

Utilising Maturanga Maori to Improve the Social Functioning of Tangata Whaiora in Maori mental health Services

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Introduction

Maori mental health services under the Auckland District Health Board (ADHB) have been utilising Maturanga Maori as a key community based intervention since the closing of the kaupapa Maori inpatient service (Manawaanui) in 2003. Kapa haka has been a central component in the provision of the marae based recovery programmes. The following paper is a review of the development and progress of this programme over the past three years.

A Brief History

ADHB Maori mental health services have continued through a process of metamorphose since the closing of Carrington hospital. Three kaupapa Maori based units were developed to provide an alternative to mainstream inpatient environments for Maori. The third kaupapa Maori unit (Manawaanui - a male only service) was closed in 2003. The closing of this unit led to the subsequent development of community based kaupapa Maori packages of care for Maori with high complex mental health needs. In conjunction with the package of care team, the two community support work services were also aligned to provide a community based Maori mental health service.

Tangata Whaiora Surveys

A number of tangata whaiora surveys and feedback focus groups were conducted towards the end of 2004 to establish the types of supports, resources and programmes tangata whaiora would prefer to receive from our service. The large majority of feedback indicated a desire for access to Te Reo Maori and Tikanga Maori programmes. Requests continue to be made for access to Te Reo Maori classes. The feedback received through these surveys served to strengthen and enhance the provision of kaupapa Maori recovery programmes.

Kapa Haka Recovery Programme

Programme Development

The kapa haka programme is based on the Whare Tapa Wha model (Durie, 2001) of well being and began in the community towards the end of 2004 with approximately 5-10 regular members. The initial focus of the group was to provide a forum for tangata whaiora to meet with kaumatua and enable opportunities to engage in whaikorero (formal speeches), mihimihi (formal greetings), waiata (song) and haka. This group consisted primarily of men who had been involved with the Manawaanui inpatient service.

During 2005 the kapa haka group was coordinated and led by the Kapua Awatea community support work service. The focus for the programme became oriented towards learning the art of performing waiata, haka and moteatea. During 2006-2007 the number of female members continued to slowly increase.

Currently the Manwaanui roopu consists of approximately twenty to twenty five regular members. The programme is conducted on a weekly basis and lasts for two hours per session and is followed by lunch. Kapa haka continues to have consistent weekly attendance. The regular attendance of tangata whaiora supports the importance of tangata whaiora feedback in the development and implementation of mental health services.

Kapa haka Programme outline

The programme session includes the following components:

- Mihimihi - Formal greetings
- Karakia - Prayer
- Waiata - Songs
- Haka - War dance

Extracted From:

Levy, M., Nikora, L.W., Masters-Awatere, B., Rua, M.R., Waitoki, W. (2008). *Claiming Spaces: Proceedings of the 2007 National Maori and Pacific Psychologies Symposium, 23-24 November, Hamilton*. Hamilton: Maori and Psychology Research Unit.

- Waiata tira - Chorals
- Himene - Hymn
- Kai - Lunch

Kapa haka continues to be led with the support of kaumatua within the ADHB who provide karakia and opportunity for tangata whaiora to learn and engage in mihimihi, whaikorero and kaikaranga roles. The kapa haka programme also facilitates the powhiri process for new tangata whaiora entering the service.

Participants

The entry criteria for the kapa haka programme include people with a major mental health diagnosis currently under the care of the ADHB community mental health service. Participants also have a desire to engage in kaupapa Maori mental health services.

Evaluating outcomes

More recently the kapa haka programme has been working towards developing effective outcome measures of tangata whaiora involvement in kaupapa Maori based interventions. This includes the implementation of the Hua Oranga measure (Kingi, 1999). Tentative results have indicated individual improvements although future research could indicate immediate and long term benefits of kaupapa Maori based interventions.

Tangata whaiora feedback and participation - "Learning about Maori culture has strengthened my soul"

Throughout the kapa haka programme a number of anecdotal comments from tangata whaiora have indicated the positive impacts the programme has had on their process of recovery. The programme has offered a place for people to connect with others and develop socially valid relationships - "These people are my lifeline". Furthermore it allows a pathway towards strengthening self through identity - "I am now beginning to have a sense of identity...it has given me confidence and a sense of belonging".

Working from a marae based setting also provides a safe Maori environment where people can access support from staff and or tangata whaiora involved in the service - "We like it here, we feel safe when we're here".

Most importantly kapa haka has provided people a space to learn that can include participation from their wider whanau connections - "Performing will give us something to show our families".

Conclusion

Kaupapa Maori based interventions or by Maori for Maori services have long been identified as integral to the future health outcomes of Maori (Durie, 2000). It is with this view that the ongoing promotion of programmes such as kapa haka and Te Reo Maori forums are utilised to promote healthier lifestyles for Maori. Furthermore collecting and utilising tangata whaiora feedback has been central to the development and maintenance of the kapa haka programme. Future research and development of these programmes are a necessary and vital component for Maori particularly within mental health settings.

References

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- Kingi, T. (2002). *Hua Oranga Best outcomes for Maori*. Doctoral Thesis. Massey University: Wellington.

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