

# TE HURINGA TUARUA 2023

Kaupapa Māori Services report



Te Hiringa Mahara

Mental Health and Wellbeing Commission

## Te Huringa Tuarua 2023: Kaupapa Māori services report

A report issued by Te Huringa Mahara - Mental Health and Wellbeing Commission.

Authored by Te Huringa Mahara.

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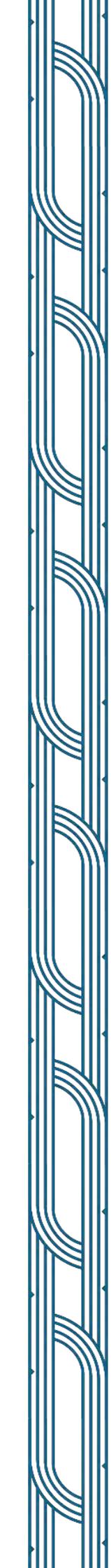
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Te Huringa Mahara - the Mental Health and Wellbeing Commission - was set up in February 2021 and works under the Mental Health and Wellbeing Commission Act 2020. Our purpose is to contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand.

For more information, please visit our website: [www.mentalhealthwc.govt.nz](http://www.mentalhealthwc.govt.nz)

The mission statement in our Strategy is “Whakawāteatia e tātou he ara oranga / clearing pathways to wellbeing for all.” Te Huringa Mahara acknowledges the inequities present in how different communities in Aotearoa New Zealand experience wellbeing and that we must create the space to welcome change and transformation of the systems that support mental health and wellbeing. Transforming the ways people experience wellbeing can only be realised when the voices of those poorly served communities, including Māori and people with lived experience of distress and addiction, substance harm, or gambling harm, are prioritised. Te Huringa Mahara - Mental Health and Wellbeing Commission (2023). **Te Huringa Tuarua 2023: Kaupapa Māori services report**. Wellington: New Zealand.



# Karakia

He tuku whakawhetai o ngā Atua	We give thanks to our Atua
Mo te mahana o te rā	for the warmth of the sun
te kōhimuhimu o te hau	the whisper of the wind
Te waiora o te marangai	and the purity of the rain
Mo te rere tākaro o te awa	For the playful flow of the river
Ki te mana oriori o te moana	to the restless power of the sea
Mo te tu tōtika a te kahikatea	For the majestic stance of the Kahikatea tree
Ki te waiata oriori o te korimako	to the sweet morning song of the bellbird
A tae atu rā	Last, but not least
Mo te aroha	For the love
O te tāngata mo te tāngata	of the people for people
Whānau mo te whānau	families for families
He tino pūtake o te ao	the way life should always be
Tihei mauri ora	So let it be

This karakia was written by Dave Para (Ngāpuhi) who is a kaumātua for the Adult In-patient Unit, Te Awhi Ora, in Te Tairāwhiti. He composed this in 2010 for a group of Māori Conservation Cadets to acknowledge their workplace and their work with the taonga (treasures) of our natural world here in Aotearoa. It recognises our atua for who they are, what they do, and all that they provide. It affords us an appreciation of our connections to these taonga and those that should exist between ourselves.

# Kupu whakataki | Foreword

Tēnā koutou tēnā tatou

E mihi ana ki a tatou i roto i ngā tini āhuatanga o te wā.

Māori have long called for better access to Kaupapa Māori services, including holistic supports that reflect whānau, hapū, and iwi aspirations to counter difficulties of navigating a health system that is not centred on te ao Māori or governed by tikanga Māori principles.

The recent experience of COVID 19 showed what is possible when Government, through a high trust approach, relied on Iwi, Māori communities and Kaupapa Māori service providers to ensure some of the highest vaccination levels were achieved (for both Māori and non-Māori) and that critical resources were able to be distributed in a timely manner to those most in need.

This report reinforces our support for whānau, hapū, and iwi approaches to service delivery based on mātauranga, tikanga, and pūkenga. The potential for equitable Māori health outcomes will be realised by addressing inequities in the funding, with increased investment in Kaupapa Māori services.

Government took a positive step forward in 2019 with the allocation of 20% of the Access and Choice services funding to Kaupapa Māori services. However, it remains that less than 11% of the investment into mental health and addiction services is allocated to Kaupapa Māori services. This needs to change.

Our wero to Government is to shift the current base-line funding of 10.9% allocated to Kaupapa Māori providers to a more equitable provision in bringing it in line with the Waitangi Tribunal's recognition of Government's obligation to provide resources to Māori to deliver such services.

At the heart (ngākau) and soul (wairua) of this report are the voices of tangata whaiora who shared their experiences of Kaupapa Māori services, and for many, their experiences as kaimahi Māori in the mental health and addiction sector. They were unanimous that Kaupapa Māori services need to be enabled to work in Kaupapa Māori ways and that systemic factors that contribute to marginalisation and discrimination also need to be challenged if Māori are to realise mana Motuhake (self-determination).

The challenge has been set – let us move forward and maintain the momentum.



Hayden Wano

Board Chair, Te Hiringa Mahara



# He mihi | Acknowledgements

Mā mua ka kite a muri

Mā muri ka ora a mua

Those who lead give sight to those who follow

Those who follow give life to those who lead

Te Hiringa Mahara would not have been able to give life to this report if it were not for the help, advice, and expertise of many people who provided us with insights into this kaupapa.

For that, we are particularly indebted to the voices from networks of whānau and tāngata whaiora Māori with whom we engaged through focus groups. Most of them also had experience as kaimahi Māori in the mental health and addiction sector.

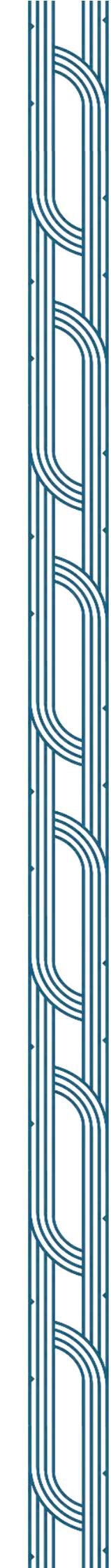
Our thanks, appreciation, and acknowledgement go to:

- Te Kete Pounamu National Māori Lived Experience Leadership
- Ngā Kōpara o Te Rito (Te Manawa Taki Consumer and Whānau Leadership)
- Jason Haitana
- Sharon Reid
- Cheryl Wilson.

Also, for their expert guidance, knowledge, and patience, we would like to express appreciation to our Māori Expert Reference Group of Hine Moeke-Murray, Kahurangi Fergusson-Tibble, Carole Koha, Jenny Ngarimu, Stacey Porter, Terry Huriwai, Leilani Maraku, and Egan Bidois.

Furthermore, we are grateful to our external peer reviewers, Sharon Shea and Kerri Butler, for the advice and the time they gave to add value to this report.

Finally, to those who provided illuminating evidence, we honour the voices of Māori who contributed to **He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction** (Government Inquiry into Mental Health and Addiction, 2018); **Oranga Tāngata, Oranga Whānau: A kaupapa Māori analysis of consultation with Māori for the Government Inquiry into Mental Health and Addiction** (Inquiry into Mental Health and Addiction, 2019); the 700 Ngāi Māori who provided insights for a kaupapa Māori primary (community) mental health and addiction service model (Awa Associates, 2019); and the Access and Choice Tuakana and Teina kaupapa Māori services from the evaluation report **Te Waka Waiora** (Awa Associates, 2023).



# Ngā ihirangi | Contents.

Karakia .....	2
Kupu whakataki   Foreword .....	3
He mihi   Acknowledgements .....	4
Whakamōhiotanga whānui   Overall summary .....	6
Kupu arataki   Introduction .....	8
Horopaki   Context.....	10
Ngā Reo o te Māori   Voices of Māori.....	13
Haumitanga me te Āhei Atu   Investment and access.....	22
He kōrero whakamutunga   Concluding remarks.....	29
Ngā puna kōrero   References .....	31
Āpitihanga 1: Ngā tikanga ine kounga   Appendix 1: Qualitative methodology...34	
Āpitihanga 2: Rōpū Mātanga Māori   Appendix 2: Māori Expert Reference Group .....	36
Āpitihanga 3: Ngā tūtohi raraunga   Appendix 3: Data tables .....	37



# Whakamōhiotanga whānui | Overall summary

## Purpose and context

The purpose of this paper is to examine equity issues in the provision of kaupapa Māori mental health and addiction services. We do this through presenting Māori perspectives on the current landscape of kaupapa Māori services and on what equitable services would look like. We also give an overview of the investment in and access to kaupapa Māori mental health and addiction services.

The context for this paper is the higher prevalence of Māori mental health needs relative to other ethnic groups and the Crown failure to address Māori health inequities. While the Government has made commitments to address Māori health inequities and there have been shifts towards equity, much more needs to be done.

## The current landscape

We heard of a persistent lack of recognition and respect for mātauranga Māori. This was reflected in the funding and contracting of kaupapa Māori services which were commonly considered to restrict referral pathways and services offered.

## Changes to achieve equity

We heard – again – that whānau must determine and lead their own pathways to pae ora, mauri ora, and whānau ora. Contracts can and must enable kaupapa Māori services to work in kaupapa Māori ways. Further improvement within the current system includes monitoring service delivery for Māori with a focus on progress towards equity. More widely, systemic change is required to address structural factors that contribute to inequity.

## Investment and access

Over the last five years (2017/18 to 2021/22) there has been an increase in the total investment in mental health and addiction services and in kaupapa Māori mental health and addiction services. However, the annual proportion of the total mental health and addiction spending going to kaupapa Māori services has stayed at around 10 to 11 per cent over the last 5 years. Each year over the last five years, less than a third of Māori who access specialist mental health and addiction services have had access to kaupapa Māori services.

The Government's recent decision to commit 20 per cent of the Access and Choice programme's funding to kaupapa Māori services is a positive step forward. However, more investment is needed in kaupapa Māori services to lift the annual proportion of spending from 11 per cent, and closer to the level invested through the Access and Choice programme. This would contribute to all Māori having the choice of accessing kaupapa Māori services.

### The changes we want to see

- Increased investment in kaupapa Māori services to address inequities in the funding model, including an equitable allocation of any new mental health and addictions investment to kaupapa Māori services.
- The use of commissioning approaches that recognise mana motuhake and tino rangatiratanga and enable Māori providers to design and provide services appropriate to their communities.
- Priority given to commissioning a comprehensive mental health and addiction prevalence survey.

# Kupu arataki | Introduction

## Kaupapa Māori mental health and addiction services

Kaupapa Māori mental health and addiction services are a tangata whenua (indigenous) response to effectively meeting the mental health and addiction needs of tāngata whaiora and their whānau (Te Rau Matatini, 2015). Kaupapa Māori services are services that providers who identify as Māori develop and deliver. These services include Māori mental health services provided by non-governmental organisations (NGOs) and the former district health boards (DHBs; now Te Whatu Ora services) that are not Māori-governed organisations.<sup>1</sup> This report includes both types of services as we are interested in monitoring the investment and service use across the full landscape of ‘by Māori, for Māori’ services and support.

Under Te Tiriti o Waitangi, the Crown has a responsibility to enable and protect the availability and viability of both kaupapa Māori and mainstream solutions in the health sector (Waitangi Tribunal, 2023). Fulfilling this responsibility ensures that Māori are not disadvantaged in choosing either pathway, and both pathways have equitable protection under Te Tiriti o Waitangi (Ministry of Health, 2020).

## The purpose of this report

Māori have been advocating for equitable funding for kaupapa Māori services over many decades. The purpose of this report is twofold. First, we aim to draw together Māori voices and perspectives on what equitable kaupapa Māori services would look like, including what we have heard from our own focus groups with tāngata whaiora Māori. Second, we want to provide an overview of

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<sup>1</sup>This is the definition Te Pou uses. It is from the [Kaupapa Māori Best Practice Framework](#) (Te Rau Matatini, 2015) and the [2017 Ministry of Health Tier 2 service specification](#). The Ministry of Health’s service definition is: Kaupapa Māori specialist mental health and addiction services are those services that have been specifically developed and are delivered by providers who identify as Māori. Providers of these services may be within a District Health Board (DHB) Provider Arm, a community or iwi organisation, and may ... be accountable to local, whānau, hapū, iwi, Māori communities and the DHB. The Service includes but is not limited to: linkage with Māori whānau, hapū, iwi community organisations; supported by manawhenua and/or the local Māori community; utilisation of Māori derived beliefs, values and practice; staff more likely to be of Māori descent; aims that are consistent with wider aims and aspirations of Māori development; facilitation of access to, and support of, kaumātua (male and female); there is an emphasis on whakawhanaungatanga. Service providers are expected to use a Māori framework and models of care that encompass a holistic approach to health, and are cognisant of the requirements of Māori’ (Ministry of Health, 2017).

the data on investment in kaupapa Māori mental health and addiction services alongside data on how tāngata whaiora Māori have used those services.

## Data used in this report

In producing this report, Te Hiringa Mahara—Mental Health and Wellbeing Commission (Te Hiringa Mahara) had the privilege of engaging with tāngata whaiora Māori, many of whom also work within mental health and addiction services. We did this through focus groups and a one-on-one interview (see [Appendix 1](#)). We also held hui with our Māori Expert Reference Group,<sup>2</sup> who provided expert commentary on the development and content of this report (see [Appendix 2](#)). In recognition of the significance of these voices, and who they represent, quotes from those in the focus groups and the Māori Expert Reference Group appear in bold text.<sup>3</sup>

We also bring forward the voices of Māori who contributed to the Government Inquiry into Mental Health and Addiction in 2018 (2018 Government Inquiry) as set out in the [Oranga Tāngata, Oranga Whānau](#) report (Inquiry into Mental Health and Addiction, 2019), and the 700 Ngāi Māori who provided insights for a [kaupapa Māori primary \(community\) mental health and addiction service model](#) (Awa Associates, 2019).

Manatū Hauora—the Ministry of Health provided the quantitative data on service access and funding. The data on numbers of people accessing specialist services were drawn from the national Programme for the Integration of Mental Health Data (PRIMHD). Te Whatu Ora provided the Access and Choice kaupapa Māori data for our 2022 report on the Access and Choice programme (Te Hiringa Mahara, 2022a). Te Whatu Ora also provided the data on primary mental health initiatives.

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<sup>2</sup> The Māori Expert Reference Group had eight members. Together their expertise includes: Te Ao Māori expertise, inclusive of all Māori; connection to Māori whānau, hapū, iwi community; expertise in Māori health or kaupapa Māori responses to mental health and addiction; technical experts from kaupapa Māori mental health and addiction service providers; knowledge of Māori workforce experiences in the mental health and addiction sector; lived experience of mental distress and/or harm from substance use or gambling, and/or supporting people who have experience of mental distress and/or harm from substance use or gambling (for more details, see [Appendix 2](#)).

<sup>3</sup> Quotes are from focus groups unless otherwise identified.



# Horopaki | Context

## Māori experience higher levels of mental distress

Higher levels of mental health needs for Māori make it critically important that services for Māori are widely available, accessible, and effective—from a worldview of Te Ao Māori. The last comprehensive prevalence study, Te Rau Hinengaro (Oakley Browne et al, 2006) found the 12-month prevalence of any ‘mental disorder’ for Māori was just under 30 per cent. That is, in any year about 30 per cent of Māori will experience mental distress to the level categorised as ‘mental disorder’. By comparison, the 12-month prevalence was 24 per cent for Pacific peoples and 19 per cent for other ethnic groups.

The New Zealand Health Survey provides recent data on the annual prevalence of psychological, or mental, distress (aged 15+ years). It shows that mental distress remains higher for Māori and has grown for Māori and other population groups over the last 10 years. Youth aged 15–24 years experienced the most significant increase in mental distress (Ministry of Health, 2022).

## Crown failure to address Māori health inequities

In 2019, the Waitangi Tribunal released [Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry](#) (the Hauora Report). This report was a targeted inquiry into the legislative and policy framework of the primary health care system; however, its findings apply across the health sector as a whole. The report outlined the Crown’s responsibilities and obligations under Te Tiriti o Waitangi and assessed the effectiveness of the Crown’s policy in Māori health.<sup>4</sup>

The Waitangi Tribunal found that the Crown breached the Treaty of Waitangi by failing to design and administer a primary health care system that actively addresses persistent Māori health inequities. Further, the Crown has failed to give effect to the Treaty’s guarantee of tino rangatiratanga.

The final Hauora Report draws attention to the Crown failing to target funding where it is needed most and to ensure money designated for Māori health issues is used for that purpose.

The Crown’s failure to adequately amend or replace these funding arrangements for over a decade, in the face of both consistent advice

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<sup>4</sup> The Waitangi Tribunal reserved the right to review the interim recommendations it made in chapter 9 of the report. Claimants and the Crown provided updates on these recommendations, which the Waitangi Tribunal used in developing chapter 10. It released chapter 10 and incorporated it into the final Hauora Report in 2023.

to do so and persisting Māori health inequity, is inconsistent with the duty of good faith and is a breach of the Treaty principles of partnership, options, active protection, and equity (Waitangi Tribunal, 2023, p. 117).

Further, and of relevance to this report, the Waitangi Tribunal found that the Crown failed to properly resource Māori-controlled primary health organisations and health providers to deliver high-quality health care to Māori communities.

Inadequacies with funding streams undermine the ability for Māori to apply their own solutions, including kaupapa Māori models of care. This finding is significant: it acknowledges the importance of resourcing Māori communities, including kaupapa Māori services.

## Key planning documents supporting equitable health outcomes for Māori

The Government has made commitments to address Māori health inequities. The following documents give an overview of these commitments.

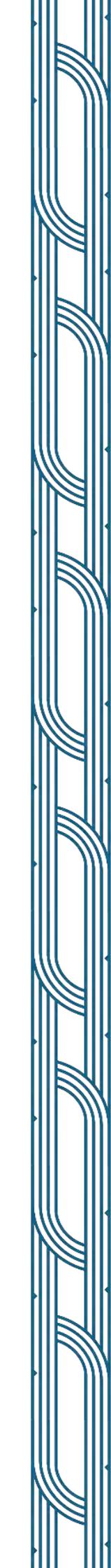
The Ministry of Health published [Whakamaua: Māori Health Action Plan 2020–2025](#) in 2020. This document guides the implementation of He Korowai Oranga: Māori Health Strategy. One of its priority areas is Māori health sector development. This includes a commitment to accelerate and spread the delivery of kaupapa Māori and whānau-centred services and to follow equitable and sustainable approaches to commission those services. An initial measure of the progress made in this area is the level of Vote Health funding kaupapa Māori health and disability service providers have received.

Te Aka Whai Ora and Te Whatu Ora released [Te Pae Tata: Interim New Zealand Health Plan](#) in 2022 (Te Whatu Ora, 2022). The plan outlines priority actions with the intent to change the foundations of the health service delivery system. Actions relevant to kaupapa Māori services include embedding Te Tiriti o Waitangi across the health sector, placing whānau at the heart of the system to improve equity and outcomes, and implementing service changes for people living with distress, illness, and addictions. Te Pae Tata contains performance accountability measures and will report against the achievements of the actions outlined.

The [Oranga Hinengaro System and Service Framework](#) (Ministry of Health, 2023) sets the direction for the mental health and addiction system and services over the next 10 years. It also provides guidance for future policy, design, commissioning, and delivery of mental health and addiction services. ‘Critical Shift 1: Actively deliver on Te Tiriti o Waitangi’ is particularly relevant to kaupapa Māori services. This critical shift outlines services and support planned, designed, funded, and delivered for Māori, by

Māori. This shift prioritises Te Ao Māori, mātauranga Māori, pūrākau, and the knowledge systems of iwi, hapū, and whānau.

Overall, these documents—and others not discussed here—set out priorities and directions, connect with other health strategies, and form the basis for action plans. However, historically, implementation of these strategies and plans has not always been effective and progress reporting has been ad hoc (Cumming, 2022). While we have seen shifts in the Aotearoa health system leading it to become more equitable, much more needs to be done to achieve equity for Māori.



# Ngā Reo o te Māori | Voices of Māori

For years Māori have been advocating for change in the mental health and addiction system so that Māori can achieve optimal wellbeing. Here we present the voices from our recent engagement with tāngata whaiora Māori and our Māori Expert Reference Group.

I'm very conscious of when we went through the 2018 review for mental health and addictions, the voices of whānau are very, very clear. And the framing of all of the vignettes, the experiences were very clear with those 40 recommendations that came out from providers and from whānau. - Member of the Māori Expert Reference Group 2023

In the focus groups, we asked tāngata whaiora:

- whether kaupapa Māori services within their rohe are meeting the needs of their community
- what the service landscape would look like if we had equity in services
- what still needs to happen with respect to kaupapa Māori services.

Most of the tāngata whaiora Māori in our focus groups also had a kaimahi perspective. For this reason, much of their feedback was focused on the organisational issues that affect care for tāngata whaiora.

Interwoven with these voices, we refer to Māori voices from two key documents:

- **Oranga Tāngata, Oranga Whānau**, a kaupapa Māori analysis of consultation with Māori for He Ara Oranga (Inquiry into Mental Health and Addiction, 2019)
- **Ngai Māori Insights for a Kaupapa Māori Primary (community) Mental Health and Addictions Service Model** (Awa Associates, 2019).

## Views on the current landscape of kaupapa Māori services

### The system undervalues mātauranga Māori

Having a mental health and addiction system that understands, includes, and protects mātauranga Māori is a critical enabler of improved Māori health and wellbeing outcomes (Ministry of Health, 2020). It is the Crown's responsibility to support mātauranga Māori, enable mana motuhake, and protect it (Waitangi Tribunal, 2023).

Within our focus groups, Māori spoke of the struggles of trying to navigate a health system founded on principles that are not centred around Te Ao Māori and their ways of seeing the world. They still experience a lack of recognition of mātauranga Māori, tikanga, and te Reo Māori.

I think knowledge of mātauranga Māori is still a barrier and there's a difference between the two worlds, always has been. And when we are trying to implement things in Te Ao Māori, we have to justify them in this other world ... It gets really frustrating and confusing when you are jumping between two worlds, just to explain to one world what you're meaning in this. And what happens is, the actual depth of the mātauranga Māori gets lost.

... they [within District Health Boards] don't see the greatness that these, our indigenous practices, have for our people, and I think that's where definitely there is a barrier. They're not opening the doors. They're not opening their eyes to see what is actually helping our people.

Māori we talked to felt that a lack of respect for Te Ao Māori and mātauranga Māori is reflected in the approach to allocating funding for Māori initiatives. It is also seen in the lack of overall support for kaupapa Māori models.

From my perspective, the issue that we have with our current funding models is that they're based on Pākehā methodology around how a service should be delivered and not on mātauranga Māori. So that's why we get that mismatch.

We provide wānanga, romiromi, and all of those different holistic kaupapa Māori programmes, but they're not funded for. So, we have to scrape from here and there to be able to still provide that service to our whānau because our whānau were out there wanting that and needing that.

Māori in our focus groups discussed cases where a DHB would see kaupapa Māori and NGO services as not delivering effective care to tāngata whaiora Māori and whānau. In these cases, the provider arm<sup>5</sup> requested that they return their funding.

... what we are seeing is a lot of provider arms are saying that because kaupapa and NGO services don't deliver well to Māori, that that funding should come back to the provider arm and they determine how whānau should be treated. And that's the wrong methodology.

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<sup>5</sup> 'Provider arm' refers to the part of former DHBs that delivered specialist clinical services.

Kaupapa Māori services are often contracted as a secondary service to the provider arm. That means tāngata whaiora Māori have a single point of entry to care through mainstream services, which then determine what services they receive. Māori whānau spoke of their concerns about barriers to accessing services during the 2018 Government Inquiry (Inquiry into Mental Health and Addiction, 2019), including the lack of referrals to kaupapa Māori services. Our focus groups supported this point. Māori talked about how the referral process continues to be a barrier for service access.

*Kaupapa Māori services are contracted as a secondary service to the provider arm and that has to stop. That's why access for Māori to kaupapa Māori services is done through predominantly tauwiwi services and they determine whether Māori need to be served by Māori. Whereas if we've got access directly to kaupapa Māori services, then it gives the whānau the choice of which service that they want to attend.*

The context of kaupapa Māori service provision is indigenous self-determination. In this worldview from Te Ao Māori, mātauranga Māori, tikanga, and whānau voice are privileged. However, as we have heard for many years, Māori do not always see, feel, or hear this privilege in some of the services they expect this from.

## **New ways of commissioning**

For many years, people have promoted having Māori cultural foundations in the provision of mental health support. During the 2018 Government Inquiry, Māori shared their concerns about how funding restrictions and contract configurations create a competitive rather than collaborative environment between Māori providers.

*Competition for scarce resources can set Māori providers against each other. Current contract structures treat people like products to meet contract outcomes and DHB funding does not allow flexibility to meet the needs of whānau. (Inquiry into Mental Health and Addiction, 2019, p. 19)*

Māori in our focus groups told us that contracts and funding still create barriers to what they can offer whānau today.

*We have to be accountable for everything we do and that includes karakia, waiata. So, if we have karakia sessions, we have to document what that looks like ... So, some of the policies that we have to adhere to, the contracts, boundaries and expectations, as well as the government guidelines, really put pressure on kaupapa Māori services.*

Māori in our focus groups said that they always face constraints on the funding they use to provide a service. They need to justify and report everything they do. They

talked about how the lack of funding and the contract requirements do not always give them the flexibility to meet the needs of whānau.

With regards to the question ... do current kaupapa Māori services within your rohe here meet the needs of your community? And my answer is yes, they do with what they have to work with and that's where the problem is.

... we get mainstream services saying that kaupapa services are working outside of their scope of practice, but in reality, when you look at it from a mātauranga Māori perspective, we are not doing enough to meet the needs of whānau. Because whānau are limited by what we define as service delivery. So, for me, a whole shift needs to occur.

We heard that some kaupapa Māori providers will go above and beyond their contract requirements to provide for the needs of whānau.

I absolutely do see evidence of some Māori providers who actually provide services to everyone. [They're] doing a brilliant job simply because they're responding to the voice of the whānau needing the service as opposed to working within their contractual requirements, obligations, and all that stuff. So, when the services that are brave enough to step outside of what we are used to, [which are] constrictions, that's where we see the magic of whānau driving whatever needs to happen for them.

However, we also heard that at a regional level, some commissioning frameworks and kaupapa Māori services have been co-designed or are 'by Māori, for Māori'. We particularly note the collaborative design of a kaupapa Māori primary mental health and addiction service model for the Access and Choice programme. In its evaluation, Awa Associates reported that 'All Kaupapa Māori health providers interviewed for the evaluation found the procurement process to operate in a way that was surprisingly aligned with kaupapa Māori principles' (Awa Associates, 2023, p. 10). As we note in our report on the Access and Choice programme (Te Hiringa Mahara, 2022a), this approach represents a positive step forward and future commissioning should learn from it.

## Changes to achieve equity

### Whānau, hapū, and iwi leading Māori mental health development

In *Oranga Tāngata, Oranga Whānau* (Inquiry into Mental Health and Addiction, 2019), Māori emphasised the need to be at the centre of mental health service provision. Our focus groups reinforced this view: kaupapa Māori mental health services should

centre on whānau needs and aspirations, and whānau should direct, lead, make decisions on, and drive them.

... whānau knows what's best for themselves ... they know who they can draw on or when they need that break or when they need that intervention or the medication ...

In He Ara Āwhina, whānau set out their aspirations to have a future where Māori lead and self-determine their pathways to pae ora, mauri ora, and whānau ora.

Wants and needs for mental health and wellbeing can vary between whānau, hapū, and iwi. In exploring ways that services could better respond to these, Māori within our focus groups discussed potential ways of enabling whānau, hapū, and iwi to prioritise where funding is spent in their communities. Suggestions included devolving funding from Te Whatu Ora to communities, or improving collaboration between Te Whatu Ora and hapū and iwi so that the funder can better understand the needs of whānau.

I think in terms of where that money goes, obviously for me it goes to hapori. First and foremost, it goes to whānau, then it goes to iwi.

That means that iwi take care of [themselves] and take care of the people in their rohe. Based not only on mana whenua status, but also on the fact that they already know the resources in that community.

... I would look at mana whenua and kaupapa Māori services being the auditors of their local health and mental health and addiction services rather than having a national body coming in ... I say that mainly because I hear from my own whānau, mana whenua whānau here that a lot of the services aren't actually transferring down to the ground of actual hapū, iwi in our area. It's just not reaching them, the change and the difference and that extra pūtea that has been provided has not really materialised in our local mana whenua region.

Māori told us that iwi and hapū have the capability to develop kaupapa Māori and whānau-centred services that meet the mental health aspirations of their communities. However, the inadequacies of funding and western-designed contract service specifications make it more difficult for Māori to use their own solutions. Māori shared with us that to move forward, it is essential to have co-designed and flexible contracts to enable kaupapa Māori services to work in kaupapa Māori ways, with the resources they need to do so.

Now we're in the next phase of evolution where we are seeing community care moving away from mainstream services and

moving into a community response ... wrapping around the needs of a whānau. But like everyone else has said, we just need the opportunity to be able to do that. And as long as we've got non-Māori or non-Pacific contracting Pacific and Māori services, we are not going to get the true essence and the true values that we live and die by.

Māori felt that what worked for them were programmes that are driven by kaupapa and tikanga and are culturally safe for both Māori and Pākehā.

A big part of being Māori and kaupapa Māori or whatever you want to call it is whakapapa. It's about the intergenerational impacts, not just one life cycle span ... Māori is a collective across time. It's our identity as Ngāi this, and ai that, and Ngāti this and ngā that. We are a collective of people. That's how we see ourselves. That's our point of difference. - Member of the Māori Expert Reference Group

The importance of whanaungatanga was highlighted as something special to Māori and kaupapa Māori service provision. Its significance also came through strongly when we engaged with whānau to create He Ara Āwhina and led us to reflect it in the framework under 'Mana Whānau / Whanaungatanga'. Helping whānau reconnect to their whakapapa and strengthening connections within communities can be integral to the healing process.

## Holistic services that treat the whole person

What I'm talking about here is actually opening that up a little bit for mātauranga Māori and pushing it back against the medical model paradigm and saying, actually we need more healers, we need more people doing mirimiri, we need more people talking about healing through other methods ...

Māori submitters to the 2018 Government Inquiry emphasised the need for healing outside of the biomedical model of care. They raised serious concerns that services often offer prescribed medication as the preferred treatment (Inquiry into Mental Health and Addiction, 2019). Māori in our focus groups echoed these concerns. They hoped to see more holistic services that span the life course, from the "crib to the tomb," for tāngata whaiora and their whānau.

One tāngata whaiora from a focus group noted that conversation around mental health and addiction services is still very general. However, whānau also have specific service needs that it's important to address. Examples given include progressing specific kaupapa around Māori women's health and health needs of Māori elderly.

Tāngata whaiora emphasised that it is critical to have the right to choose supports and services that respond to their experiences, needs, and aspirations. Having the

option of kaupapa Māori approaches in relation to their healing, recovery, and wellbeing journeys, including rongoā practices, is important to Māori.

... going to the bush, going to the sea, getting kai, all those things were therapeutic ... I think that we need more mātauranga Māori. Rongoā Māori should be more up there alongside that because that means that you've got a different pool of people that are supplying labour to the population, and then you can have clinical services follow the medical model, then you got another part of the population. And so that means going back to reversing the whole trend of what happened with the Tohunga Suppression Act [1907] to a point where actually we create that space again for them [rongoā Māori] to be strong in ...

Māori within our focus groups want access to services that are 'by Māori, for Māori, and **with** Māori', as well as under Māori governance and control. They see these conditions as a way of ensuring that Māori are involved in the design and delivery of those services, have control of their intellectual property, and hold the accountability for the services.

## Data and monitoring that support the commitment to Te Tiriti o Waitangi

Inequity between Māori and non-Māori causes long-lasting issues. What Māori called for in He Ara Oranga in 2018 and what the Hauora Report called for in 2019 is for legislation, policy, and service provision to be consistent with Te Tiriti o Waitangi, with a focus on achieving equity. To support this, Māori we engaged with asked for high-quality data by ethnicity, monitoring of service delivery for Māori with a focus on progress towards equity, and a performance management framework that includes feedback mechanisms to inform continuous improvement.

How do we check and measure that things are working and that they're working the way we want them to ... that's a big part of rangatiratanga and mana motuhake. Just making sure that we've got eyes on what we're doing and that we have some way of measuring and being accountable to our people and that that's something that we need to probably put in place and be enabled ... It means being able to put into place our own accountability processes - Member of the Māori Expert Reference Group.

## Systemic change is needed to enable equitable outcomes

Tāngata whaiora Māori in our focus groups were clear that, if we are to see equity, society and the system need to change radically. We must address institutionalised racism and both Pākehā and Māori should undergo decolonisation. This work includes

recognising and challenging systemic and structural factors that contribute to marginalisation and discrimination to work towards a more culturally responsive society.

All of our institutionalised racism is based on policies and procedures that have been developed to support the monoculture of tauwiwi and support the rights of tauwiwi and the Crown.

Witnesses at the Waitangi Tribunal WAI 2575 hearings defined institutionalised racism as ‘inaction in the face of need ... This inaction can be conscious or unconscious; it can manifest through the deliberate actions of individuals or result simply from “the routine administration of public institutions that produce inequitable social outcomes”’ (Waitangi Tribunal, 2023, p. 21).

All the constrictions, restrictions that we have now actually are based on racism and that. I don’t know that we use that word enough because it simply is what it is. And everything that we’ve had to live within, that my parents, my grandparents, have had to live within has been about racist views and we are still living within and nurturing those frameworks now.

Shifting the cultural and social norms within society, and those embedded across the mental health and addiction system, will be critical to addressing and eliminating racism and discrimination. Achieving this level of change requires the commitment of all individuals and organisations working across the entire health system to acknowledge and address biases, attitudes, prejudices, assumptions, stereotypes, structures, and characteristics that may affect how funding is allocated and provide access to high-quality mental health care.

## Upholding Te Tiriti o Waitangi—a commitment to partnership

Meaningful Māori-Crown relationships reflect true partnership at all levels of the mental health and addiction system. We heard from Māori that they want to see whānau as part of this partnership and at every level of decision-making so that Māori may determine their own affairs in a way that aligns with their customs and values.

If we had equitable services then we’d see true Treaty partnership, the honouring of the Treaty in everything that we do in the government and that. So, for me, equity is whānau driven, whānau at the centre, and whānau at the table.

The practical arrangements to implement a meaningful partnership require constant evaluation to ensure the partnership meets Te Tiriti o Waitangi commitments.

## He Ara Āwhina system monitoring framework—monitoring changes to achieve equity

He Ara Āwhina describes what an ideal mental health and addiction system looks like. We will use the framework to assess, monitor, and advocate for improvements to the mental health and addiction system of Aotearoa, including services. We wrote He Ara Āwhina with the clear intention of amplifying the most important voices—tāngata whaiora and whānau as leaders of their wellbeing and recovery. From this foundation, the role of the system is to respond to their needs and aspirations.

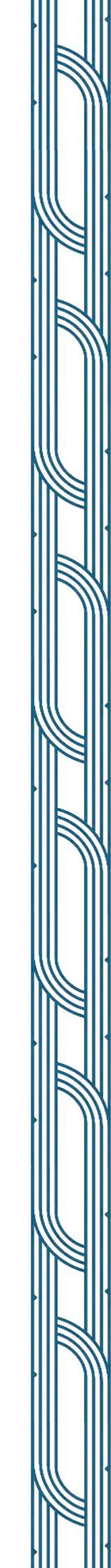
In developing He Ara Āwhina, we heard from whānau<sup>6</sup> that they want to:

- have timely access to and choice of supports and services, which include rongoā Māori
- determine what type of kaupapa Māori, iwi Māori, and whānau-led supports are needed in their hāpori
- see tino rangatiratanga embraced in services, enabling mana motuhake, and with mātauranga Māori valued equally alongside other worldviews
- see cultural assessments, approaches, and practices valued as taonga tuku iho, respected as equal to clinical approaches, and resourced equitably to deliver timely supports and services that whānau determine (Mental Health and Wellbeing Commission, 2021; Te Hiringa Mahara, 2022c).

Kaupapa Māori is the way we do stuff. It doesn't mean we can't be doctors, nurses, rocket scientists, or whatever, and as some people would say, anything I see through my eyes is a Māori worldview—it's Te Ao Māori because it comes from my eyes. So, that includes technology. That means tomorrow's world as well as the past ... Kaupapa Māori and Te Ao Māori is dynamic, flexible, and adapting, but at the end of the day it is underpinned by some key philosophies, principles, which belong to Te Ao Māori and, again, that's the Crown's responsibility to enable and to support us to move to that space. Rather than just saying because we are marginalised and we're special, we should exist, actually, it's because we add that added value in the way we do the business we do - Member of the Māori Expert Reference Group.

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<sup>6</sup> See the [summary paper](#) of the co-define phase for He Ara Āwhina (Mental Health and Wellbeing Commission, 2021) and He Ara Āwhina framework in [te Reo Māori](#) and in [English](#) (Te Hiringa Mahara, 2022b).



# Haumitanga me te Āhei Atu |

## Investment and access

In this section, we present data on investment in and access to kaupapa Māori mental health and addiction services.<sup>7</sup> The data on investment in kaupapa Māori services include data on Māori services and teams working in the former DHBs, now Te Whatu Ora services.

### The level of need—prevalence and population

As we noted under ‘Context’, the 2006 Te Rau Hinengaro prevalence data showed that in any year about 30 per cent of Māori will experience mental distress to the level categorised as ‘mental disorder’. This is higher than the prevalence among Pacific peoples (24 per cent) and people of other ethnicities (19 per cent) (Oakley Browne et al, 2006).

The New Zealand Health Survey provides recent data on the annual prevalence of psychological, or mental, distress (aged 15+ years), which it assessed with the Kessler Psychological Distress Scale (K10). It is not possible to directly compare the results with the last comprehensive prevalence study, Te Rau Hinengaro, which did not use the same method of assessing distress. However, the survey does show mental distress remains higher for Māori and has grown for Māori and other population groups over the last 10 years. Youth aged 15–24 years experienced the most significant growth in mental distress (Ministry of Health, 2022).

On 30 June 2022, New Zealand’s estimated Māori population was 892,200 (17.4 per cent of the national population). The median age for Māori was 27 years compared with the national median age of 38 years, reflecting a younger Māori population. The Māori population also grew by 2.0 per cent compared with 0.2 per cent for the national population (Stats NZ, 2022).

The higher level of prevalence of mental distress for Māori and their population characteristics (younger and growing faster than other groups) show the need for a higher level of investment in, and access to, kaupapa Māori mental health and addiction services.

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<sup>7</sup> Specialist mental health and addiction data presented here use total response ethnicity. This means individuals are counted in all of their reported ethnic groups. Therefore, the number of grouped total responses will be greater than the total population, as individuals can provide more than one response.

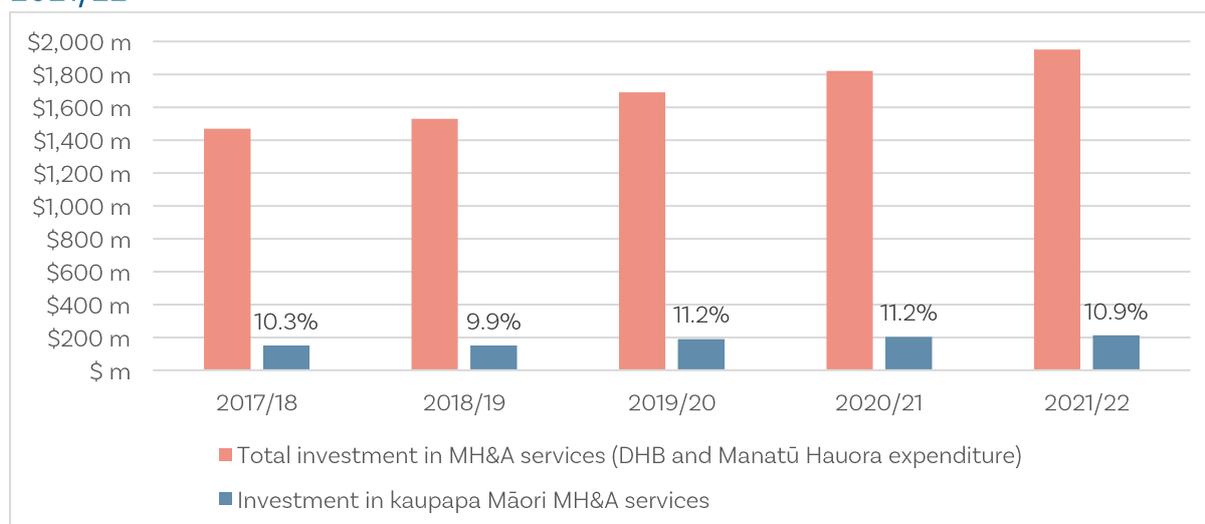
## Investment in kaupapa Māori mental health and addiction services

There has been growing recognition of the importance of investing in kaupapa Māori mental health services to address inequities. **Figure 1** shows that from 2017/18 to 2021/22 (five financial years, ending 30 June), investment in mental health and addiction services in total and in kaupapa Māori mental health and addiction services specifically has increased. However, it also demonstrates that the annual proportion of total mental health and addiction spending going to kaupapa Māori services remains at around 10 to 11 per cent (for the data that Figure 1 is based on, see [Appendix 3](#)).<sup>8</sup>

The investment in primary and community services through the Access and Choice programme as a priority initiative from the 2019 Wellbeing Budget saw an ‘indicative allocation’ of \$62 million invested over four years for kaupapa Māori services (Te Hiringa Mahara, 2022a). By 30 June 2024, Manatū Hauora expects the value of Access and Choice kaupapa Māori services to be \$35.5 million each year, which represents 20 per cent of the total Access and Choice service funding. This proportion of the total service funding allocated to kaupapa Māori services is a marked increase over historical levels, and a good step in the right direction.

Given the clear and consistent calls by Māori for more kaupapa Māori services, and the level of need for such services as reflected in the prevalence and population data, further investment is needed in kaupapa Māori mental health and addiction services.

**Figure 1: Investment in kaupapa Māori mental health and addiction services compared with total investment in mental health and addiction services, 2017/18–2021/22**



Note: DHB = district health board; MH&A = mental health and addiction.

<sup>8</sup> These figures include Access and Choice investment.

## Māori access to mental health and addiction services

### Māori access to primary mental health and addiction services

In our focus on primary mental health and addiction services in this section, we include Access and Choice programme services<sup>9</sup> and other primary mental health initiatives within general practice that include counselling and funded packages of care. This definition of primary mental health and addiction services does not include people who see their general practitioner (GP) or practice nurse (rather than a health improvement practitioner or health coach) for mental health reasons.<sup>10</sup>

**Table 1** shows how many Māori accessed primary mental health initiatives each year for the last five years. The number increased between 2019/20 and 2020/21, before decreasing in 2021/22. This pattern may be associated with the COVID-19 pandemic.

**Table 1: Māori accessing primary mental health initiatives, 2017/18–2021/22**

Year	Number
2017/18	23,605
2018/19	22,973
2019/20	21,455
2020/21	26,245
2021/22	22,957

Note: These data exclude people who access their general practice for mental health reasons. They also exclude Access and Choice programme services—see the next section for a separate analysis.

### Access and Choice programme services

**Table 2** shows how many Māori and non-Māori used Access and Choice programme services in 2021/22. Integrated primary mental health and addiction (IPMHA) services include health improvement practitioners and health coaches as typical members of a general practice team. At 30 June 2022, IPMHA services were available to 49 per cent of the population enrolled with a general practice (Te Hiringa Mahara, 2022a).

<sup>9</sup> The Access and Choice programme, established in 2019, set out to provide free and immediate support to 325,000 people (6.5 per cent of the total population) with mild to moderate mental health and addiction needs. It set up four new national services: 1. integrated primary mental health and addiction services—services provided in general practices that are accessible to everyone enrolled in those practices; 2. kaupapa Māori services—whānau-centred services delivered by Māori, for Māori; 3. Pacific services—Pacific-led services incorporating Pacific values, beliefs, languages, and models of care; 4. youth services—flexible services delivered in spaces that are acceptable and accessible to young people. Funding was also included in the investment for workforce development, and system enablers, including engagement and collaborative design, IT infrastructure, evaluation, implementation support, and the capacity and capability of Manatū Hauora.

<sup>10</sup> In 2019 the Royal New Zealand College of General Practitioners **found** that 30 per cent of GP consults have a mental health component (Royal New Zealand College of General Practitioners, 2021).

Table 2 shows that Māori comprise around a fifth (22 per cent) of people using IPMHA services in 2021/22.

Kaupapa Māori providers offer free, flexible, and tailored services to individuals and their whānau. At 30 June 2022, 29 kaupapa Māori services had been contracted across 19 (of 20) districts (Te Hiringa Mahara, 2022a). Table 2 shows two-thirds of people using these services in 2021/22 were Māori.

At 30 June 2022, 23 youth services had been contracted across 18 (of 20) districts. However, not all services were fully established and many were still recruiting staff (Te Hiringa Mahara, 2022a). **Table 2** shows that around a third of the people using youth services are Māori.

**Table 2: Number of Māori and non-Māori using Access and Choice programme services, 2021/22**

Type of service	Māori	Non-Māori	Total	% Māori
Integrated primary mental health and addiction services	20,674	74,599	95,273	22%
Kaupapa Māori services	5,835	3,051	8,886	66%
Pacific services	498	5,331	5,829	9%
Youth services	1,584	2,951	4,535	35%
<b>Total</b>	<b>28,591</b>	<b>85,932</b>	<b>114,523</b>	<b>25%</b>

Note: It is possible that an individual may use more than one type of service so the total may be overstated.

### Māori access to specialist mental health and addiction services

Over the four-year period from 2017/18 to 2020/21, the number of Māori seen in specialist mental health and addiction services increased.<sup>11</sup> However, Table 3 shows that in 2021/22, the number of Māori accessing specialist services decreased by 6,223. This decrease of about 11 per cent is consistent with the decrease in the percentage of all people accessing specialist mental health and addiction services in the 2021/22 year. As with primary services discussed above, while this trend is yet to

<sup>11</sup> Specialist mental health and addiction services are services designed specifically for people with acute, complex, and/or enduring diagnosed mental health conditions and/or addiction needs. These services include community and residential services delivered by NGOs and Te Whatu Ora, and services delivered in a hospital setting.

be investigated, it may be associated with the COVID-19 pandemic (although the pandemic would also impact the later months of the 2019/20 year).<sup>12</sup>

Table 3 also shows that the proportion of tāngata whaiora Māori accessing Māori specialist mental health and addiction services has decreased over the five-year period, from 30 per cent in 2017/18 to 26 per cent in the last financial year.

Considering the perspectives recorded in *Oranga Tāngata, Oranga Whānau* (Inquiry into Mental Health and Addiction, 2019) and what we heard in our focus groups, we know that more Māori would prefer to access kaupapa Māori services.

**Table 3: Māori access to Māori specialist mental health and addiction services, 2017/18–2021/22**

Financial year	Māori seen in all specialist services	Māori seen in Māori specialist services	Percentage of Māori seen in Māori specialist services
2017/18	52,743	15,809	30%
2018/19	54,151	16,070	30%
2019/20	53,886	15,133	28%
2020/21	55,362	14,957	27%
2021/22	49,139	12,826	26%

Note: PRIMHD continues to be revised and updated as data reporting processes are improved. For this reason, these data may differ from those published elsewhere that have been extracted on a different date. Additionally, amendments to previously published data may be needed.

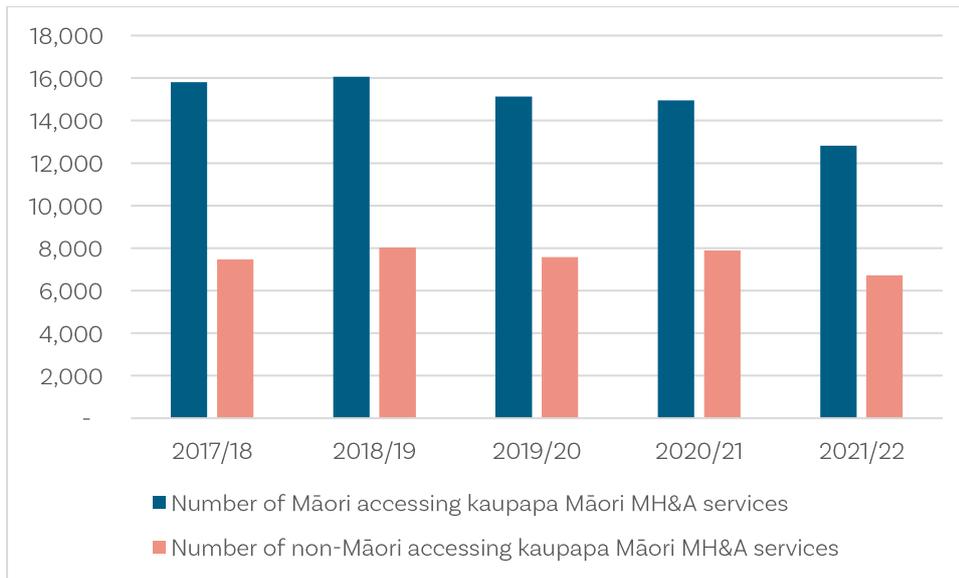
Figure 2 shows the number of Māori and non-Māori accessing specialist kaupapa Māori mental health and addiction services over the five-year period from 2017/18 to 2021/22 (for the data that Figure 2 is based on, see [Appendix 3](#)). These numbers decreased in 2021/22, as they have for primary and specialist mental health and addiction services.

The proportion of non-Māori accessing these services has consistently been around 33 per cent. These data suggest that kaupapa Māori mental health and addiction services are attractive to a reasonably large number of non-Māori (around 7,500 per year<sup>13</sup>). (Note that this is similar to the proportion of non-Māori who use Access and Choice Kaupapa Māori services.)

<sup>12</sup> Specialist service data (accessed via PRIMHD) are incomplete and have quality issues, particularly for the Waikato DHB. However, even if we remove Waikato data from the analysis, this decline in specialist service use in 2021/22 is still evident.

<sup>13</sup> The annual mean over the five-year period is 7,540. The number has ranged from 6,720 in 2021/22 to 8,031 in 2018/19.

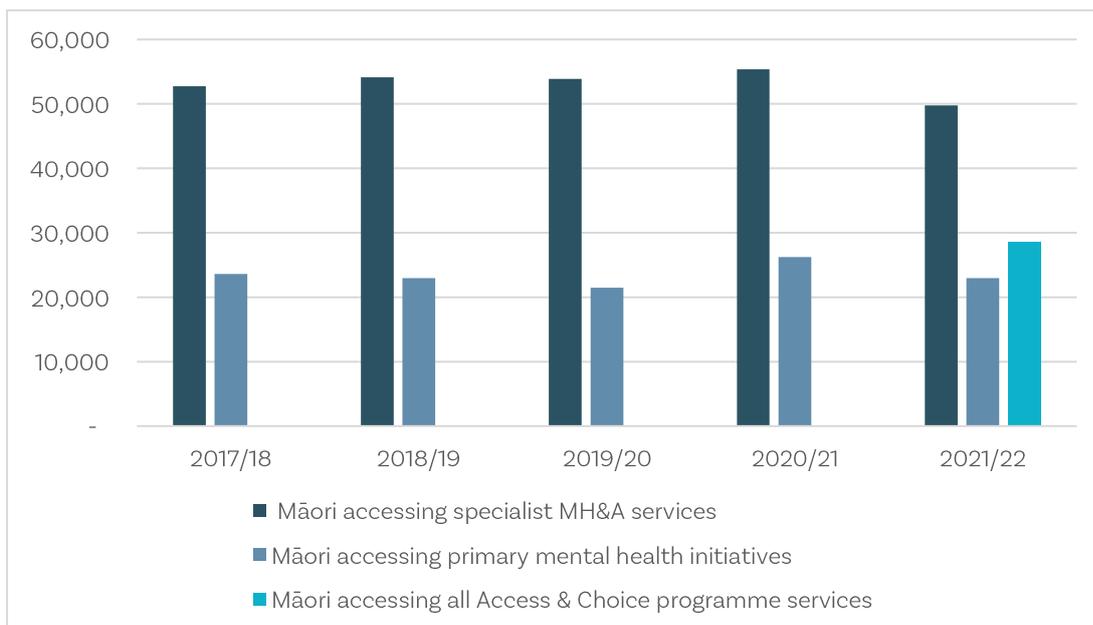
**Figure 2: Number of Māori and non-Māori accessing specialist kaupapa Māori mental health and addiction services, 2017/18–2021/22**



Note: MH&A = mental health and addiction.

Figure 3 compares the number of Māori accessing specialist mental health and addiction services with those accessing primary mental health and addiction services (for the data that Figure 3 is based on, see [Appendix 3](#)). For 2021/22, we have added data from the Access and Choice programme as these new services have become more widely established across Aotearoa and the data more reliable. Including these data provides a more complete picture of Māori access to services.

**Figure 3: Number of Māori accessing primary and specialist mental health and addiction services, 2017/18–2021/22**



Note: MH&A = mental health and addiction.

The trend data are limited, making it difficult to draw conclusions. However, early indications are that the Access and Choice programme is starting to transform the landscape of primary and community mental health and addiction services by putting much-needed investment and services into kaupapa Māori primary and community care in line with many of the recommendations in He Ara Oranga.



# He kōrero whakamutunga | Concluding remarks

Te Hiringa Mahara recognises Te Tiriti o Waitangi as the legal instrument that allows the Government to exercise kāwanatanga in Aotearoa. Under Te Tiriti o Waitangi, the Crown has a responsibility to facilitate kaupapa Māori and mainstream health services. However, the Waitangi Tribunal has found that the Crown has not provided a primary health care system that actively addresses Māori health inequities. Further, the Crown has not given effect to the Treaty's guarantee of tino rangatiratanga.

When asked what is needed to achieve an equitable future, tāngata whaiora Māori told us radical change is required. This includes sincere recognition of the value and importance of kaupapa Māori services in providing effective, culturally responsive mental health care to Māori communities. We heard Māori make this call five years earlier as part of He Ara Oranga.

By prioritising Māori cultural values and practices, kaupapa Māori services can help to address the historical and ongoing impact of colonisation, intergenerational trauma, and institutional racism that has contributed to inequitable Māori mental health outcomes. If they are to contribute in this way, kaupapa Māori services require investment and support. Addressing inequity also requires a broader shift towards more culturally responsive and equitable mental health care in Aotearoa.

Māori have called for better access to kaupapa Māori services, including holistic supports that reflect whānau, hapū, and iwi aspirations. However, the data show that each year over the last five years (2017/18 to 2021/22) less than a third of Māori who access specialist mental health and addiction services have had access to kaupapa Māori services. More kaupapa Māori services are required to ensure that all Māori have the choice of accessing these services. The Government's recent decision to commit 20 per cent of the Access and Choice programme's funding to kaupapa Māori services is a positive step forward.

Te Hiringa Mahara actively advocates for more kaupapa Māori choices for whānau accessing mental health and addiction services. We support whānau, hapū, and iwi approaches to service delivery based on their own mātauranga, tikanga, and pūkenga.

## The changes we want to see

We want to see:

- increased investment in kaupapa Māori services to address inequities in the funding model, including an equitable allocation of any new mental health and addictions investment to kaupapa Māori services
- the use of commissioning approaches that recognise mana motuhake and tino rangatiratanga and enable Māori providers to design and provide services appropriate to their communities
- priority given to commissioning a comprehensive mental health and addiction prevalence survey.

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# Āpitianga 1: Ngā tikanga ine kounga | Appendix 1: Qualitative methodology

## Qualitative data and analysis

We sought the views of tāngata whaiora Māori as part of our investigation into what equitable kaupapa Māori services would look like. To do this, we held focus groups with tāngata whaiora Māori, most of whom also held a kaimahi perspective.

## Recruiting people to focus groups

We emailed tāngata whaiora Māori who had previously attended focus groups for Te Huringa Tuarua 2023, asking whether they would be interested in participating in focus groups looking at what equitable kaupapa Māori services would look like. We asked people to forward the invitation on to their networks so we could also reach people we hadn't connected with before.

## Collecting the voices of tāngata whaiora Māori

We held two focus groups and one interview. One of the focus groups was with three tāngata whaiora Māori. All three were also kaimahi within mental health and addiction services, and two worked in kaupapa Māori services specifically. The other focus group had seven participants from Te Kete Pounamu National Māori Lived Experience Leadership, a specialist unit within Te Rau Ora, who are all also kaimahi within mental health and addiction services, including kaupapa Māori services. Lastly, the interview was with a tāngata whaiora Māori who is also a lived experience educator.

All engagement for this project followed a process from Te Ao Māori. Māori staff, one of whom was a lived experience advisor, facilitated both focus groups and the interview. Each hui was opened with Karakia Tīmatanga to initiate a safe space before welcoming everyone with mihimihi. For participants to get to know one another and establish whakapapa connections, the hui included a round of whakawhanaungatanga. Everyone had a kōrero around the questions before the hui was closed with Karakia Whakamutunga.

## Focus group questions

We asked the focus groups three questions, which we sent out to participants before each focus group met. These questions were:<sup>14</sup>

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<sup>14</sup> We did not ask about people's experiences because we felt focus groups were not the best way for us to collect these stories safely.

1. whether kaupapa Māori services within their rohe are meeting the needs of their community
2. what the service landscape would look like if we had equity in services
3. what still needs to happen with respect to kaupapa Māori services.

## How we made sense of what people said

We took a teams-based approach to qualitative analysis. Everyone in the analysis team was Māori. Members of the team included someone with a lived experience perspective as well as people with qualitative research experience.

Data from the focus groups<sup>15</sup> and the online forms were analysed using a reflexive thematic analysis approach (Braun and Clarke, 2021). Reflexive thematic analysis offered flexible guidelines, rather than a set of rules to follow, and provided us with a rigorous approach to narrow down what was shared in the focus groups into the key themes identified in this report.

To interpret the data each team member individually became familiar with the discussion of the focus groups by watching and listening to the recordings and then coded<sup>16</sup> extracts in transcripts relevant to the report's scope. In multiple team sessions, we combined our coded data and then sorted these into groups by searching for patterns of meaning. Together, we also generated initial themes that were shared across the two focus groups and one interview and then refined these themes in our report writing process.

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<sup>15</sup> By 'data', we mean the recordings of each focus group and the transcripts from them. Every participant consented to the recording of each focus group.

<sup>16</sup> Our codes were a couple of words or short phrases that summed up what a particular passage or sentence was about.

# Āpitihanga 2: Rōpū Mātanga Māori | Appendix 2: Māori Expert Reference Group

As part of the investigation into what equitable kaupapa Māori services would look like, we formed a Māori Expert Reference Group. The purpose of the Māori Expert Reference Group was to:

- provide expert commentary on the development and content of the kaupapa Māori services insights report and Māori advocacy programme
- recommend the best people to engage with about the kaupapa Māori services insights report and Māori advocacy programme
- provide a roopū we can connect with to sense-check some of the data and information for the insights report
- review and comment on draft versions of the insights report
- endorse the final insights report and Māori advocacy programme.

The Māori Expert Reference Group consisted of eight members, who together fulfilled the following criteria:

- Te Ao Māori expertise, inclusive of all Māori
- connection to Māori whānau, hapū, and iwi community
- expertise in Māori health or kaupapa Māori responses to mental health and addiction
- technical experts from kaupapa Māori mental health and addiction service providers
- knowledge of Māori workforce experiences in the mental health and addiction sector
- lived experience of mental distress and/or harm from substance use or gambling, and/or supporting people who have experience of mental distress and/or harm from substance use or gambling
- understanding of mental health and addiction system funding.

The Māori Expert Reference Group met three times over the course of this project. The first hui clarified the kaupapa and the group's responsibilities for the project. At the second hui, the group discussed the qualitative findings and heard a presentation of some themes from our investigation. At the last hui, the group provided feedback on the structure and storyline of the draft report.<sup>17</sup>

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<sup>17</sup> The draft report was sent to the Māori Expert Reference Group before the final hui began.

# Āpitianga 3: Ngā tūtohi raraunga | Appendix 3: Data tables

A3 Table 1: Investment in kaupapa Māori mental health and addiction services, 2017/18 to 2021/22

Financial year	Total investment in mental health and addiction (\$)	Total investment in kaupapa Māori services (\$)	Investment in kaupapa Māori services as a % of total mental health and addiction spending
2017/18	1,470,000,000	151,000,000	10.3%
2018/19	1,530,000,000	151,000,000	9.9%
2019/20	1,690,000,000	190,000,000	11.2%
2020/21	1,820,000,000	203,000,000	11.2%
2021/22	1,950,000,000	212,360,000	10.9%

A3 Table 2: Number of Māori and non-Māori accessing specialist kaupapa Māori mental health and addiction services, 2017/18 to 2021/22

Financial year	Number of Māori accessing kaupapa Māori mental health and addiction services	Number of non-Māori accessing kaupapa Māori mental health and addiction services
2017/18	15,809	7,474
2018/19	16,070	8,031
2019/20	15,133	7,585
2020/21	14,957	7,888
2021/22	12,826	6,720

A3 Table 3: Number of Māori accessing primary and specialist mental health and addiction services, 2017/18 to 2021/22

Financial year	Māori accessing specialist mental health and addiction services	Māori accessing primary mental health initiatives	Māori accessing all Access and Choice programme services
2017/18	52,743	23,605	-
2018/19	54,151	22,973	-
2019/20	53,886	21,455	-
2020/21	55,362	26,245	-
2021/22	49,775	22,957	28,591



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