hieatt	AUCKLAND	AUCKLAND / WAITEMATA
Te Kotuku Ki Te Rangi	Hamiora	AUCKLAND	AUCKLAND / WAITEMATA
Te Puna Hauora o te Raki Pae Whenua	Chris Dudley	AUCKLAND	AUCKLAND / WAITEMATA
Mahitahi Trust	Colin Grant	MANUKAU CITY	COUNTIES MANUKAU
Mahitahi Trust	Mate Manuel	MANUKAU CITY	COUNTIES MANUKAU
Mahitahi Trust	Wiremu Walmsley	MANUKAU CITY	COUNTIES MANUKAU
Rapua Te Oranga Hinengaro Trust (Inc)	Ngarau Tupaea	MANUKAU CITY	COUNTIES MANUKAU
Te Whare Tiaki Trust	Tarei Chadwick	MANUKAU CITY	COUNTIES MANUKAU
Raukura Hauora o Tainui ki Tamaki Trust	Te Orohi Paul	MANUKAU CITY	COUNTIES MANUKAU
Raukura Hauora o Tainui ki Tamaki Trust	Winston Maniapoto	MANUKAU CITY	COUNTIES MANUKAU
Te Puawai Aroha ki Otara Trust	Rose Rangiaho	MANUKAU CITY	COUNTIES MANUKAU
Tangata Mauri Ora Trust	Audrey Davison	MANUKAU CITY	COUNTIES MANUKAU
He Oranga Pounamu	Sally Pitama	CHRISTCHURCH	CANTERBURY
He Waka Tapu Trust	Ivy Churchill	CHRISTCHURCH	CANTERBURY
Purapura Whetu Trust	Maire Kipa	CHRISTCHURCH	CANTERBURY
Te Rapana Trust	Karen	CHRISTCHURCH	CANTERBURY

Organisation Name	Contact Name	City / Town	DHB REGION
Schizophrenia Fellowship	Anna Ah Kuoi	CHRISTCHURCH	CANTERBURY
Te Awa o te Ora	Donna Roberts	CHRISTCHURCH	CANTERBURY
Te Awa o te Ora	Manu Piringatai	CHRISTCHURCH	CANTERBURY
Te Awa o te Ora	Whui Carroll	CHRISTCHURCH	CANTERBURY
Te Kakakura Trust	Anna Shuttleworth	CHRISTCHURCH	CANTERBURY
Te Kakakura Trust	Natasha Hunt	CHRISTCHURCH	CANTERBURY
Te Kakakura Trust	Shane Walker	CHRISTCHURCH	CANTERBURY
Toiora Arotake	Jules Frampton	CHRISTCHURCH	CANTERBURY
Toiora Arotake	Kim Manahi	CHRISTCHURCH	CANTERBURY
Toiora Arotake	Ricky Ehau	CHRISTCHURCH	CANTERBURY
Te Ranpana Trust	Heeni Phillips	CHRISTCHURCH	CANTERBURY
Te Hauora o Turanganui A Kiwa Ltd	Libby Kerr	GISBORNE	TAIRAWHITI
Te Hauora o Turanganui A Kiwa Ltd	Rewiti Ropiha	GISBORNE	TAIRAWHITI
Vanessa Lowndes Centre	Heather Campbell	GISBORNE	TAIRAWHITI
Manaaki House	Jossie Henry	WAIORA	HAWKES BAY
Manaaki House	Lorain Meihana	WAIORA	HAWKES BAY
Manaaki House	Tom Maraki	WAIORA	HAWKES BAY
Ngati Kahungnunu Incorporated	Fred Reti	NAPIER	HAWKES BAY
Te Kupenga Hauora - Ahuriri	Lil Aranui	NAPIER	HAWKES BAY
Te Kupenga Hauora - Ahuriri	Sally Rye	NAPIER	HAWKES BAY
Te Kupenga Hauora - Ahuriri	Sharon Ihaia	NAPIER	HAWKES BAY
Te Roopu Huihuinga Hauora	Angeline Tangiora	WHAKATU	HAWKES BAY
Te Taiwhenua O Heretaunga	Apikaera Kemp	HASTINGS	HAWKES BAY
Te Taiwhenua O Heretaunga	Esther Goldsmith	HASTINGS	HAWKES BAY
Te Taiwhenua o Heretaunga	Heira Pihema	FLAXMERE	HAWKES BAY
Te Taiwhenua o Heretaunga	Joanne Rosandich	FLAXMERE	HAWKES BAY
Te Taiwhenua o Heretaunga	Kemp Matthews	FLAXMERE	HAWKES BAY
Te Taiwhenua o Heretaunga	Paihau Solomon	FLAXMERE	HAWKES BAY
Whanau / Kaumatua Tautoko	Te Rino Hape	HASTINGS	HAWKES BAY
Te Korowai Aroha o Aotearoa	Alice Hauraki	PALMERSTON NORTH	MIDCENTRAL
Te Korowai Aroha o Aotearoa	Josie Karanga	PALMERSTON NORTH	MIDCENTRAL
Te Korowai Aroha o Aotearoa	Majella Metuamate	PALMERSTON NORTH	MIDCENTRAL
Te Korowai Aroha o Aotearoa	Hana Tukikino	TOLOGA BY	TAIRAWHITI
Whaiora Trust	Mary Mitchell	PALMERSTON NORTH	MIDCENTRAL
Te Whanau Maanaki o Manawatu	Moana McFaden	PALMERSTON NORTH	MIDCENTRAL

Organisation Name	Contact Name	City / Town	DHB REGION
Ngati Koata Trust	Gini Taurerewa	NELSON	NELSON-MARLBOROUGH
Ngati Koata Trust	Nellie Neliga	NELSON	NELSON-MARLBOROUGH
Whanau Tautoko	Jenny	BLENHEIM	NELSON-MARLBOROUGH
Te Rapuora o te Waiharakeke Trust	Bob Tamihana	BLENHEIM	NELSON-MARLBOROUGH
Te Rapuora o te Waiharakeke Trust	Joe Kingi	BLENHEIM	NELSON-MARLBOROUGH
Korowai Aroha Health Centre	Ngaire Whata	ROTORUA	LAKES
Nga Kakano Foundation	Joseph Hauraki	TE PUKE	LAKES
Nga Kakano Foundation	Peter Swinton	TE PUKE	LAKES
Nga Kakano Foundation	Ray Wihapi	TE PUKE	LAKES
Nga Kakano Foundation	Val Bidois	TE PUKE	LAKES
Te Puna Hauora	Cindy Makomako	TAURANGA	LAKES
Te Runanga o Ngati Pikiao	Hikihiki Tupara	ROTORUA	LAKES
Te Runanga o Ngati Tahu Ngati Whaoa	Hohepa Albert-Joseph	REPOROA	LAKES
Te Utuhina Manaakitanga Trust	Heather Swinton	ROTORUA	LAKES
Te Utuhina Manaakitanga Trust	John Ahipene	ROTORUA	LAKES
Whaioranga Trust	Rawinia Haua	TAURANGA	LAKES
Nga Kete Haua Hauora ki Murihiku	Moehau Hakopa	INVERCARGILL	SOUTHLAND
Oraka Aparima Runaka	Stuart-Reweti Bull	INVERCARGILL	SOUTHLAND
PACT South	Jodi Cameron	INVERCARGILL	SOUTHLAND
Rhana Clinic	C Apith	INVERCARGILL	SOUTHLAND
Rhana Clinic	Anton Rautahi	INVERCARGILL	SOUTHLAND
Runaka Waihopai	C Gilroy	INVERCARGILL	SOUTHLAND
Runaka Waihopai	Carol York-Pakinga	INVERCARGILL	SOUTHLAND
Runaka Waihopai	Peggy Peek	INVERCARGILL	SOUTHLAND
Runaka Waihopai	Sandra Stiles	INVERCARGILL	SOUTHLAND
Te Hauora ki te Oranga Pai Trust	Norman York-Pakinga	INVERCARGILL	SOUTHLAND
Te Huarahi Ki Te Oranga Pai Trust	Lydia Matene	INVERCARGILL	SOUTHLAND
Te Korowai Hauora	Les Russell	INVERCARGILL	SOUTHLAND
Te Korowai Hauora	Taua Bunny McLean	INVERCARGILL	SOUTHLAND
Te Whare o Nga Puhi	Myra Clarke	INVERCARGILL	SOUTHLAND
Whanau Tautoko	Dave Baldey	INVERCARGILL	SOUTHLAND
Whanau Tautoko	April Ngatai	INVERCARGILL	SOUTHLAND
Te Rau Pani	Mahau Waru	NEW PLYMOUTH	TARANAKI
Te Whare Puawai o te Tangata Trust	Don Paratene	NEW PLYMOUTH	TARANAKI
Te Whare Puawai o te Tangata Trust	Linda Wood	NEW PLYMOUTH	TARANAKI
Te Whare Puawai o te Tangata Trust	Matehuirua Limmer	NEW PLYMOUTH	TARANAKI

Organisation Name	Contact Name	City / Town	DHB REGION
Te Whare Puawai o te Tangata Trust	Shirley Fenton	NEW PLYMOUTH	TARANAKI
Tui Ora Ltd	Bev Gibson	NEW PLYMOUTH	TARANAKI
Tuu Tama Wahine o Taranaki	Norah Puketapu-Collins	NEW PLYMOUTH	TARANAKI
Community Alcohol & Drug Services	Mihaka Hohua	HAMILTON	WAIKATO
Community Alcohol & Drug Services	Sue Fielding	HAMILTON	WAIKATO
Ngati Maniapoto Marae Pact Trust	Maryanne Fraser-Jas	TE KUITI	WAIKATO
Richmond Fellowship	Lavrit Hakiwai	HAMILTON	WAIKATO
Te Ngaru o Ngati Maniapoto	Marlene Matehuirua	TE KUITI	WAIKATO
Te Ngaru o Ngati Maniapoto	Nettie-Anne Ball	TE KUITI	WAIKATO
Te Runanga O Kirikiriroa	Bob Elliott	HAMILTON	WAIKATO
Te Runanga O Kirikiriroa	Hori Kingi	HAMILTON	WAIKATO
Te Runanga O Kirikiriroa	Theresa Ahu-Kawhera	HAMILTON	WAIKATO
Te Runanga O Kirikiriroa	Tinirau Whitora	HAMILTON	WAIKATO
Waikato DHB - Maori Health Strategy & Development	Ngahuia Herangi	HAMILTON	WAIKATO
Manawa Hauora o Hinengaro	Helena Glover	DANNEVIRKE	WAIRARAPA
Te Hauora Runanga o Wairarapa	Ben Fox	CARTERTON	WAIRARAPA
Kahungunu Hauora Hinegaro	Kaye Taukamo	LOWER HUTT	CAPITAL COASTS
Kahungunu Hauora Hinegaro	Pera Ngerengere	LOWER HUTT	CAPITAL COASTS
Kahungunu Hauora Hinegaro	Todd Parata	LOWER HUTT	CAPITAL COASTS
Kahungunu ki Poneke Community Services	Lorraine Chapman	WELLINGTON	CAPITAL COASTS
Nga Tapuwae Alcohol & Drug Services	Lena Leatherby	WELLINGTON	CAPITAL COASTS
Te Korowai Aroha Whanau Services	Karyn Walker	PORIRUA	CAPITAL COASTS
Te Roopu Pookai Taniwhaniwha Inc - Matahau Ariki	John Tovey	PORIRUA	CAPITAL COASTS
Te Roopu Pookai Taniwhaniwha Inc - Matahau Ariki	Pat Tanu	PORIRUA	CAPITAL COASTS
Te Roopu Whakapakari Ora Trust	Liz Raukawa	WELLINGTON	CAPITAL COASTS
Te Roopu Whakapakari Ora Trust	Matehuira Limmer	WELLINGTON	CAPITAL COASTS
Te Roopu Whakapakari Ora Trust	Pauline Owen	WELLINGTON	CAPITAL COASTS
Te Roopu Whakapakari Ora Trust	Rachel Manuel	WELLINGTON	CAPITAL COASTS

Organisation Name	Contact Name	City / Town	DHB REGION
Te Runanganui O Taranaki Whanui ki te Upoko o Te Ika a Maui	Peter Mellars	LOWER HUTT	CAPITAL COASTS
Pacific Health	Hine Gage	OPOTIKI	BAY OF PLENTY
Pacific Health	Huia Ranapia	WHAKATANE	BAY OF PLENTY
Pacific Health	Maraea Johns	WHAKATANE	BAY OF PLENTY
Pacific Health	Marcia Rakuraku	TANEATUA	BAY OF PLENTY
Pacific Health	Paora Kepa	WHAKATANE	BAY OF PLENTY
Pacific Health	Paora Morunga	RUATOKI	BAY OF PLENTY
Te Roi o Heitiki Charitable Trust	Jude Tai-Agassiz	OPOTIKI	BAY OF PLENTY
Te Toi Huarewa Charitable Trust	Penny Nicholas	RUATOKI	BAY OF PLENTY
Tuhoe Hauora Mental Health	Hine Kane	TANEATUA	BAY OF PLENTY
Tuhoe Hauora Mental Health	Peter Vaughan	TANEATUA	BAY OF PLENTY
Waiariki Institute of Technology	Hineroa Hakiaha	WHAKATANE	BAY OF PLENTY
Te Toi Huarewa	Penny Nicholas	RUATOKI	BAY OF PLENTY
Te Oranganui Iwi Health Authority (Hinengaro Hauora)	Carol Maraku	WANGANUI	WHANGANUI

Appendix 5: Schedule of Hui

Consultation hui will be held over the last two weeks in October 2002 and the month of November. This was extended to 13 December 2002.

Region	Venue	Date	Maori Providers
Taranaki	New Plymouth - Tui Ora MAPO	Tuesday 29 October 2002	11
MidCentral (Manawatu / Kapiti)	Levin - Te Puni Kokiri	Friday 1 November 2002	6
Capital & Coast / Hutt Valley (Wellington)	Lower Hutt - Te Puni Kokiri	Monday 4 November 2002	8
Canterbury / South Canterbury	Christchurch - Toiora Arotake: Ngai Tahu	Wednesday 6 November 2002	12
Southland / Otago	Invercargill - Te Huarahi Marae	Friday 8 November 2002	10
Counties Manukau	Manukau City - Tainui MAPO	Monday 18 November 2002	6
Auckland / Waitematä	Auckland Central - Tihi Ora MAPO	Tuesday 19 November 2002	15
Tairawhiti (Gisborne)	Gisborne - Te Puni Kokiri	Friday 22 November 2002	8
Hawkes Bay	Hastings - Te Puni Kokiri	Tuesday 26 November 2002	11
Wairarapa	Masterton - Copthorne Resort	Thursday 28 November 2002	4
Whanganui / Manawatu	Whanganui - Te Puni Kokiri	Friday 29 November 2002	1
Bay o Plenty (Whakatane)	Whakatane - Waiariki Campus Marae	Monday 2 December 2002	22
Lakes (Rotorua)	Rotorua - Te Utuhina Manaakitanga Trust	Tuesday 3 December 2002	8
Nelson / Marlborough / West Coast	Nelson, Whakatu Marae	Tuesday 10 December 2002	2
Waikato	Hamilton - Waikato District Health Board	Thursday 12 December 2002	14
Northland - Te Taitokerau	Kawakawa - Hauora Whanui	Friday 13 December 2002	9

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Appendix 6: Consultation Feedback

Taranaki Mäori NGO / Iwi Consultation Hui

Held at Tui Ora Ltd, Maraatahu St, New Plymouth, 29 October 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Providers Feedback
Overall the unit standards of the National Certificate in Mental Health Support Work Level 4 are good. However, there are issues about additional content and whether these are taught well and safely.

Qualification Unit Standard Content	
Issues	**Recommendations**
Experienced staff spend considerable amounts of time mentoring and training staff who have already completed the National Certificate in Mental Health Support Work Level 4 e.g. General Medical Component is missing: the basics of mental illnesses, signs and symptoms. Basics of medication, their common side affects, what to expect with changes in medication. The organisation has safety procedures for administering medication but there is always room for precautions and should be part of the qualification. Basics in the management of people – working with people with mental disorders	Include in the qualification or another higher qualification e.g. diploma Develop another level to the certificate for specialised options e.g. general medical component for mental illnesses, and drugs and their side affects. the basics of mental illnesses, signs and symptoms. Basics of medication, their common side affects, what to expect with changes in medication. The organisation has safety procedures for administering medication but there is always room for additional precautions and should be part of the qualification. The basics of working with people with mental disorders i.e. management of people.
Unit Standard 13425 This unit standard is one of the key practices in working with tangata whai ora and whänau in Maori service provision and it's removable will impact negatively. The replacement unit standard is not suitable.	Re-instate unit standard 13425 after the safety issues have been addressed.
Kaupapa Maori component is missing Kaupapa Maori (Maori practices and philosophies) is missing and now that the optional 9 credits have been removed the problem has got worse. We agree that the addition of the Alcohol and Drug unit standard is good but it's at the expense of kaupapa Maori.	The qualification needs to be varied for kaupapa Maori mental health training.
Alcohol and Drug Unit Standard This is important and needs to be included.	This unit standard is to remain, if any changes are considered.
Pathway to higher learning: There is no national diploma or degree to carry on with after the certificate	Develop a diploma and / or degree in mental health (including the Kaupapa Maori practices)

Training Provider / Tutors	
Issues	**Recommendations**
De-escalation skills The challenging behaviour unit standard needs professionals (skilled and qualified people) to teach it as some of the practices are dangerous e.g. role play in de-escalation procedures, the tutor advised making eye contact close-up which can be confrontational to the tangata whai ora and have the adverse affect. We are getting students challenging our procedures as this is what they have been taught.	The challenging behaviour unit standard is to be moderated immediately and auditors must ensure professionals participate in teaching it and look at what has been put in place to avoid dangerous practices. A standard around the skill and experience of tutors needs to built around teaching the qualification and monitored vigorously by the auditing body (NZQA).
Tutor Contact 5 hours tutor contact per week for a training course is insufficient, this needs to be extended. The previous students at least kept a journal of their daily activities (I don't know why because no one looked at it or marked it) and this year, it is no longer a requirement. Who is responsible for the monitoring of training staff on-site to ensure what has been learnt in the classroom is practiced safely in the work-place? This seems to be something more the Mental Health Provider's experienced staff have to pick-up adding to our current work duties.	Increase the amount of tutor contact per week, from 5 hours to 10 hours (5 hours compulsory and 5 hours optional for those requiring additional tuition). Ensure Students' performance are monitored in the workplace by tutors. Endorsements from the workplace be part of the qualification on attaining competencies e.g. competency standards for workplace guidelines, alcohol and drugs, and medication.

Treaty Based Relationship	
Issues	**Recommendations**
Treaty based relationship The true meaning of a treaty relationship is not possible as MHSWAG is not a crown agent and nor is this consultation specifically with Hapu and Iwi. We agree that a Maori caucus be established and their first role to establish the relationship between MHSWAG e.g. terms of reference, nominations procedure. This needs a lot more discussion as some of the people we will consult with are not at this hui. Issues that need resolving are: What is the make-up of the Maori caucus e.g. representatives of Maori mental health, alcohol and drugs.	Maori caucus be established Each region is the nominate a representative and in the Taranaki region will be done through the monthly networking hui for Maori mental health providers i.e. and a member of the Taranaki Maori Health Advisory Group (for the Taranaki DHB) be a member as these people have already been nominated by the Maori providers. It's first task is to determine terms of reference, nomination procedures and term of appointment etc. Develop national standards for kaupapa Maori mental health training e.g. Maori practices and philosophies in every-day mahi.

Manawatu / Kapiti Coast Mäori NGO / Iwi Consultation Hui

Held at Te Puni Kokiri, Levin 1 November 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Background
Many of the providers could not attend as staff were in training with Te Korowai Aroha and Te Wananga o Raukawa. This was not made known to the organisers until the day of the hui. The suggestion is to hold another hui at a later date.

Providers Feedback
We do not send any of our staff to the National Certificate in Mental Health as we attend the training programme Whaiora Kahurangi with Te Korowai Aroha Aotearoa.

Qualification Unit Standard Content	
Issues	**Recommendations**
When the Whaiora Kahurangi training programme was developed 4 years ago there was no other Mental Health training programme available. Te Korowai Aroha has provided kaupapa Maori training programmes for the past 12 years relevant to the needs of our mahi (organisation).	Our current qualification suits our service provision needs and is endorsed by the Ministry of Health.

Training Provider / Tutors	
Issues	**Recommendations**

Treaty Based Relationship	
Issues	**Recommendations**
Treaty based relationship - We are not in favour of forming a MHSWAG Maori caucus. Maori are under-represented on the MHSWAG and so far the MHSWAG has not done much to support Maori service delivery.	Maori form their own National workforce development organisation and have an MOU with MHSWAG. The initial group will then form the terms of reference. That way Maori issues and training programmes do not have to fit in with generic training programmes and a separate national body fits in with a Treaty based relationship. Historically, Maori training programmes are an add on to generic training programmes and Maori needs are not met. We suggest another hui specifically to discuss the possibility of forming a national Maori mental health body. A recommended venue is Massey University, Maori Studies.
Why is a Alcohol and Drug provider representative not on MHSWAG when an A & D unit standard has been added to the course? MHSWAG has a drug and alcohol unit standard but has no representative from the industry.	Appoint a Maori NGO drug and alcohol representative.

Captial Coast & Hutt Valley Mäori NGO / Iwi Consultation Hui

Held at Te Puni Kokiri, Bloomfield Road, Lower Hutt, 4 November 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Overall Providers Feedback
Overall the National Certificate in Mental Health Support Work Level 4 has achieved it's goal and that was to get people working in the industry an entry level qualification. However Maori mental health providers have not been a priority.

A provider who has sent staff to both kaupapa Maori mental health training and to the National Certificate in Mental Health Support Work has noticed the difference in the staff performance of both groups. Those having completed the National Certificate in Mental Health Support Work have conflicting practices within a kaupapa Maori service.

We have an issue with MHSWAG having an advisory role as NZQA can ignore the advice given to them.

Qualification Unit Standard Content	
Issues	**Issues**
Course Content Issues Kaupapa Maori Content : No kaupapa Maori content in the present qualification and standards. The qualification in its present form is relevant but kaupapa Maori should take the lead rather than tagged on, i.e.	Tutors must be skilled and qualified in mental health, Maori mental health practices and teaching. Training needs to be diverse for kaupapa Maori mental health training. For Maori mental health providers, training is Maori lead.
Unit Standard 13425 For Maori practice unit standard 13425 is essential to Maori service delivery. It should be put back into the qualification.	Restore unit standard 13425 for Maori mental health providers.
Alcohol and Drugs content – Alcohol and drug use is self harm, so the unit standard should focus on self harm. The alcohol and drug unit standard is good.	Alcohol and drug industry needs representation on the board – dual diagnosis.
Competing Needs The national certificate attempts to fulfil the needs of everyone, and does not do a very good job of it.	Develop another level to the certificate e.g. Diploma in mental health. The qualifications should be streamed e.g. generic and the equivalent Maori unit standards as options and those unit standards common to both generic and Maori are compulsory.

Training Provider / Tutors	
Issues	**Recommendations**
Kaupapa Maori Content The certificate has no kaupapa Maori content unless the tutor has that skill and experience, e.g. Whitireia Polytech achieved that by hiring Maori tutors.	Tutors must be skilled and experienced in Maori mental health as well as the ability to teach.

Treaty Based Relationship	
Issues	**Recommendations**

MHSWAG Membership Maori mental health provider needs have not been accommodated. Treaty based relationship A National Maori mental health organisation be set-up whose entire focus will be aimed at providing Maori lead training programmes to improve the performance of Maori staff.	MHSWAG members must have undergone a Treaty Workshop prior to taking-up a position with the group e.g. with the Rowan Partnership (Whanganui) or Moana Jackson. National Maori mental health body be formed and maintain the relationship with MHSWAG. Representatives on the Maori body need to be accountable to the organisations they represent, and committed to improving the Maori mental health workforce.

Canterbury Mäori NGO / Iwi Consultation Hui

Held at Te Runaka ki Otautahi o Kai Tahu, Toiora Aratake, Securities Building, Level 5, Cnr Gloucester and Madras Streets, Christchurch, 6 November 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Maori Mental Health Providers Feedback
Overall the unit standards of the National Certificate in Mental Health Support Work Level 4 were relevant but they do not go far enough to meet the needs specific to Maori mental health services.

It is good the alcohol and drug unit standard has been added.

Qualification Unit Standard Content	
Issues	**Recommendations**
Maori Mental Health support Worker Boundaries The boundaries for Maori and General mental health support workers is different. For example the Powhiri process and working with whänau are essential to Maori service delivery, however for general mental health service provision this is not important. Maori do not make decisions is isolation of their whänau and this needs consideration for training. Kaupapa Maori component is missing There is no Maori component except for the Treaty unit standard. Maori mental health support workers need better knowledge Clinical Knowledge Clinical knowledge is missing except for DSM IV. Often tangata whai ora, (when un-well) do not communicate well and this can be a barrier to them getting a good service or a service at all. Neither are the whänau aware of what their needs are. Maori mental health support workers have regular contact (compared to clinical practitioners) and become essential to advocating on their behalf.	Add Models of Maori Health e.g. Te Whare Tapa Wha Add kete knowledge e.g. wairua, and tinana. Best practice for Maori mental health to be added. As this is a huge knowledge base put together a qualification specifically for Maori. Maori ethical boundaries (so as not to offend people with different cultural backgrounds) General population can be given the option of undertaking a Maori or General qualification in mental health. Add clinical unit standards so the support workers have a better understanding of the environment in which they are expected to advocate on behalf and what the tangata whai ora and their whänau are experiencing. Put together a qualification specifically for Maori.

Training Provider / Tutors	
Issues	**Recommendations**
Maori mental health service provision has a huge knowledge base so tutors must be responsive to this.	Employ expert Maori mental health tutors, i.e. Maori models of practice, expert in local tangata whenua and clinical expertise.

Treaty Based Relationship	
Issues	**Recommendations**

© Mäori Mental Health Providers

Maori caucus cannot be called a treaty based relationship but MHSWAG needs to increase Maori participation. National Maori bodies cannot ignore Te Waipounamu (as often happens) Kaumatua familiar with Maori mental health are not represented on MHSWAG. Their role has been restricted to mihimihi and powhiri.	A Maori caucus is set-up to determine the best way for Maori to participate in Maori mental health support worker workforce development. This could be an interim measure and something for the Maori caucus to find a solution amicable to all Maori. Considerations are, term of appointment – e.g. 3 years. Representatives must be representative of the whole country not regional e.g. Auckland. Nominate 2 kaumatua from Kahui Kaumatua as guidance to the Maori caucus. Maori caucus is responsible for setting up a National Maori Mental Health Body.

Southland / Otago Mäori NGO / Iwi Consultation Hui

Held at Te Huarahi Marae, Esk Road, Invercargill, 8 November 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Overall Feedback

Overall the unit standards of the National Certificate in Mental Health Support Work Level 4 does help to understand a bit about mental health but it is just an exercise to get a qualification. The best part of the certificate was meeting tangata whai ora who told their stories of recovery. No the certificate does not meet the needs of Maori mental health services.

Qualification Unit Standard Content	
Issues	**Recommendations**
Maori Practices The certificate has very little Matauranga Maori e.g. all we were given in relation to Maori mental health, was Te Whare Tapa Wha framework. It does not explain what, why and how the Maori perspective of holistic health and yet we were asked questions to explain this.	In addition to what is already contained in the certificate add: Holistic Maori perspective on mental health, Maori practices and application in mental health, taught by skilled Maori. Tikanga Maori
Te Tiriti o Waitangi Has no Maori perspective and pays lip service to the Treaty	Te Tiriti o Waitangi is a larger part of the certificate and is taught by Maori to ensure the Maori perspective is acknowledged
Implication of the Changes We must work with whänau, hapu and iwi when delivering services to Maori and its removal from unit standard 13245 disadvantages support workers working with Maori.	Re-instate unit standard 13245 and give it more credits and a increase it's level to 5 or more.
Pathway to Higher Learning There is not other qualification we can do as our DHB does not recognise any other qualification (other than the Nat. Cert. MHSW) e.g. some of our staff have done the Diploma in Maori Mental Health through Te Whare Wananga o Raukawa and the DHB is refusing to acknowledge it. Some have also done training through Te Korowai Aroha Aotearoa where I learnt more and better equipped to work with tangata whai ora (and whänau) in three months than a whole year doing the certificate. Yet the system does not acknowledge it	Develop and offer a Diploma in Maori mental health as soon as possible.

Training Provider / Tutors	
Issues	**Recommendations**
We are forced to do the National Certificate in Mental Health Support work (our DHB does not recognise any other mental health qualification) when it's just a matter of ticking boxes and getting a qualification but does nothing about being a better worker.	This is a matter to take up with your DHB, MHSWAG does not make this recommendation to the DHBs. The qualification needs to be more meaningful and relevant to Maori mental health support workers and Maori content must be taught by skilled Maori tutors.
Style of Delivery 5 hours per week of tuition is not enough for us. We must also, do 20 hours practical	Contact the NZQA 0800 phone line for complaints if you cannot resolve this with your training provider.

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Treaty Based Relationship	
Issues	**Recommendations**
We are not going to get what we need to work effectively with our people in mental health unless we are properly represented on MHSWAG.	Yes, we do want a relationship with MHSWAG (a Maori caucus) but the terms of reference and structure cannot be decided at this hui. We need to go away and talk to others before making that decision and a forum should be available so we can make our submissions at a later date. What we do want to see is Maori who have the commitment and skills in Maori mental health are nominated (and not just there because they represent Iwi) The nomination process is to be transparent. Our region is represented

Counties Manukau Maori NGO / Iwi Consultation Hui

Held at Tainui MAPO, 15a Jack Conway Ave, Manaukau City on 18 November 2002.

National Certificate in Mental Health (Mental Health Support Work Level 4)

National Certificate in Mental Health Support Work (Level 4)		
	Issues	**Recommendations**
1.	Maori Practices in Working with Tangata Whai Ora and whanau. Maori do not have any problems with the practical implementation of unit standard 13425, so why should it be removed and replaced with something less. The risks are managed through kaupapa Maori.	Re-instate the content of unit standard 13425 and advance it to a diploma or degree level.
2.	The Treaty of Waitangi unit standard focuses on it's history and omits application in the workforce and industry.	Te o Waitangi is a living document, therefore it's content is to include: application for Maori mental health practitioners, in the workplace. Inclusive of the application of Article 4 for both Maori and non-Maori.
3.	Gaps in Maori mental health workforce development that can be filled through inclusion in a qualification We are under no illusions about being kaupapa Maori. They way the system is structured we are not allowed to be Maori.	Include: Tikanga rongoa all dimensions of Maori need e.g. under te whare tapa wha there is no outcome. The missing component is Matauranga (learning) Maori. The cycle of Whanau – Wairua – Hinengaro – Matauranga – Tinana, with the centre being Tikanga Rongoa.

National Certificate in Mental Health Support Work (Level 4)		
	Issues	**Recommendations**
4.	Maori Mental Health Workforce Development - Qualifications Maori providers / practitioners are having to compromise or go without e.g. adding the drug and alcohol unit standard (which is important) but at the expense of the 9 electives where kaupapa Maori had room to deliver. Comments: We have boycotted the National Certificate in Mental Health, our staff now do a diploma in Mental Health and tikanga Maori training (through necessity) is delivered in-house. Paying $3,500.00 per student for a National Certificate is exorbitant and insult to people who have years of experience working in the industry. Maori now make-up 15,000 people in the workforce but their needs have not been met. We now have 170 Maori mental health and alcohol and drug providers. Nothing is being developed for them, apart from regional initiatives. Gains from regional initiatives are lost as planning and funding is not ongoing. We are always the last to be developed or just an add-on to other qualifications No resources to develop Maori mental health qualifications We should have choices to either do mainstream or Maori mental health qualifications In developing Maori mental health qualifications – the focus should not be about making money but rather getting competency, capacity, quality and consistency in the Maori mental health industry.	Band aids on the National Certificate in Mental Health Support Work is not a viable option for Maori. We want a National Diploma and / or degree in Maori Mental Health Developed by the Maori mental health industry. Lower the National Cert in MHSW to a 3-6month qualification. Resources (including the expertise) made available to the Maori mental health industry to develop a diploma and / or degree in Maori mental health. Future development is to come from the Maori mental health industry i.e. by Maori for Maori. Marae based Total immersion

National Certificate in Mental Health Support Work (Level 4)		
	Issues	**Recommendations**
5.	Stresses on Maori Mental Health Providers. Maori mental health organisations are having to provide a lot of in-house training (in addition to other jobs e.g. manage the organisation, deliver the service, on-going reviews) which can be provided through training. We are contracted (the expectation) to follow the mental health guidelines and standards. This is okay, but training of staff is time consuming. Qualifications need to include the mental health competencies and free up manager's time to manage, organise and lead their organisations.	The diploma is to include: History and application of Te o Waitangi i.e. a living document in the workplace. Application of Article 4: for both Maori and Understanding and application of Maori concepts e.g. manaakitanga / tangata whenua. Legislation – Privacy Act, Mental Health Acts and criminal justice, not just reference to them (as is the current practice). Application of the guidelines and standards for Mental Health. Cultural and linguistic compatibility What dictates behaviour in kaupapa Maori? "tikanga dictates behaviour" (Winston Maniapoto, Raukura Hauora training programme). Mental health guideline and standard competencies. Aim to create Maori mental health competency in the industry.
6.	Maori knowledge is not given it's intellectual property status e.g. NZQA collects the information and is the rightful owner. They then dictate to the industry how we should be measured and what should be taught.	Maori intellectual and cultural property belongs to Maori not a government agency. Maori determine their own measurements for competency.
7.	Serious Risks The last six serious mental health incidents to occur in this country can be attributed to a clinical immigrant. Everyone practicing in the industry should have cultural training to reduce the risks e.g. Police shootings of mental health consumers.	Develop a cultural bridging programme for everyone, in particular immigrants. Designed to protect tangata whai ora and whanau from culturally uninformed clinicians / practitioners.

National Certificate in Mental Health Support Work (Level 4)		
	Issues	**Recommendations**
8.	MHSWAG – Maori Treaty based relationship MHSWAG is not a crown agent neither is the consultation with hapu so we cannot call this a Treaty based relationship. However, we do want a relationship with equal status on MHSWAG. We will never be satisfied with any Maori mental health workforce developments (i.e. qualifications) unless we do it ourselves. The drive must be represented from the regions. We cannot make all these decisions by ourselves and need to hui with other regions.	Establish a relationship between Maori NGO / Iwi mental health providers and MHSWAG based on equality. Equal representation, decision making and status Maori NGO Alcohol and drug representation. The Maori appointed to MHSWAG must have the expertise and commitment to progress the Maori mental health workforce industry. We agree to a Maori Caucus as a stepping stone to establishing a National Maori mental health workforce development organisation representative of each region. The relationship with MHSWAG is maintained through a M.O.U. or similar tool. Call a national Maori mental health conference by November 2003 (the first and last one was July 1993 at Wainuomata, where 600 Maori practitioners attended. At the time there were only 8 or 9 Maori NGO mental health providers, now we have 176 (including Maori alcohol and drug providers). Regional gains to be strengthened but plan nationally.

Auckland Mäori NGO / Iwi Consultation Hui

Held at Tihi Ora MAPO 1 Rendall Place Eden Tce Auckland on 19 November 2002.

National Certificate in Mental Health (Mental Health Support Work Level 4)

Provider Feedback
The National Certificate in Mental Health Support Work overall feedback:

- Provides a framework useful for those new to the industry. It was suppose to educate and train existing staff in the mental health field but does not challenge or provide them with new knowledge or skills to work in the industry. It's like going back to Te Kohanga Reo (Maori Early Child Learning Institutions).
- Does not address Te o Waitangi in working with Tangata Whai Ora
- Not culturally sensitive.
- Has little mana in the industry i.e. Certificate vs Clinical or Social Work tohu
- Cost too much i.e. huge loan for little mana. The certificate is based on training providers making a profit not increasing the skills of the support worker.
- At the end of the day if support workers don't have the heart for the mahi they are useless to the industry and this tohu does not address that.

National Certificate in Mental Health Support Work (Level 4)		
	Issues	**Recommendations**
1.	Maori Practices in Working with Tangata Whai Ora and whanau. The medical / clinical / mainstream models are only part of the range of treatment and healing to enhance the lives of tangata whai ora. We include the whanau concept of wellness but is not reflective in the qualifications available to us in Auckland.	To Include in the qualification: Awhi manaaki - unlocks relationships, the process is less of a threat to whanau and tangata whai ora, resolves conflicts and boundary crossing and bonding leads to Whakapapa Turangawaewae Titiro whakarongo korero – (all forms of communication) Korero purakau Application of Maori Models of Wellness e.g. Tapa Rima and recovery principles We need a education programme for tauiwi who work with our people. Te Ariari o te Oranga (refer to Paraire Huata)
2.	Needs a balance in the qualifications	Incorporate the recovery principles Legal statues (rather than reference to them, in practice how do they work and why? Mental health guidelines and standards
3.	The Treaty of Waitangi unit standard does not address the practical application to Tangata Whai Ora	Te o Waitangi is a living document, therefore it's content is to include: application for Maori mental health practitioners, in the workplace. Inclusive of the application of Article 4 for both Maori and non-Maori. Must be more than 3 credits to cover the topic adequately.

National Certificate in Mental Health Support Work (Level 4)		
	Issues	**Recommendations**
4.	Learning Environment The learning environment needs to meet the needs of tauira and enhance the learning to be effective.	Implement Maori style of learning Puawai Oranga Hua Oranga Marae based e.g. Noho Marae, wananga e.g. 12 x Modules, of 3 days per month.
5.	Stresses on Maori Mental Health Providers. The education and training industry is failing Maori mental heatlh providers and should be supported by the mental health industry to make the changes necessary. As a result, Maori mental health organisations are severely under stress, trying to provide the service and continuously training staff.	The diploma is to include: All forms of communication People management skills Boundaries both legal and Maori Roles and responsibilities of kaimahi, empowerment of whanau and tangata whai ora towards interdependence.
6.	Risk Management of Inappropriate peoplein the industry The national certificate does not do enough to get rid of high risk support workers	Include process to get high risk people out of the industry i.e. people taking advantage of tangata whai ora e.g. inappropriate sexual advances, and abusive behaviour in accordance with Maori lore vs Law.

Treaty Based Relationship		
	Issues	**Recommendations**
1.	Yes it's important for Maori to participate in the development of tohu. How else are we going to ensure Maori mental health workforce development is how we expect to see it.	A MHSWAG = Tangata Whenua relationship is established: Nominations:: Elected by the people at a hui ano e.g. a national forum By whanau, tangata whai ora and kaimahi. nominees must be commited, have the patience an drive to make gains for Maori mental health workforce Maori competency. Terms: 50 / 50 relationship and partnership e.g. 8 tauiwi and 8 Maori tangata whai ora represented The terms of reference, structure need to be decided at a national forum. We will continue to korero with other Maori we work with in the industry. Role: Is to nationally coordinate Maori mental health workforce development for the Maori providers and ensure qualifications meet their needs.

Tairawhiti Mäori NGO / Iwi Consultation Hui

Held at Te Puni Kokiri, Gisborne on 22 November 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Maori Mental Health Providers Feedback

Qualification Unit Standard Content	
Issues	**Recommendations**
Kaupapa Maori is under-valued, i.e. not recognised as being an important component in a persons holistic wellbeing. Clinical model doesn't work for Maori, needs a balance of medical and kaupapa Maori intervention.	Include the following key competencies in the qualification: Maori kaupapa needs recognition, particularly through the recovery approach. Maori boundaries are different e.g. they exist through kaupapa Maori to reduce risks in practice. Cultural safety working with whänau, hapu and iwi. Whakamomori – suicide. Maori models of health rather than Western models of health (e.g. Bronson) Maori measurements and competencies. All sectors across mental health should have some kaupapa Maori component taught by competent Maori mental health staff.
The qualification should train students in the basics of managing client issues.	Include: Impacts of medication and their side affects, mental illnesses, life style planning, case management and safe practices, de-escalation (from a kaupapa Maori perspective).
Many of our staff are excellent hands-on practitioners but the skills are instrinsic (i.e. the staff do not have to think hard about these skills, they just occur) but lack formal training e.g. written reports It is difficult for us to retain staff in the mental health field as the qualifications and training is sub-standard and very slow to teach in-house.	Include: Styles of communication, types of communication, report writing, written skills, translating conceptual ideas into written language, interpretation, perception. Conflict resolution, both internal and external, constructive criticism, personal boundaries. How to capitalise on strengths and risk manage the weaknesses.
Pathway We have sent staff on the Certificate in Mental Health but there is no follow on course to help up-skill.	If a national diploma and / or degree in mental health was made available (in Gisborne) with kaupapa Maori included we would definitely support it.

Training Provider / Tutors	
Issues	**Recommendations**
The training providers must provide quality training programmes.	The mana of the messenger is very important to get quality training.

Treaty Based Relationship	
Issues	**Recommendations**
Yes we are interested in supporting a Maori caucus or national body for Maori mental health support work workforce development as this is one way to ensure quality kaupapa Maori is included in mental health qualifications and reduce deaths due to culturally inappropriate mental health services.	We will discuss this further with our trustees, kaumatua and staff and decide what is needed for our region. An opportunity is made available for us to submit our terms of reference, structure etc…

Hawkes Bay Mäori NGO / Iwi Consultation Hui

Held at Hastings Maori Land Court, Level 4, Warren Street, Hastings, 26 November 2002.

National Certificate in Mental Health (Mental Health Support Work Level 4)

Maori Mental Health Providers Feedback
The National Cert. in MHSW is about ticking boxes to get the qualification. We were guinea pigs for the certificate and did not get a lot out of it. It is successful but only if you have no knowledge of mental health.

Qualification Unit Standard Content	
Issues	**Recommendations**
The replacement of unit standard 13425 with another, (i.e. removing the whanau, hapu and iwi component disadvantages Maori service providers). Whanau is part of the treatment, wellness and healing for tangata whai ora.	Include a unit standard for competency in working with whanau, hapu and iwi, ensuring that the Maori concept of whanau (not families) is the focus. We acknowledge risks do exist for some people, they are managed through tikanga Maori for Maori service providers.
Oranga hinengaro is a set of key competencies to Maori practice, i.e. focus is on attaining and maintaining mental wellbeing rather than the diagnosis (mainstream practice) in addition to whanau, matauranga Maori, wairua and tinana. As Maori providers our work does not stop at 5.00pm as the practices of awhi / manaakitanga determine the operating times of our services. First time presenters (whanau and tangata whai ora) go the tohunga in the first instance to get help, assuming the problem is mate Maori when at times it is not. Maori mental health workers are having to deal with these types of issues more and more. Maori mental health is an un-tapped resource that has a lot to offer the industry. Maori practice has already influenced at lot of the changes in mental health, even if it is not widely acknowledged (e.g. broadened the practice of the Privacy Act so that whanau have a right to the clinical treatment information of tangata whai ora). So when developing unit standards we need to be consulted on the content, level and style of delivery as we are the ones who know through our own experiences rather than the system telling us what is good and necessary for us to deliver to our people. We're always hearing about overseas models that have worked well and should be applied here which we as Maori are having to analyse yet another model and it's impact on Maori practice. This is wonderful but Maori practices are right under the noses of everyone and ignored.	We need unit standards and qualifications to develop a workforce that has to skills and knowledge to attain and maintain oranga hinengaro, inclusive of: Whakaaro, tikanga, kawa (unique locally) Matauranga Maori Tohunga Local Maori training, i.e. kawa and tikanga. The fundamentals of building relationships, kaupapa Maori and mainstream as the boundaries are different. Maori rongoa Understanding and valuing one self as tangata whenua

Qualification Unit Standard Content	
Issues	**Recommendations**
Much of the in-house staff training competencies for Maori mental health services could be done through more development of mental health unit standards.	They are: Countering mental health stigma (including kaumatua) Signs and symptoms of mental illness in relation to behaviour Risk management, cultural safety Conflict resolution Tangata whaiora and whanau management Understanding mental illness jargon Knowing the relevant mental health acts (rather than just reference to them), their purpose, why they are necessary. Clear boundaries A & D past issues have to be dealth with not shut-off or it keeps coming back and affects the attainment of wellbeing. Also clarification between mental health & alcohol and drug risk management. Health & promotion – promoting key messages which existing health service providers could facilitate. Conflict resolution Mental health standards, their purpose and function.
Its time to develop national degree or diploma level qualifications that pathway into each other. The certificate does not have the same professional status as e.g. diploma or degree in social work. Need to work towards gaining the same status.	Iwi and hapu need to be consulted when setting the level (4,5,6,7) of unit standards, i.e. designed for Maori by Maori. Social Worker status for kaimannaki, kaimanamanaki through qualifications

Training Provider / Tutors	
Issues	**Recommendations**
Practices of the current work-placement systems are ineffective as we learn nothing but it is 60% of the course. It is up to students to get their own workplacements if not employed in the field, when it should be the EIT's (Eastern Institutue of Technology) responsibility. From a management's perspective, student placements are time consuming, they come into our organisation with high expectations that we will take time-out to teach them but they need to be proactive and observant. We have had student nurses coming in and asking specifically for a tangata whai ora with schizophrenia. We find that offensive, and so too would the tangata whai ora and do not want that behaviour mirrored in mental health support work.	The training provider is responsible for the placement of students in the work-place and programmes put in place to ensure they work as they should e.g. A set programme / guideline for the student to work with, relative to the unit standards and training. Negotiate work-placement contracts between the student and the organisation. On the job supervision in relation to the students learning.
Tutors come from medical models (e.g. bio-medical). While that may be important we operate in a bio-Maori environment.	Tutors need a balance between clinical (what we need to know) and oranga hinengaro (mental wellbeing).

Training Provider / Tutors	
Issues	**Recommendations**
Style of delivery Qualifications need to be taught in Maori settings for students to achieve and get a more in-depth understanding of how Maori practices work. Qualifications need to be more "hands on" around the needs of the consumer to work more effectively	Taught in Maori settings e.g. Noho Marae, wananga, on-the-job training in Maori mental health services. Incorporate hands on workshops facilitated by consumers e.g. Lighthouse or Debbie Hagger training.

Treaty Based Relationship	
Issues	**Recommendations**
Treaty based relationship	What does MHSWAG mean by a treaty based relationship? Yes we do need a Maori MHSWAG caucus based on: Tinorangatiratanga (own automony) Focus on Maori mental health qualifications only. On the job training that contribute towards a qualification, designed for Maori by Maori. First of all we need national planning to facilitate this process. An ideal time for us would be April 2003. Maori knowledge is Maori owned.

Wairarapa Mäori NGO / Iwi Consultation hui

Held at Copthorne Resort, Masterton on 28 November 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Providers Feedback

The system is failing us, there is no quality in the National Certificate in Mental Health Support Work. The certificate is just a bit of paper and in no way indicates if a support worker is capable / qualified to work Maori mental health or even in the mental health industry. It does not add to our knowledge or skills.

Qualification Unit Standard Content	
Issues	**Recommendations**
Te Tiriti o Waitangi The quality of the unit standard is bad in comparison to that run by Te Korowai Aroha Aotearoa.	Improve the unit standard so that it is of the same or higher standard than Te Korowai Aroha Aotearoa.
Unit Standard 13425 Removal of the unit standard is an example of Maori needs not being met. Maori have a different way of expressing themselves that only Maori can understand. Tauiwi have mis-diagnosed because of this. We are having to do two lots of training, one to get a mainstream qualification and another to be effective workers with Maori whänau, hapu and iwi.	We need kaupapa / matauranga Maori content in qualifications for them to be any use to us.
There are no qualifications sutiable for our needs except non-NZQA training programmes. Also, no pathway to higher training is available except at Raukawa. But because of the travelling staff have to give up work to do it.	Offer us diploma in mental health support work but it needs to be radically changed from the National Certificate to ensure matauranga Maori is included.

Training Provider / Tutors	
Issues	**Recommendations**
Te Tiriti o Waitangi No tuition is given, we are given a set of questions to answer and told to go and research for our own answers. The only tutor contact given is a supervisor who marks the unit standard and is not experienced to do this, so we can write anything and pass. Students are asked to translate Maori into English – no one did it as the tutor couldn't so why should we.	Expert tutors teach it, or someone external form the training provider, is bought in who knows what they are teaching. At the very least a tutor will turn up and teach it.
Tangata Whai Ora Contributions Unit Standard 13433 Tangata Whai Ora from a consumer organisation like "Central Potential" should have had input into this unit standard.	Tangata whai ora input into the qualification.

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Training Provider / Tutors	
Issues	**Recommendations**
Self Awareness We were asked to write about our personal whakapapa which we think is irrelevant to the certificate.	More relevant content in the certificate.
We were told this qualification was for people working in the industry but some of the students doing the qualification are not – i.e. not employees or volunteers.	The entry criteria is the same for everyone.
Kaupapa Maori Content Students are short-cutting the course and getting away with it because tutors are not checking e.g. to avoid attending a noho marae, tauiwi students have approached kaumatua in the region to sign a form to stating they have filled this requirement when they haven't and don't want to.	Tutors participate in the noho marae and verify for themselves if students have participated.
Quality If training providers / tutors cannot provide a high quality standard then they should not be training	Training providers are scruitinized more carefully for the quality of delivery before they are approved.

Treaty Based Relationship	
Issues	**Recommendations**
Yes Maori do need to work with MHSWAG to establish a relationship and ensure we get a qualification that is more relevant to our needs.	All Maori mental health providers needs to come together e.g. national hui and set up a national Maori mental health support workforce development body to work with MHSWAG: to establish: • Terms of reference • Roles and responsibilities • Relationship • Maori quality standards • Maori qualifications • On the job training programmes.

Whanganui Mäori NGO / Iwi Consultation Hui

Held at Te Puni Kokiri, Te Tauwhiri Building, 356 Victoria Ave, Wanganui on 29 November 2002.

National Certificate in Mental Health (Mental Health Support Work Level 4)

Maori Mental Health Providers Feedback

Qualification Unit Standard Content	
Issues	**Recommendations**
Prior to the National Certificate in Mental Health Support Work being made available, we began training staff with Te Korowai Aroha o Aotearoa (a kaupapa Maori training organisation). The programme was developed out of a lot of commitment by Maori without any government assistance, in particular Paraire Huata and Dreena Hawea. We invested a lot of time and effort into working with kaupapa Maori training providers (not registered with NZQA) to get culturally appropriate training for our staff. Also, the training providers have responded to our needs even though they are not NZQA registered organisations. So we already have a very good training programme. We looked at the National Certificate in MHSW and found our current training much more superior and does meet the needs of our service provision.	It is compulsory for all our staff to do the Whaiora Kahurangi (Maori mental health training) training programme. It is equivalent to a diploma. Develop a degree in Maori mental health.

Training Provider / Tutors	
Issues	**Recommendations**
The tertiary education system's delivery of service is not supportive of kaupapa Maori mental health service delivery.	We currently have: Noho Marae based training Wananga style of delivery We also need: On the job training, mentoring and supervision. Ongoing education and training, and professional development.
The national certificate has too many loop holes that allow training institutions to short-cut Maori components e.g. the Te Tiriti o Waitangi unit standard is a questionnaire, (no tuition), that students must fill in. Students are told to go out and find their own information. Their tutor then ticks it off. As a result, the student does not understand the content of what they are doing, implications in their work and nor do they put much effort into their work because they know the tutor doesn't know anyway.	Maori components must be taught by competent, experienced and appropriate Maori tutors.

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Treaty Based Relationship	
Issues	**Recommendations**
We support a Mäori: • workforce development • body representative of Maori mental health providers.	Maori providers form their own body for Maori mental health qualifications and have an MOU with MHSWAG. Our terms of reference are: The purpose of the body is to increase the quality of Maori mental health training programmes (qualifications) that add value to the Maori mental health sector. Representatives must be: committed to improving the quality of training for kaupapa Maori mental health organisations. rotated on a regular basis to ensure we get good coverage across Aotearoa and the industry. Have the skills and experience to fulfil the role as a representative Consult regularly with their regional networks on issues and any decision making. The body must be resourced to be able to do their job. Maori knowledge is owned by Maori.

Whakatane Maori NGO / Iwi Consultation Hui

Held at Waiariki Institute of Technology Campus Marae Whakatane, 2 December 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Maori Mental Health Providers Feedback
Overall the unit standards of the National Certificate in Mental Health Support Work Level 4 does not meet the needs of Maori mental health services in our region.

Qualification Unit Standard Content	
Issues	**Recommendations**
Unit Standard 13425 Although inadequate it at least gave an overview of working with whänau hapu and iwi. Is one of the most important key skills to Maori service delivery, Working with whänau, hapu and iwi is unavoidable in a Maori environment, as Tauiwi are still going to go out there and will engage with Maori whänau and tangata whai ora. They can say we past the unit standard so it must be alright. This will cause even higher risks as support workers are still going to do it anyway but now without the knowledge or skills of how to engage with Maori tangata whai ora and whanau. Removal of 13425 is racist to Maori	Unit standard 13425 in it's original form is better than nothing for working with Maori whänau, hapu and iwi. Strongly recommend that Unit Standard 13425 is elevated to level 5 teaches support workers to engage working with whänau, hapu and iwi minimise the risks through tikanga Maori, (what it is, when are you given the opportunity and when it is appropriate to use). Particularly important for those engaging outside their culture, environment and safety zone. Also, getting some consistency for high quality mahi when working with whänau, hapu and iwi. Ultimately we will get support workers who are more highly aware.
Te Tiriti o Waitangi unit standard is 3 credits which only scratches the surface of it's application in mental health. (In comparison to the challenging / unacceptable behaviour unit standards, with a total of 10 credits this is not enough). Te o Waitangi is important as it holds everyone accountable to ensure Maori receive the same level of service as a mainstream service user. Is not seen as a living document by the majority of people, and there is no room in this unit standard to change that view.	Offer a Treaty of Waitangi unit standard with higher credits and a higer level taught by competent Maori tutors, not immigrants or people of another culture. Include safety mechanisms from a Treaty perspective when working with tangata whai ora to integrate into the support work.
Implication of the Changes No opportunity to cross credit No electives to implement tikanga or kaupapa Maori from the NZQA Framework Drug and alcohol is a good unit standard but is at the sacrifice of Maori.	A & D should be an addition and not at the compromise of tikanga and kaupapa Maori.
Isn't mental health about di-stigmatisation when a great deal of the qualification focuses on coping with unacceptable behaviour. Should not unacceptable behaviour e.g. excessive drinking, swearing be integrated throughout the qualification rather than dedicating two whole unit standards to it.	Unacceptable behaviour is integrated throughout the unit standards.

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Pathway to Higher Learning There is nothing to pathway the learning onto something higher than certificate level. Some learning institutions do provide a diploma or degree but they are inaccessible to us from this region. The sacrifice for us is greater and more costly as we must travel to places like Hamilton or Otaki (Te Whare Wananga o Raukawa) as well as work at our jobs. The Puawai 100 training is ideal for us as it is extramural with one on-campus attendance required for each paper. We are spending a lot of time and effort for just a certificate when we could be doing a diploma. We have some whänau who are happy to stay at the certificate level but it does not provide for us as Maori mental health service providers, the competencies to work with our people.	Develop a diploma in Maori mental health that provides for a 50% weighted balance of Te Ao Maori (the Maori models of wellness and recovery) and the medical / disease models of Tauiwi. Has the same level of acknowledgement and acceptance as other diplomas. No pre-requisites are necessary but the National Certificate in Mental Health can be the spring-board to the diploma. Does not put kaupapa Maori practice and standards into box from a mainstream perspective. Resources made available for the expertise and skills to develop a high quality diploma.

Training Provider / Tutors	
Issues	**Recommendations**
Maori mental health service provision is a huge body of knowledge so tutors must be competent to teach this.	Employ competent Maori mental health tutors, i.e. competent to teach Te Tiriti o Waitangi and Maori practices.

Treaty Based Relationship	
Issues	**Recommendations**
Maori caucus is necessary to ensure National qualifications in mental health are developed that is representative of the Maori perspective.	A Maori caucus be established with the following features: 50 / 50 representation, i.e. equal partnership. Its time that MHSWAG nominations became more transparent.

Mid-Central & Lakes Maori NGO / Iwi Consultation Hui

Held at Te Utuhina Manaakitanga Trust, 2a Ranolf St, Rotorua on 3 December 2002.

National Certificate in Mental Health (Mental Health Support Work Level 4)

Maori Mental Health Providers Feedback

There was not enough kaupapa Maori learning but we did have a Maori tutor who had tikanga Maori skills and introduced some of it in the course.

Qualification Unit Standard Content	
Issues	**Recommendations**
We have had many workforce development consultations and heard nothing back, neither have we seen any changes in the training and education sector.	We receive feedback from this consultation.
What is there in the national certificate in MHSW to support Maori learning? The ability of community mental health support workers to work with whänau, hapu and iwi is a key skill for Maori mental health providers, that is understanding the dynamics of whänau, hapu and iwi, respect for the whänau, where they are from and their values. This is a must to be a good community Maori mental health worker. We cannot assume all Maori understand tikanga, i.e. those bought up in the cities and isolation from their Marae do not necessarily have a good understanding of Maori tikanga to work in the industry. We expect all support workers to have this skill and if they do not, it's more difficult for the organisation who must invest more into their training. This is in-house training that is not recognised or validated by the system. Those with the skills have developed them over several years through repetitive practices – our community workers need to learn and practice now. Our contracts require us to have (at a minimum) the national certificate in MHSW but it does not prepare community workers for work in the Maori community. Community workers are very important out there. They are the key people between the clinical workers and our people.	We definitely need unit standards for tikanga Maori and the dynamics of whänau, hapu and iwi. There must be room in the qualification for local knowledge, i.e. hapu and iwi as it is unique to each. The qualification should have 50 / 50 kaupapa Maori / non-Maori mental health unit standards. If community mental health workers are going to work with Maori the kaupapa Maori mental health unit standards must be compulsory. The qualification should be responsive to the changing needs of Maori mental health e.g. Maori mental health support work, cultural assessments and cultural supervision for Maori mental health community health workers. There should be something developed for Maori alcohol and drug community workers as well since we are part of the mental health industry.

Qualification Unit Standard Content	
Issues	**Recommendations**
Other important factors are: We focus on wellness rather than the illness but we also need the clinical knowledge as well. We must interact with clinicians and the industry. All forms of communication is essential to be a good support worker. The legal acts relevant to mental health are at present referred to in the certificate but we are operating within it's parameters and do not fully understand the implications, their purpose, when it's appropriate to inform tangata whai ora e.g. explaining to them when they are screaming their heads off in a prison cell and ticking it off as being done – is not appropriate.	Introduce Maori models of wellness and Basic clinical knowledge. Communication skills. Good working knowledge of Legal acts relative to mental health, including the Child, Youth and Family Act for tangata whai ora with children. Adventure ("hands on") based models and methods of learning, capitalising on intrinsic skills of Maori community mental health workers.
The cost of the national certificate in MHSWAG is too high, $3,800 to validate what we already knew. It's just a certificate (the same cost as a diploma in management at Waikato University). We get 20hours of tutor contact a week where as the MHSW certificate is only 5 hours. This certificate is targeted at community workers who will, after this year have to carry the whole cost (this is the last year for the $2,000.00 subsidy).	Reduce the cost of the certificate to $1,800.00 or continue with the subsidy if that is not possible.
Pathway We pay all that money for a certificate which is an introductory qualification only and have no where to go from there.	There should be a Maori mental health diploma within 2 years and degree within 3 years to follow on from the certificate. This information is owned by all the kaupapa Maori mental health providers.

Training Provider / Tutors	
Issues	**Recommendations**
At present kaupapa Maori is taught only if the tutors have a commitment to do so. It needs to be a compulsory requirement of Maori mental health training.	Must have experienced, skilled and qualified Maori mental health tutors to teach kaupapa Maori and mental health qualifications.

Treaty Based Relationship	
Issues	**Recommendations**
Yes, we need Maori representation on the MHSWAG. However, whether it is a separate Maori caucus or 50 / 50 membership of MHSWAG needs more consultation with other people within our organisations and the region.	This issue needs to be discussed regionally and submissions made at a national forum. Suggested issues for discussion are: The nomination process. Terms of reference, i.e., to develop Maori mental health support work qualifications. Term of appointment e.g. staggered rotation based membership every 3 years, to retain some of the experience otherwise the MHSWAG will fall over.
A new unit standard for alcohol and drugs is being offered but why is there not industry representative.	Include at least two alcohol and drug representatives.

Nelson / Marlborough Maori NGO / Iwi Consultation Hui

Held at Whakatu Marae, 99 Atawha Drive, Nelson on 10 December 2002.

National Certificate in Mental Health (Mental Health Support Work Level 4)

Maori Mental Health Providers Feedback

Qualification Unit Standard Content	
Issues	**Recommendations**
Maori contracts are not supported by the education and training sector. Training needs to reflect key skills for Maori Providers.	Include in mental health qualifications Maori models of wellness Manakitanga – koha / taonga, awhinatanga
Our over burdened kaumatua also need training. Our kaumatua are heavily used for mental health support services. We are the next generation so the skills and experience of kaumatua needs to be passed onto us. The average age of kaumatua for this area is 45 years. It takes years to develop skills in kaupapa Maori. Often kaumatua fulfil the role for on the job matauranga Maori training, support and mentoring. Most often their contributions are voluntary and are not recognised by the system for their contributions. Tradition Maori healing contribute and support the wellness of tangata whai ora and their whänau and these are largely unfunded or recognised by the system	Whanaungatanga / Kotahitanga - Whakapapa, Kaumatua (kuia / koroua), Tangata Whenua, Whänau, Hapu, Iwi. Wairuatanga – karakia, kaupapa matauranga, tohunga, rongoa Kaumatua training for the next generation Tohunga training for the next generation i.e. He tohunga karakia He tohunga rongoa He tohunga wairua He tohunga mirimiri He tohunga whakapapa, He tohunga korero He tohunga waiata He tohunga mau I nga Rakau Whakaiaia He tohunga Whakairo rakau He tohunga kohatu He tohunga Whakairo Whenua He tohunga Whakairo korero mo nga ahuatanga katoa
Maori practices need to be validated and recognised by the system e.g. evaluation and monitoring to achieve Maori outcomes.	Rangatiratanga – kawa / tikanga, Marae, te reo Maori, ritenga. Cultural supervision by tohunga Maori assessment models.
Style of Delivery The industry needs to strengthen the existing workforce and expand it to meet the demands upon our services.	On the job training, concurrently with delivery of the service.
Pathway There are no qualifications leading on from the National Certificate in Mental Health Support Work.	Higher level of qualifications (other than certificate level) be made available, taking into account the needs of Maori mental health providers.
As the tutor at MIT doesn't know very much about the Treaty of Waitangi, we get no class time or teaching, as long as we fill in the questionnaire, students get a pass.	Everyone teaching mental health should do a treaty workshop by a reputable Maori tutor.

Training Provider / Tutors	
Issues	**Recommendations**
	See above

Treaty Based Relationship	
Issues	**Recommendations**

We agree a Maori representation is necessary e.g. Maori caucus on MHSWAG. However, the terms of reference, structure and processes need to be discussed at our local and national levels.	Form a Maori caucus on MHSWAG. We need to consult with other people in our region and nationally.

Waikato Mäori NGO / Iwi Consultation Hui

Held at Waikato DHB, Hockin Building Level 1, Hamilton, 12 December 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Maori Mental Health Providers Feedback
The certificate does not support Maori mental health service delivery. It is too brief / superficial on too many important components that need to be worked on for a more in-depth understanding and practice. It validates skills we already have and does not teach anything new so there are no learning challenges.

Waikato Consultation Hui
Held at Waikato DHB, Hockin Building Level 1, Hamilton, 12th December 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Qualification Unit Standard Content	
Issues	**Recommendations**
The National Cert. in MHSW does not support Maori mental health service delivery rather it supports mono-cultural learning, which is against the principles of Te o Waitangi. This is not the learner's fault - it is the fault of the system. The certificate needs a whole new review as it does not apply to workers on the ground e.g. Maori mental health providers. There is no room for negotiation in the student's learning so are forced to comply / conform.	The national certificate in MHSW requires a huge review on how appropriate it is to Maori service delivery.
New unit standard "Establish supportive relationships with families / whaanau as a mental health support worker" is not good enough for Maori service delivery as it ignores working with whaanau, hapu and iwi. The standard reflects the mono-cultural perspective related to a typically mono-cultural nuclear family Everyone delivering services to Maori must have some understanding of the cultural implications otherwise it is appropriate for non-Maori to deliver to Maori when they are unaware of the cultural implications. There should be compulsory bi-cultural waananga sessions for this to happen (but it never will.) The Blueprint states that *"Maori need to have the opportunity to meet Maori face to face on first contact coming into the mental health services"*. If a competency standard is not set, then people are still going to deliver to whaanau, hapu and iwi but with a sub-standard service. On the other hand others will have a higher level of competency and expectations. Those with lower levels of competency will begin to influence the industry and result in a lower level of service delivery to Maori.	Unit standard "13425 Establish and maintain a supportive relationship with a whaanau as a mental health support worker" needs to be restored to include working with whaanau, hapu and iwi and delete the word "a". Ideally a standard should pathway from 13425, specifically aimed at working with concepts of whaanau, hapu and iwi, with a higher number of credits than 13425 and higher level e.g. 5 or 6. The cultural and clinical qualifications should reflect and support the blueprint statement.

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Qualification Unit Standard Content	
Issues	**Recommendations**
Te o Waitangi is a unit standard 13424 which demonstrates knowledge of the application of the Treaty of Waitangi to mental health settings is worth 3 credits out of 120 credits. Students are going to look at the small amount of credits and ignore it – this is academic discrimination. The general attitude is that you can write anything and won't fail.	Te o Waitangi requires an increased number of credits to ensure that students do understand it's implications and application in mental health when delivering services to tangata whai ora and their whaanau. People must be competent to deliver the Treaty and assess competency in meeting the training requirements.
The supervision process in mainstream.	Implement cultural supervision into qualifications.
Kaupapa Maori practices are essential to Maori mental health service delivery. The national certificate should challenge students learning but does not e.g. 3rd year mainstream nursing students are well aware of Te Whare Tapa and if there is a disparity in the understanding of how and why they operate, that disparity transfers into the industry. If we don't get it right, know one else will. Te Whare Tapa Wha was designed to demonstrate to mainstream how Maori practice, however it is not practiced consistently by everyone. Tangata whai ora and whanau deserve better. If we don't get students when they are doing their qualifications there is no motivation for them to find out and practice in the future.	Our therapeutic practices pre-date Te Tiriti o Waitangi i.e. 1840 where as decolonisation and the demise of Maori health comes after. At the very least students should demonstrate the workings of a Maori model of wellness (there are more models other than Te Whare Tapa Wha which have a specific purpose).
Challenge Student Learning The qualification should be encouraging enough to motivate support workers to wet the appetite of the student to want to learn more.	Provide qualifications that motivate support workers to go forward, The better qualified and competent support workers are the better quality of service is delivered to our people, which they are entitled to: e.g. Qualifications need to be flavoured with more Matauranga Maori. Students should be made to go to a place where Maori models of wellness are used to observe to gain competency in practicing specific components themselves.
We need the certificate and higher level qualifications to pathway into one another. If these can be designed nationally, then hopefully some consistency and excellence will be achieved in the industry.	Add Maori components to the national certificate. Develop diploma and degree level qualifications specifically for Maori mental health workforce.
Resources need to made available to develop those qualifications.	Apply resources to develop kauapapa Maori mental health qualifications.

Training Provider / Tutors	
Issues	**Recommendations**
Tutors are sub-standard particularly for Maori components.	Maori need to reclaim the right to ensure that the Right messages are reaching tauira. (Liaising with Maori Departments and ensuring that culturally-educated Maori are promoting the message
Maori components need to be delivered by the experts.	Suggested that waananga or Maori training providers deliver Maori components.

Training Provider / Tutors	
Issues	**Recommendations**
The education system should be putting more effort in the quality of the qualifications geared for the needs of industry. At the moment, they have one day for tuition, one day for tutor contact (optional) and three days at work. There is no supervision over the three days at work. We need a variety of learning and training techniques.	We need a combination of the job training, waananga style of learning, mentoring programmes, extramural and video link or video tuition (for those where distance is an issue). Use of technology to bridge access to appropriate training.
Tutors are sub-standard particularly for Maori components.	Requires Maori lead as a commitment to getting it right.
Maori components need to be delivered by the experts.	Suggested that wananga or Maori training providers deliver Maori components.
The education system should be putting more effort in the quality of the qualifications, through industry need. At the moment, they have one day for tuition, one day for tutor contact (optional) and three days at work. There is no supervision over the three days at work. We need a variety of learning and training techniques.	We need a combination of the job training, wananga style of learning, mentoring programmes, extramural and video link or video tuition (for those where distance is an issue). Use of technology to bridge access to appropriate training.

Treaty Based Relationship	
Issues	**Recommendations**
Yes, we do need Maori representation on the MHSWAG. We need to discuss this with others in our organisations before determining the details and then with Maori providers throughout the rohe.	We will do regional planning within our own organisations and bring that to our regional Maori Mental Health Advisory Group (MMHAG). There needs to be a national forum where we can submit our plans to and make some firm commitments.

Northland Maori NGO / Iwi Consultation Hui

Held at Hauora Whanui, State Highway 1, Kawakawa, Te Taitokerau on 13 December 2002

National Certificate in Mental Health (Mental Health Support Work Level 4)

Maori Mental Health Providers Feedback
The national certificate in mental health support work was developed by mainstream for (Tauiwi) mainstream community support workers and validates the way they practice in the industry. It does not meet the needs of Maori mental health service providers as it needs more kaupapa Maori content. The most positive aspect of the National Certificate is that it forces mental health support workers to listen to the needs of tangata whai ora. They say they are listening but they don't. Tangata whai ora need more input into the delivery of this unit standard to so support workers get a better understanding of our needs.

Qualification Unit Standard Content	
Issues	**Recommendations**
Maori practices are not recognised or validated even though they bring healing to whänau and tangata whai ora. The national certificate is for tauiwi (mainstream) not Maori, but the statistics for Maori recovery and successful treatment are low. We are an Iwi social service and provide a whänau, hapu and iwi service and have noticed over the past 3 months the number of tangata whai ora seeking assistance from us has grown considerably. In addition, Mental Health providers are referring tangata whai ora to us for the same reason e.g. we have a branch in South Auckland and our main base is in Kaikohe, so we transport tangata whai ora and their whänau to their turangawaewae to resolve whänau issues and / or interact with ahi kaa whänau.	The education and training sector have an obligatation to include matauranga Maori in mental health qualifications e.g. develop a certificate in Maori MHSW and every person (regardless of their position / type of work they do) who work with Maori must do it. Maori need culturally appropriate training to respond to Maori needs e.g. High dual diagnosis content Health promotion and education Working appropriately with whänau, hapu and iwi. Matauranga Maori
Training is not accessible to services in Te Taitokerau (Northland), i.e. travel to main centres is a huge cost of money and time.	We need qualifications and training that can be developed locally by competent Maori trainers.
Maori knowledge belongs to us, not a tauiwi organisation or government agency.	Maori knowledge and property rights must be protected.
Unit Standard13428 Demonstrate knowledge of law and legal services in mental health support work has 3 credits. It is too general and needs more time dedicated to it to get a adequate practical working knowledge of it.	Give "Unit Standard13428 Demonstrate knowledge of law and legal services in mental health support work" more time (more credits) to get a better understanding of it and how the statutes link into one another.

Training Provider / Tutors	
Issues	**Recommendations**
The current method of delivery is not supportive to Maori and Maori services.	We need a mix of: Extramural and on-campus tuition Marae based tuition and training Wananga style of delivery Mentoring programmes.

Treaty Based Relationship	
Issues	**Recommendations**
Yes, we do need a Maori caucus to advance Maori qualifications	50 / 50 representation on MHSWAG, Succession – change the members every 2 / 3 years but must consider loss of expertise. Members must be committed to Maori mental health workforce development through appropriate training programmes. Nominations are to be made by Maori, however, that must be decided collectively by the whole country. We suggest a National Maori NGO Mental Health conference be held, October, 2003 and this will be one of the items to resolve at the hui.

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Appendix 7: NZQA Accredited Training Providers

The training providers accredited by NZQA and are delivering the National Certificate in Mental Health (Mental Health Support Work) (Level 4) up to 2002 are as follows:

Training Provider's Name	Location
Auckland University of Technology	Auckland
Blueprint Centre for Learning	Auckland
Mahitahi Trust	Auckland
UNITEC Institute of Technology	Auckland
Christchurch Polytechnic Institute of Technology	Christchurch
Manukau Institute of Technology	Counties Manukau
Otago Polytechnic	Dunedin
The Open Pacific Institute of Learning	Extramural (Head Office Porirua)
Indigenous Training Consultants Ltd	Gisborne (Head Office)
Tairawhiti Polytechnic	Gisborne
Nelson Marlborough Institute of Technology	Nelson
Waikato Institute of Technology	Hamilton
Eastern Institute of Technology	Hawkes Bay
Southern Institute of Technology	Invercargill
The Open Polytechnic of New Zealand	Extramural (Lower Hutt)
Nelson Marlborough Institute of Technology	Nelson
Western Institute of Technology	New Plymouth
Universal College of Learning	Palmerston North
Whitireia Community Polytechnic	Porirua
Waiariki Institute of Technology	Rotorua & Whakatane
NETCOR Campus (NZ Education and Tourism Corporation)	Taupo
The New Zealand Institute of Training Ltd	Wellington Central
Northland Polytechnic	Whangarei

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References

PUBLISHED

Department of Health (19-22 March 1984) *Hui Whakaoranga Mäori Planning Workshop, Hoani Waititi Marae*.

Health Funding Authority (August 1999) *Kia Tu Kia Puawai: Mental Health*: Wellington. p.14

Health Funding Authority (September 2000) *Tuutahitia te wero, Meeting the Challenges: Mental Health Workforce Development Plan 2000-2005*: Wellington. p.4

Health Workforce Advisory Committee (April 2002) *The New Zealand Workforce: A Stocktake of Issues and Capacity 2001*: p.7,64,111,126.

Health Workforce Advisory Committee (October 2002) *The New Zealand Health Workforce: Framing Future Directions Discussion Document*.p.53, 64.

Mental Health Commission (March, 2001) *Recovery Competencies for New Zealand Mental Health Workers*: Wellington

Mental Health Commission (1998) *Blueprint for Mental Health Services in New Zealand: How Things Should Be*. Wellington. p.62.

Mental Health Commission (December 2002*) Review of the Continuum of Mental Health Services Funded by the District Health Boards in the Auckland Regions*.p.30.

Ministry of Health (May, 2002) *An evaluation of Te Rau Puawai Workforce 100: Evaluation Overview. Technical Report No*. 1. Wellington p.2

Ministry of Health (September, 2002) *Mental Health (Alcohol and Other Drugs) Workforce Development Framework.* Wellington p.6-7, 27*.*

Ministry of Health (November, 2002) *Whakatataka. Mäori Health Action Plan 2002-2003*. Wellington. Wellington p.41.

Ministry of Health (November, 2002) *He Korowai Oranga:* Mäori *Health Strategy.* Wellington. p.11.

Ministry of Health (2002) Mäori *Health Providers* www.maorihealth.govt.nz

Ministry of Health (March, 2003) *Mental Health Policy & Service Development, Mental Health Directorate. Contracted kaupapa Māori Mental Health FTE,* Christchurch.

New Zealand Qualifications Authority (2003) *National Certificate in Mental Health Support Work Level 4 for Maorilearners and non-Maori 'usage' statistics*. Wellington

Nine Tribes of Mataatua (June 1993) *The Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous Peoples*. Whakatane

Pomare, E.W., de Boer, G.M. (1988) *Hauora* Mäori *Standards of Health: A study of the years 1970-1984*. *Auckland: Medical Research Council of New Zealand. Special Report Series No 8*. p.22

Statistics New Zealand (2001 Census) Mäori www.stats.govt.nz

Statistics New Zealand (2001 Census) *Occupation[1] for the Employed Mäori Ethnic Group Census Usually Resident Population Count Aged 15 Years and Over, 2001* : Ron.Mair@stats.govt.nz

Statistics New Zealand (2001 Census) *Unpaid Activities (Total Responses)[1] for the Mäori Ethnic Group Census Usually Resident Population Count Aged 15 Years and Over, 2001* : Ron.Mair@stats.govt.nz

Te Rau Matatini (November, 2002) *Nga Kitenga o Nga Rangahau: Te Rau Matatini Survey Results*.

Tertiary Education Advisory Commission (November, 2001) *Shaping the Funding Framework: Fourth Report of the Tertiary Education Advisory Commission. Strategy, Quality, Access*. Wellington. p.128

Te Puni Kokiri (1994) *Mana Tangata: Draft Declaration on the Rights of Indigenous Peoples 1993: Background and Discussion on Key Issues*. Wellington.
Te Puni Kokiri (1993) *Nga Ia O Te Ranga Hinengaro* Mäori*: Trends in* Mäori *Mental Health:* Wellington

Te Puni Kokiri (October 2001) *Te* Mäori *I Ngä Rohe:* Mäori *Regional Diversity*: Wellington

UNPUBLISHED

Milne, M., (2001) *Nga Tikanga Totika Report*. Nga Moemoea: Moerewa

Mahitahi Trust (2001) *MPDS 2000 / 2001 Report 2, Maori Models of Wellness & Cultural Assessment Wananga*. p.7.

Te Korowai Aroha Aotearoa (2002) *Te Korowai Aroha: Indigenous Training & Education Prospectus:* Palmerston North

Te Korowai Aroha Aotearoa (2002) *Whaioranga Kahurangi Training Programme Outline*: Palmerston North

Te Korowai Aroha Aotearoa (2002) *Nga Tohu Arahi*: *Quality Management Systems 2002-2003*: Palmerston North

Tui Ora Ltd (2001*) Tui Ora Limited: 2002 Annual Report*.p.8

Te Kotuku Ki Te Rangi (2003) *Cultural Assessment Report*.