TE PĀTŪTŪ ORANGA

SUCCESSFUL INITIATIVES FOR SUICIDE PREVENTION
AMONGST TĀNE MĀORI LITERATURE REVIEW

Te Rau Matatini

Waka Hourua

TE PĀTŪTŪ ORANGA

Ko te pātūtū he whakaruruhau he taiapa whakamarumaru hoki.
Ko te Pātūtū Oranga te whare whakaruruhau mo te kaupapa Waka Hourua.
Te pātūtū oranga hei huarahi mo te hūnga kei te noho pāpouri, kei te rongo i te mamae hoki.
Ko te pātūtū hei awhina i tauā hūnga kia tū kaha, kia tū pakari, kia tū rangatira hoki.

As the pātūtū shelters the waka tauā (war canoe) likewise the the pātūtū of the mind shelters
the pāpouri (sorrow) being experienced by man.
The waka hourua is the pātūtū of the mind, the hinengaro being protected from the
challenging tidal waves of confusion.

Discussion Paper:

Successful initiatives to strengthening the protective factors for suicide prevention amongst tāne Māori – A Review of Literature.

Prepared for Te Rau Matatini
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July 2016

Content

Introduction

Since arriving in Aotearoa over 1000 years ago, Māori have exibited an innate ability to overcome various challenges to their survival. Initial arrival in Aotearoa brought the need to adapt to a new sub-tropical climate and environment. Centuries later, the arrival of Europeans posed new threats to Māori. In particular, European colonisation brought about war, disease, the loss of land, the loss of identity, and various policies that were detrimental to Māori health and well-being (Durie, 1998).

Despite these threats to the survival of Māori, various culturally defined developments have ensured that Māori endured to survive as a people, and as a culture (Baker, 2010). Some of these culturally defined developments included the Kīngitanga, Kotahitanga, and Repudiation movements, the social and health reforms developed by members of the Young Māori Party, as well as more recent developments such as the Kohanga Reo movement and kaupapa Māori informed health services.

Nevertheless, survival for Māori is a continuous struggle. Colonisation denied, and continues to deny Māori the opportunity to fully participate in the decision making processes which govern all aspects of society, and ultimately, the attainment of Tino Rangatiratanga (self-determination). Māori health statistics continue to show a disheartening trend when compared to non-Māori (Ministry of Health, 2015). For example, the incidence and mortality rates of the most common chronic and terminal diseases (e.g., heart disease, cancer, and diabetes) are still extremely high amongst Māori, and especially Māori men (Ministry of Health, 2010; Ministry of Health, 2015; Pōmare, Keefe-Ormsby, Ormsby, Pearce, Reid, Robson & Wātene-Haydon, 1995).

While these rates have been gradually improving over recent decades, further work is required to achieve similar levels to those of non-Māori.

These negative statistics reflect wider socio-economic issues that have resulted from British colonisation and the continual breaches of Te Tiriti o Waitangi (Durie, 1998; Walker, 2004). The loss of Māori land, the oppression of the Māori economy and identity as a result of detrimental policies, have negatively affected Māori health and well-being.

Coupe (2005) found that poor general health status was the key risk factor associated with attempted suicide among Māori. Lawson-Te Aho and Liu (2010) suggest that the loss of culture and identity over generations has caused high suicide rates amongst Māori, a situation that is also evident amongst other Indigenous peoples. From 1996 to 2012, Māori males had the highest rate of suicide for New Zealand (Ministry of Health, 2016). For the year 2012, the Māori male suicide rate (per 100,000 people) was 25.6 versus 16.3 for non-Māori males (Ministry of Health, 2016). That is, approximately nine more Māori die of suicide compared to non-Māori for every 100,000 people.

The latest report from the Suicide Mortality Review Committee (2016) analysed the data from completed suicides between 2007 and 2011. The report focussed specifically on three population subgroups with particularly high rates of suicide. The subgroups were;

1. Rangatahi Māori (Māori youth), aged 15–24 years.
2. Mental health service users (who had had face-to face contact with specialist mental health or addiction services in the year prior to their death).
3. Men of working age, aged 25–64 years.

Once again Māori were over-represented among those who died by suicide, and men made up a greater proportion of those who died by suicide. Youth had the highest suicide rate (23.4 per 100,000), and the Māori youth suicide rate was 2.8 times the rate for non-Māori youth. Added to this, are the socio-cultural analyses which found that (Suicide Mortality Review Committee, 2016);

1. Half of the subgroup of Māori youth who died by suicide lived in the most socially deprived areas of New Zealand.
2. For the Māori youth and men of working age subgroups, the nature and extent of engagement with New Zealand Police and the Department of Corrections suggests potential opportunities for suicide prevention at these encounters.

The first point emphasises the adversity and challenges posed by growing up in the most deprived sectors of society.

One-fifth of the rangatahi Māori had been exposed to family violence as children or been in a violent relationship as young adults. While 14% had disclosed sexual abuse at some point (Suicide Mortality Review Committee, 2016).

When suicide is viewed exclusively as an individual problem linked to mental illness or social issues only, there is little opportunity to see its relational, social, historical or cultural dimensions with Māori. Multisectoral strategies – involving not only the health sector but also education, social support, employment, judiciary and other relevant sectors – are important for effective suicide prevention (World Health Organisation, 2014). This document does not provide the space required to fully explore a multisectoral strategy. Nevertheless, it is clear that such an upbringing poses it's risks and challenges for Māori youth.

The second point highlights the potential to implement suicide prevention interventions at these agency encounters. Indeed the Suicide Prevention Action Plan (2013-2016) aims to strengthen suicide prevention interventions targeted to high risk populations who are in contact with agencies. Interventions that develop and foster protective factors for suicide prevention, or at the very least, programmes aimed at reducing recidivism (Ministry of Health, 2013).

It is clear that there is a need for a concerted approach to improving suicide rates amongst Māori, and especially so for tāne Māori and rangatahi (Suicide Mortality Review Committee, 2016). The responsibility for addressing these negative health statistics sits with all people in Aotearoa, and especially so to address the wider socio-political influences on Māori and health. However, there is a pressing need for more work to unravel the explanatory factors and therefore enable preventive strategies to be developed on the basis of sound knowledge that is relevant to Māori realities, and how best to support tāne Māori reaching their full potential.

To help improve Māori suicide rates, the New Zealand Suicide Prevention Action Plan 2013–2016 has been implemented nationwide. It builds on the New Zealand Suicide Prevention Action Plan 2008–2012, and provides policy guidance across government and non-governmental organisations. The New Zealand Suicide Prevention Action Plan 2013–2016 includes the following objectives (Ministry of Health, 2013);

1. Support families, whānau, hapū, iwi, and communities to prevent suicide
2. Support families whānau, hapū, iwi and communities after a suicide
3. Improve services and support for people at high risk of suicide who are receiving government services

4. Use social media to prevent suicide
5. Strengthen the infrastructure for suicide prevention.

A key feature of the new plan is a stronger focus on supporting whānau and communities, and building their own capacity to find their own solutions for preventing suicide. This involves the training of community health and social support services staff, families, whānau, hapū, iwi and community members to identify and support individuals at risk of suicide. Finally, there is an added focus on building an evidence base of what works for Māori and Pasifika.

It is clear that suicide is a major health issue for Māori, and especially tāne Māori. Some of this is due to historical and cultural injustices, and more contemporary issues such as health service access and socio-economic deprivation. The current governments response, the New Zealand Suicide Prevention Action Plan (2013–2016) aims to improve Māori rates of suicide. However, considered Māori input at all levels of planning and service delivery is imperative to the success of this action plan.

Purpose

The purpose of this document is to highlight those interventions, programmes or initiatives that are contributing to strengthening the protective factors for suicide prevention amongst tāne Māori. This document has a particular focus on the importance of 'protective factors' in the mitigation of suicidal behaviour. In this sense, the scope of the literature review is contained to those initiatives which focus on developing protective factors for suicide prevention.

This approach is preferable to reviewing topic literature in terms of best available evidence or confirming or refuting methodological or theoretical approaches. The strength of the narrative approach to the review of the literature is the opportunity to focus on;

1. What suicide prevention initiatives currently exist for Māori, and tāne Māori in particular?
2. What protective factors do these initiatives develop and promote.
3. What is required for future initiatives targeted towards tāne Māori suicide prevention?

The information within this literature review will be used to highlight successful initiatives, and generate discussions on steps we can take to improve the provision of effective services to our communities. Moreover, this document is focused towards generating 'a discussion' rather than a comprehensive analysis of suicide prevention interventions.

Protective Factors

Protective factors are defined as the mechanisms that moderate the effects of crises or risk (Newman, 2004). For the purpose of this document, protective factors are refered to as those conditions or attributes in individuals, families, and communities which can lessen or eliminate the risk of suicide amongst tāne Māori.

There are a variety of protective factors procured from a western perspective (Benzies & Mychasiuk, 2009; Olsson, Bond, Burns, Vella-Broderick, & Sawyer, 2003), and although many of these are also applicable to Māori, there is little consideration of protective factors which may result from cultural beliefs, cultural behaviour, and cultural identity. Waiti (2015) developed a conceptual framework of protective factors utilised by resilient Māori whānau when faced with adversity (see Table 1.).

Although sharing similar protective factors to those utilised by non-Māori, Waiti's (2015) Whakaoranga Whānau Framework has a clear emphasis on cultural identity and its importance in moderating or mitigating various life stressors.

The framework highlights a comprehensive suite of protective factors (and coping strategies) which align under four headings. The whanaungatanga platform highlights the value of networks and relationships. Whanaungatanga can equate to conventional notions of 'relationships' and 'kinship' (Mead, 2003; Ryan, 1995). However, from a Te Ao Māori perspective, whanaungatanga also incorporates other practices and customs such as aroha and manaakitanga (Mead, 2003).

The pūkenga platform highlights a variety of attributes, skills, and abilities (pūkenga) which provide protective factors that contribute to resiliency. For example intellectual skills, practical skills, and temperament characteristics can act as protective factors in the development of resilience (Gunnestad, Larsen, & Nguluka, 2010; Walsh, 2006).

The tīkanga platform highlights various 'values' and 'beliefs' that serve as protective factors. Values can guide people through life, helping them avoid problems and nurture well-being (Gunnestad et al., 2010). Beliefs provide families with coherence and enable them to make sense of crisis situations (Walsh, 2006). Current research suggests that a variety of belief systems can serve as protective factors in the resilience process (Benzies & Mychasiuk, 2009; Patterson, 2002; Walsh, 2006). People are able to cope with adversity by making meaning of their experience; by linking it to their social world, to their cultural and spiritual beliefs, their multigenerational past, and their hopes and dreams for the future (Walsh, 2006).

The tuakiri-ā-Māori platform emphasises the importance of various aspects of cultural identity as useful protective factors. These include, but are not limited to; whakapapa whānau support, tangihanga, mahi-ā-ngākau, Indigenous spirituality, and the practice of karakia.

Cultural identity for Māori has been defined as an 'amalgam of personal attitudes, cultural knowledge, and participation in Māori society' (Durie, 1998, p. 57). This can involve self-identification (i.e., through knowing one's whakapapa), participation in marae activities, involvement with whānau, access to one's tūrangawaewae, relationships with other Māori, and the use of Māori language, concepts and customs (Durie, 1998).

Table 1. Whakaoranga Whānau Framework.

	Resilience Platform	Protective Factors/Coping Strategies	Facilitation of Resilience
Whānau Resilience	Whanaungatanga (Networks and Relationships)	Kaupapa Whānau Support Significant Attachments	Close and secure relationship Emotional and psychological support Financial support Practical support Resource support Tuakana-teina relationships
	Pūkenga (Skills and Abilities)	Whānau Systems Adaptability Education Humour Previous Experience(s) Planning Ahead	Emotional and psychological support Financial support Whanaungatanga Adaptability (family roles and responsibilities) Re-prioritise family needs Problem solving skills Goal setting Re-appraise the stressful situations Buffers anxiety and stress Utilisation of previous coping strategies Development of social support Development of skills and abilities for later use. Financial security
	Tīkanga (Values and Beliefs)	Positivity Self care and preservation Exercise Religious Conviction	Improves psychological and emotional health Positive cognitive shift Reduce stress, anxiety and depression Emotional support Spiritual support Forgiveness
	Tuakiri-ā-Māori (Cultural Identity)	Whakapapa Whānau Support Tangihanga Mahi-ā-ngākau Indigenous Spirituality Karakia	Cultural support Emotional support Financial support Practical support Sense of belonging Social support Psychological support Positivity Spiritual support Overall health and well-being

Attached to each of the four platforms are specific resilience themes (protective factors and coping strategies), and subsequent examples of how these protective factors can manifest psychological adjustment in tangible ways. It also shows how whānau might apply these strategies independently or collectively, and depending on what resources are available to them.

The Whakaoranga Whānau Framework does not provide an exhaustive list or blueprint of the protective factors for suicide prevention, but rather offers a flexible framework which identifies a range of protective factors. For Māori, having a kete (resource kit) of various strategies, can enable them to utilise specific strategies (protective factors and coping strategies) depending on the situation. Indeed, different combinations of these strategies can help promote resilience through psychological and more pragmatic processes.

Due to the variety of protective factors, it is foolhardy to suggest that only one or two type of initiatives can develop all the protective factors required for suicide prevention. Rather, a mixture and variety of initiatives and activities are required in order to develop a comprehensive suite of protective factors. As will be highlighted in the next section, there are a variety of suicide prevention initiatives across the country that emphasise or promote certain protective factors.

Each of them contrbuting to a comprehensive kete of protective factors. When people take their own lives it is usually as a result of a complex range of factors. Because these risk factors are so wide ranging, actions to prevent suicide also need to be wide ranging (Ministry of Health, 2013). Where protective factors are developed then we increase the health, well-being and resilience of whānau, hapū, iwi, families and communities.

Suicide Prevention Initiatives

Literature and evidence regarding effective interventions for suicide prevention with indigenous populations is rather scarce (Cutcliffe 2005; Proctor 2005), and especially so in regards to tāne Māori. The majority of initiatives are not neccesarily focussed solely on tāne Māori, however, they are very much applicable, especially in relation to the wider whānau, and the notion of whānau ora. Indeed, while it is beneficial to focus on tāne Māori exclusively, a whānau ora approach emphasises the need for whānau wide engagement.

Finally, defining and determining what is a 'successful' suicide prevention initiatives is problematic. The ability to measure suicide prevention is fraught with difficullty. Indeed the prevention of one suicide only, directly or indirectly, proves the success of any such initiative. Therefore as the research suggests that the development of protectice factors can help eliminate suicidal behaviour, this literature review is focussed on those iniatives which promote the protective factors. The majority of Māori or whānau led suicide initiatives are still in their implementation phase, and outcomes will be available in the near future. These outcomes will guide further initiatives. Therefore the literature regarding succesful initiatives is limited, and is consequently reflected within this section.

Kia Piki Te Ora o Te Taitamariki

Kia Piki Te Ora o Te Taitamariki (KPTO) was implemented by the Ministry of Health in 2000, as a tailored approach aimed at reducing taitamariki (youth) suicide. It focussed on strengthening whānau, hapū and iwi through community development. Since 2010 the programme has evolved into an all-ages strategy.

The KPTO programme coordinates locally developed and directed activities, therefore coordinating change that is driven by or grounded in the community (Kāhui Tautoko Consultancy Ltd, 2014). Kāhui Tautoko Consultancy Ltd (2014) were tasked with carrying out an evaluation of the KPTO programme across the nine regions, focusing on service delivery for the period July 2010 to December 2013. The evaluation focused on both the 'processes' and 'impact' of KPTO.

Amongst the findings, the report found a number of strengths that the KPTO providers bring to their communities. Firstly, they are successful at bringing together whānau, hapū and iwi, and then acting as a conduit to organisations such as the Police and District Health Boards and suicide prevention providers. Proper engagement and collaboration between local Māori and health agencies ensures that the services align with the needs and desires of local Māori.

Underpinning this, are kaupapa Māori approaches which allow providers to promote wellbeing in culturally appropriate ways. Secondly, the KPTO programme works best when their is continuity of staff and community leaders, and when KPTO staff members have extensive community experience (Kāhui Tautoko Consultancy Ltd, 2014).

Stakeholder interviews highlighted the improvements in communications, stronger relationships, and the creation of new projects as a result of the KPTO providers. Some respondents noted that communication through KPTO helped to improve information sharing and policy development. Respondents said that KPTO also improved their access to Māori communities and schools, and that KPTO activities are successful because they were locally developed and adapted to local needs (Kāhui Tautoko Consultancy Ltd, 2014).

Therefore, the strengths of KPTO lies in the ability of KPTO providers to make a difference at the structural level whereby agencies and iwi are working in collaboration. The collaborative work provides a seamless process of information sharing, advocacy, and policy development. The alternative is various agencies and iwi working in an ad-hoc manner, which is less likely to make a positive difference at a community level.

Your Choice
Clark, Johnson, Kekus, Newman, Patel, Fleming, & Robinson (2014) investigated the effectiveness of a mental health intervention for adolescents with mild to moderate mental health problems. 581 youth completed the intervention, with 31.4% of the participants being Māori. An interesting point of this intervention was the option for participants to choose which type of intervention they would like to participate in. The types of interventions offered were individual counselling, group work, family therapy, individual plus family intervention, and individual plus group intervention.

The results found that individual counselling was more frequently utilized by New Zealand Europeans (78.2%) compared with Māori (54.4%). Males more frequently attended group work compared with females, and young Māori (48.9%) more frequently used group work compared with young New Zealand Europeans (20.1%).

The authors found the 'Your Choice' intervention to be an effective and acceptable strategy, particularly for Māori youth and those from lower socioeconomic groups to reduce mild to moderate mental health symptoms and concerns. For the Māori participants, it appears that individual counselling and group work were the preferred modes of counselling.

Poutama Tāne (Waikato)

These wānanga seek to support whānau and their tamaiti to navigate the passage from childhood to adulthood. It is community led and involves mātauranga Māori, outdoor activties (Waka Hourua, camping) and the philosophy of non-violence. There is a specific focus on developing protective factors through kawa, enhancing cultural identity, mana tāne, and rangatiratanga (responsibility).

Although not specifc to suicide prevention, it can still help alleviate suicidal thoughts, by promoting protective factors such as being open and sharing feelings and emotions between young males and their significant male (father, uncle, whānau friend etc.) in a safe and open manner. Imperative to these wānanga is the attendance of these significant males - to support their child, act as a role model, and create stronger bonds with their children.

Kimiora Trust

Kimiora Trust run a 3-4 hour suicide intervention wānanga that utilises tikanga Māori concepts such as karakia, ruruku, whanaungatanga, manaakitanga, whakapono, tūmanako and aroha. These wānanga are aimed at encouraging participants to talk about their experiences with suicide, how to talk to someone who is suicidal, how to provide support, and how to make tangible connections with whānau, and community agencies that can keep them safe (Kimiora Trust, 2016). Participants have noticed the openness of rangatahi and kura to discuss these topics, and the tangible and practical skills learnt to help keep their peers safe from suicide (Kimiora Trust, 2016).

The use of marae forums and emphasis on tikanga Māori reinforce the cultural identity protective factors .

The inclusion of older whānau members throughout the wānanga – helps bring whānau together, and enhances whakapapa whānau connections, another protective factor for suicide prevention. Finally, other protective factors learnt through these wānanga include the educational learnings which have tangible and practical applications to suicide prevention.

He Koha Aroha

'He Koha Aroha: Preventing Māori Suicide' was a research study conducted by Otago University students for the Mental Health Foundation of New Zealand (2013). The aim of the study was to conduct a comparative analysis of social marketing and community development approaches for Māori suicide prevention. Social marketing initiatives such as the "It's about whānau" anti-smoking campaign involves the marketing of information to inform a social and/or behavioural change.

These campaigns often use media advertising avenues to maximise audience reach. The benefits include an increase in population awareness, it reaches a large and widespread population, encourages conversations, discussions and reduces stigma, and within the current digital age it is highly compatible with social media websites (Mental Health Foundation of New Zealand, 2013).

Community development involves a group of people with a shared identity, interacting in order to come up with ideas to improve and solve problems (Cavaye, 2006).

The benefits of community development are that initiatives are developed by the community for the community (self-determination), specifically targeted interventions, draws on intrinsic resources, shifts power to the people, builds resilience, and can promote capacity building within the community.

Following a cost-benefit analysis and Key Informant interviews, the report proposes the following recommendations. Future suicide prevention initiatives should look to utilise both social marketing and community development strategies in order to have the most beneficial and successful outcomes in preventing Māori suicide. In this sense, the 'grass roots' ideology of community development can be retained while a social marketing intervention can promote nationwide awareness (Mental Health Foundation of New Zealand, 2013).

Finally, suicide prevention strategies should be designed around a Māori health model framework to ensure they are culturally relevant and accessible to Māori people (Mental Health Foundation of New Zealand, 2013). Culturally relevant prevention strategies not only provide a cultural foundation, but can also promote a secure cultural identity. As Waiti (2015), Lawson-Te Aho & Liu (2010), and Coupe (2005) suggest, a secure cultural identity is a key protective factor for suicide prevention.

Waka Hourua: National Māori and Pacific Suicide Prevention Programme

Community development is at the core of Waka Hourua, a National Māori and Pacific Suicide Prevention Programme. The Waka Hourua Outcomes Framework (please see McClintock, K., McClintock, R., Sewell, T., Sewell, J., Martin-Smith, V., Morris, T., McRae, O., & Brown, T. 2016, p.3 for an in-depth explanation) will guide the next section of this literature review. This framework is aligned to Action 11.3 of the New Zealand Suicide Prevention Action Plan (2013–2015) (Ministry of Health, 2013) with the ultimate aim of reducing suicides and attempted suicides for Māori and Pasifika, as well as ease the impact of suicide.

Three outcome goals drive these aspirations. Briefly, outcome goal 1 is focussed on developing informed, cohesive and resilient communities. Outcome goal 2 is to develop strong, secure and nurturing whānau. Outcome goal 3 is concerned with developing safe, confident and engaged rangatahi. Waka Hourua provided a one-off contestable community fund to support community-based suicide interventions, initiatives or projects. Some of these successfully funded initiatives are now discussed briefly, in relation to their development of protective factors for suicide prevention (see McClintock, et al., 2016, for more detail of these initiatives).

Objective goal 1 Informed, Cohesive and Resilient Communities

Ahipene Takuta Werahiko Whānau Trust (Bay of Plenty)

This is a whānau based initiative which emphasises a secure cultural identity for their tamariki and rangatahi. The trust have successfully run two wānanga focussed on certain protective factors such as strengthening whakapapa connections, enhancing a sense of belonging to the whenua, practical skills, and opportunities to discuss whānau issues. 57 whānau members attended the wānanga with 64% of the participants being tāne (K. McClintock, 2016a). One of the wānanga involved a hut in the Urewera National Park. The hut will serve as an anchor for the whānau to keep them connected to their whānau, and therefore their identity.

Best Care Whakapai Hauora Charitable Trust (Manawatū)

This was a community based initiative which developed community groups, marae-based wānanga, and a radio campaign to raise suicide awareness. A particular approach sought to use the 'paepae' as a forum for discussing suicide awareness and prevention.

This approach provided an opportunity for open discussion on the tikanga of receiving a tūpapaku who had committed suicide, as there needs to be support for the paepae to feel safe about being able to talk about such issues during a tangihanga (K. McClintock, 2016b).

Moreover, this paepae initiative covers a variety of topics including suicide myths and misconceptions, and how to respond to suicide. This approach can empower tāne and kaumātua by utilising their status as paepae speakers to contribute to suicide prevention within their whānau, hapū and iwi. Doing so can provide a sense of purpose and enhance their self esteem (K. McClintock, 2016b).

He Waka Tapu (Canterbury)

He Waka Tapu worked with health and social service providers and community groups to hold events or develop initiatives that would raise awareness of suicide and contribute to suicide prevention. There were 13 events, which included workshops, presentations, an open mic night, a suicide prevention symposium, a whānau day, a weekend wānanga and sports and outdoor activities. Again the use of specific activities (e.g., open mic night, sports and outdoor activities) was targeted towards youth and tāne Māori, to ensure their engagement in the kaupapa. A website (www.o2waitaha.org.nz) was also developed to document these activities, provide a communication portal, and provide a resource for the community and organisations (Morris, 2016).

Rauawaawa Kaumātua Trust (Waikato)

The Rauawaawa Trust are increasing their local capacity for suicide prevention through the development of kaumātua friendly resources and tools that will help kaumātua identify whānau members at risk of suicide; to provide kaumātua with the knowledge required to enable them to effectively support their whānau in suicide prevention and postvention (J. Sewell, 2016a). It is capacity building and similar to a whānau ora approach, whereby kaumātua possess the neccesary skills to aide their whānau members (J. Sewell, 2016a).

Objective goal 2 Strong, Secure and Nurturing Whānau

Takarei Whānau Trust (Northland)

The Takarei Whānau Trust developed a whānau based initiative which provided whānau with suicide awareness and suicide prevention tools (R. McClintock, 2016a). The wānanga involved completing whānau plans, and resources to help whānau connect with key social supports in their community. This has enabled whānau to identify people they trust, can connect with and kōrero (talk) to in times of need, therefore developing relationship and network protective factors (R. McClintock, 2016a).

Eddie Harawira Whānau Trust (Bay of Plenty)

This is a whānau based initiative which is underpinned by the belief that kōrero around suicide prevention, intervention, and post-vention is important (K. McClintock, 2016c). It draws on developing protective factors such as open and clear communication between whānau members and the community. It involved rangatahi developing PATH plans focussed on transformation and achieving whānau aspirations.

Underpinning the PATH plans were specific cultural elements such as whanaungatanga, karakia, manaakitanga, mātauranga, and tūrangawaewae (K. McClintock, 2016c). Incorporating these elements helps to enhance cultural identity for rangatahi, and therefore promote a secure cultural identity as a protective factor.

Objective goal 3 Safe, Confident and Engaged Rangatahi

Ngā Waka o Te Tai Tokerau (Northland)

A community based initiative has used waka wānanga (Waka Hourua, Waka Taua) to empower whānau and increase protective factors against suicide.

The use of waka wānanga provides a unique forum that is relevant to the community, and engages directly with youth (65% of participants) and tāne Māori (58% of participants) (T. Sewell, 2016a). The wānanga incorporated tīkanga Māori and traditional waka practices as guiding principles for learning about suicide prevention, healthy lifestyles, and participation in the wider community. In the process, participants learnt protective factors at an individual level and a cultural level. Individual level protective factors may include adaptability, positivity, problem solving skills, and an improvement in health literacy. Cultural level protective factors no doubt include the various tīkanga and traditions involved with waka wānanga, and the importance of waka to Māori health and well-being (T. Sewell, 2016a).

Tau Iho i Te Po Trust (Northland)

Tau Iho i Te Po Trust conducted a rangatahi whānau project which utilised noho to strengthen rangatahi cultural identity, and build resilience and confidence amongst rangatahi for suicide prevention (R. McClintock, 2016d). The trust sought to introduce rangatahi to new and unique experiences, and expose rangatahi to a range of new learning and mentoring experiences which could inspire, challenge, and strengthen them. This approach can promote certain protective factors such the development of social support and significant attachments (i.e. with the mentor).

An added feature of the project was rangatahi having positions of responsibility throughout the project. Providing rangatahi with opportunity of responsibility can help develop certain protective factors such as improving self-confidence, leadership skills, decision making skills, problem solving skills, and the skills involved in developing tuakana-teina relationships.

Te Hauora o te Hiku o Te Ika (Northland)

Te Hauora o te Hiku o Te Ika have developed a rangatahi-led suicide prevention and anti-bullying campaign modelled off the successful RAID movement in Whangarei (J. Sewell, 2016b). Calling themselves the 'Far North Raiders', this group of rangatahi are actively engaging in their communities to promote anti-bullying and suicide prevention using the knowledge and tools they gained during the initial training phase (J. Sewell, 2016b). Like the Tau Iho i Te Po Trust initiative, the direct involvement of rangatahi in the service delivery can help develop leadership and protective factors for these rangatahi. While at the same time, their service delivery is promoting protective factors within the communities they are delivering. Some of these protective may include improving self-confidence, leadership skills, decision making skills, and problem solving skills.

Hapaitia, Rongo Atea Te Rūnanga o Kirikiriroa (Waikato)

Hapaitia is a taiohi centered project which encompasses Musikool (music) and Spoken Word Poetry workshops that aim to build knowledge and empower taiohi to explore, through creative expression, critical issues facing their communities and their lives (McRae, 2016).

Muzikool and Spoken Word provide the opportunity for self-expression, confidence building, life skill development, positive

thinking and reaffirming cultural identity (McRae, 2016). Indeed, all pertinent protective factors for rangatahi suicide prevention (Waiti, 2015). Of note, was that 72% of participants were tāne, indicating that music and spoken word poetry are activities which relate to taiohi tāne (McRae, 2016).

Te Manu Toroa (Bay of Plenty)
Te Manu Toroa Māori suicide prevention initiative comprised a 12 week programme encompassing BOOM (Blast out our Music) music therapy, and T.A.P (Tika, Aroha, Pono) Brazilian Jujitsu. Unique to this approach was the inclusion of emotional literacy training into the programme to support rangatahi to understand their emotions, communication, self-esteem, positive identity, problem solving and confidence, through music and physical activity (T. Sewell, 2016b).

Through the use of music, rangatahi learnt protective factors such as open and honest communication with others, and being able to express their own thoughts and emotions. Through the use of martial arts, rangatahi learnt protective factors such as respect and discipline, how to calm ones' self, and how to exert negative energy through exercise (reduce stress, anxiety and depression) (T. Sewell, 2016b).

Te Awanui (Bay of Plenty)
Te Awanui ran a variety of fun rangatahi focussed events (e.g., rangatahi camps, movie nights, crossfit exercise classes) to help rangatahi build connections, confidence, learn about teamwork and leadership, as a means of suicide prevention. Outcomes of the programme for rangatahi included a sense of contributing, belonging and connectedness in the community, confident in having choices and feeling positive and comfortable with their own identity (R. McClintock, 2016e). Indeed, these outcomes reflect protective factors which can help rangatahi with suicide

prevention. With participants comprising of 66.7% tāne, it appears that the variety of activities offered provided a means to engage with local rangatahi. There is now a stong commitment to continue these events and develop a Matakana Island specific suicide prevention strategy (R. McClintock, 2016e).

Innov8 Group Limited (Hawkes Bay)
The Innov8 Group consulted with local support services and rangatahi (the target population) to develop a mobile application (FlaxAid) that highlights 'what is important to rangatahi' (R. McClintock, 2016a). The application itself provides information on support agencies and people, key messages and advice, and pathways to accessing local, regional and national support. Smartphone applications and the use of social media resonates with rangatahi, who are knowadays, highly engaged with their smartphones (R. McClintock, 2016a).

Mahia Rangatahi Toa (Hawkes Bay)
Mahia Rangatahi Toa run a program which is based on a military model of shared challenges, friendship and mutual respect (R. McClintock, 2016b). It is a rangatahi focussed outdoor activity which recently completed suicide prevention training with their rangatahi. It was noted that before the workshop there was a reluctance to discuss the subject of suicide even though some participants had friends who had taken their own lives. However post-training rangatahi were much more confident to talk about suicide. Of note, is the use of outdoor activities (e.g., camping) to firstly engage with rangatahi, and then focus on empowering and educating those rangatahi (R. McClintock, 2016b).

Te Taitimu Trust (Hawkes Bay)
Te Taitimu Trust utilises the realm of Tangaroa as a forum for creating leadership amongst rangatahi and helping them with decision making processes as they progress through adolescence (McClintock, Martin-Smith, 2016).

The trust believes that developing a variety of protective factors amongst rangatahi will better prepare them for life's challenges. An added feature of their mahi is the use of Tangaroa-based activities (e.g., waka ama, snorkelling for kaimoana, surfing) to get 'buy-in' from rangatahi, and to also enhance their taha wairua and cultural identity. The use of Tangaroa-based activities appears to resonate with male rangatahi as over 50% of participants are male rangatahi.

To conclude this section, the literature highlights an array of different suicide prevention initiatives that are in progress nationwide. They involve innovative modes of engagement and delivery, ensuring that each initiative is relevant to their target population. Added to this, is the development and promotion of a variety of protective factors that serve to empower Māori and prevent suicidal behaviour. While there is a lack of tāne Māori-specific initiatives, the foundations have been laid by these various initiatives. Nevertheless, further discussions, research and evaluation is required in order to consider the needs and realities of tāne Māori and suicide prevention.

Discussion

Where to from here for tāne Māori suicide prevention?

As mentioned in the previous section, the current literature on tāne Māori suicide prevention initiatives is scarce. Despite this, current initiatives provide a foundation for targeted tāne Māori approaches. Below are a list of discussion points that can guide the development of future tāne Māori initiatives.

1. **Engagement** with tāne Maori. The current initiatives show low levels of tāne Māori attendance. We need 'buy in' from tāne Māori to get them to the door of these service providers.

A number of providers are using unique approaches to getting tāne into their services. For example, Te Taitimu Trust use the realm of Tangaroa to entice male rangatahi. Other succesful activities include camping, hunting, and sports.

For Māori youth, social media, music, and dance, as well as sports seem to resonate with this population. These modes of engagement are evident in some of the Waka Hourua initiaitives such as Hapaitia (Kirikiriroa), and Te Manu Toroa (Bay of Plenty). In this sense, it is important to have a space that is comfortable for tāne Māori to allow them to open and engage with the suicide prevention discussions. To conclude however, tāne Māori have varied interests and therefore a wide variety of activities will ensure that there is a selection of activities for tāne Māori engagement.

2. Do we build on current **'strengths'**, or do we build new 'strengths' from the ground up? Both, because while a strengths-based approach to developing protective factors is beneficial, the development of other protective factors is important in order to 'plug the gaps'. In this sense, developing and fostering a comprehensive suite of protective factors will provide an extensive kete of strategies to draw upon for suicide prevention.

3. We need to increase initiatives that are **specific** to each rohe, drawing on the strengths and regional features of that particular rohe. This may involve Tangaroa, or bush activities pertaining to Tānemahuta. This tailored approach ensures that 'local' strengths are utilised and promoted, and it can also reaffirm the participants connection with their tūrangawaewae.

4. Current suicide prevention initiatives highlight the importance of a **secure cultural identity**. Coupe's (2005) doctoral dissertation on Maori youth suicide prevention identified a correlation between Māori suicide and loss of cultural identity. Indeed, Indigenous researchers worldwide have advocated that to reduce indigenous suicide, to not only target individual-level risk factors but also the restoration of culture at the community level (Lawson-Te Aho & Liu, 2010). Moreover, Waiti's (2015) Whakaoranga Whānau framework of whānau resilience emphasises a secure cultural identity as an imperative protective factor for resilience.

5. Increased and targeted support for the **unemployed** appears to be an issue that requires a concerted effort. The Suicide Mortality Review Committee (2016) found that amongst those who commited suicide between 2007 and 2011, 30% of men of working age were unemployed at the time of their deaths. Furthermore, unemployment figures were higher for Māori within this subgroup (42%) (Mortality Review Committee, 2016). When the Whakatū and Tomoana freezing works (majority Māori) closed down in 1986 and 1994 respectively, research found that exposure to involuntary job loss increased the risk of mental distress leading to serious self-harm (Keefe, Reid, Ormsby, Robson, Purdie, Baxter, & Ngāti Kahungunu Iwi Incorporated, 2002). These points stress the importance of employment as a protective factor for suicidal prevention. Proper employment provides not only financial assistance, but also routine, camaraderie, purpose and a sense of self-worth (Waiti, 2016).

6. Further embrace the **internet** as a social marketing tool and to further promote successful initiatives. In what is now the digital age, the internet provides greater opportunities to promote services and engage with target audiences. This is especially important when considering rangatahi-based initiatives, as social media via smartphone usage is extremely high amongst this population. Many initiaitves already use social media to promote their services and resources, and to achieve wider coverage (i.e., Te Taitimu Trust, Innov8 Group Ltd, He Waka Tapu). Further innovative use of internet applications could prove fruitful in attaining the various objectives for suicide prevention.

7. Is it time to implement a **social marketing campaign** specifically targeted for tāne Māori? In combination with the community development programmes (e.g., Waka Hourua) that are currently underway, a social marketing campaign can provide another forum to reach a wider audience. This dual approach can raise discussion and awareness towards suicide prevention (Mental Health Foundation of New Zealand, 2013). Moreover, having tāne Māori front these campaigns will more likely provide a common connection with the audience (i.e., tāne Māori), and therefore increase the possibilit of tāne Māori taking the message on board and acting on it.

8. As a people, we as Māori know what is needed in our communties and what works. The various examples mentioned above prove this. What is now required is the freedom to take full control and full responsibilty of suicide prevention within our own communites. That is **tino rangatiratanga** over our own affairs. This requires the support and funding of central government. However, the government is still not fully on board in this regard. Government agencies and providers, District Health boards and other non-Māori providers are receiving the bulk of suicide prevention funding. While some of these providers conduct some of their services from a kaupapa Māori perspective, they still leave much to be desired. In many cases it is non-Māori working with our vulnerable people.

In essence, they dont have the skills and expertise to engage effectively with Māori, let alone tāne Māori. Hence the need to better equip Māori providers with the required funding and resources to enage with tāne Māori.

It is for this reason why the Waka Hourua fund is a step forward towards tino rangatiratanga (self determination), as the initiatives are 'for Māori, by Māori'. Similarly, the Tūramarama ki te Ora: National Suicide Prevention Conference emphasised that effective solutions emerge from communities and cultures when we are empowered to take ownership of our own collective problems, in our own ways (Mila, 2015).

9. **Challenges lay ahead for Māori**. Neoliberal policies continue to guide succesive governments, and this does not appear to be slowing down. The current housing crisis and rise in homelessness will be having a negative effect on the mental health of those affected.

Unemployment and changes to the welfare system continue to disproportionately affect Māori. It is important that Māori continue to adapt to a changing society, and we need to ensure that we are equiping our tāne Māori with the neccesary skills and protective factors to overcome these challenges.

Conclusion

The evidence suggests that there are a number of current initiatives that are promoting and strengthening a variety of protective factors for suicide prevention amongst Māori. Developing tailor-made services based on their target audience, these strength-based approaches are providing the neccesary tools and skills to help Māori cope with adversity.

While there is a relative absence of initiatives focussed specifically on tāne Māori, the 'holistic' outlook undertaken by the current initiatives and the emphasis on whānau based initiatives and whakawhanaungatanga, encourages a Whānau Ora approach to suicide prevention.

Drawing on the success of these initiatives, future endeavours must continue to evolve and adapt to the needs of the community. For tāne Māori, this involves tāne focussed initiatives which align with the realities of being a Māori male in todays society.

Initiatives which promote cultural identity, open communication, tāne specific modes of engagement, and the development of new 'strengths' will go some way towards promoting resilient tāne Māori.

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