

Global indigenous suicide prevention, mental health and wellbeing research symposium

Te Papa, Wellington

Helen Leahy, Pouārahi / Chief Executive, Te Pūtahitanga o Te Waipounamu

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This is a remarkable gathering of tribal leaders and dignitaries, the Hon. Queen Pā Ūpokotini Āriki; Professor Ta Mason Durie, Dr Moana Jackson, Professors and Doctors from across the globe; poets and playwrights; kuia and koroua; activists and artists; Pouwhakahaere Rangahau; takatāpui consultants; a Dean of Diversity and Inclusion, a Chief Excitement Officer; health and wellbeing specialists; rangatahi; indigenous psychologists and then there's the rest of us.

Grandparents, parents, daughters and sons, cousins, nieces and nephews. Mokopuna, aunties and uncles. Whānau.

We come today as partners to the transformation project that come under the framework of Whānau Ora.

Maire has lead us off today in explaining the nature of what we are doing specifically in the pursuit of wellness; through our work directly with whānau.

My role is to provide a broader context to the commissioning approach in Te Waipounamu.

But I want to firstly return to honour the indigenous leadership here and over the decades that has positioned identity, connection and belonging as the crucial factor in the wellbeing debate.

This debate has firmly established that whānau and the maintenance of relational ties and collective unity are crucial to Māori wellbeing.

We know that the wellbeing and success of the individual is inextricably linked with the health and wellbeing of whānau, hapū and iwi; with our environment; our past and present; and significantly the legacy of those who have walked before us.

And so in thinking today of what to say, I turn to te awa tupua which for our whānau is the place in which all roads lead to home.

Over this last summer our whānau joined other uri of Whanganui, to travel the length and breadth of the river in the 30th year anniversary of Te Tira Hoe Waka. Over the

course of three weeks we paddle and wānanga along the length of the tupuna awa, Whanganui.

The motivation of the Tira Hoe is to create a better understanding of the two dimensions Te Kauae Runga me Te Kauae Raro; the heavenly knowledge and the earthly knowledge. It is about connecting from one site to the next; linking ancestors in the plaited rope of whakapapa, te taura-whiri o Hinengakau.

The wananga enables all who have the privilege to travel her, that the awa is a healer, a kapata kai, a highway and a protector. It is the rope that binds all the whanau together from the mountain to the sea; weaving the people in with the rivers, mountains, lakes, forests and seas.

It is about being immersed in the source of sustenance that caress your every trouble away.

And through it all we learn life lessons along the pathway from the tempestuous rapids to the flowing waters of tranquillity.

We heard, for instance, of an interchange between a mokopuna and Nanny Nui – Te Manawanui Pauro, who lived a rich and stimulating life until the ripe old age of 103.

One day her mokopuna had just completed the karakia before they embarked the waka and set forth. He turned to his kuia and remembered he had forgotten to place the rau – the leaf – on the tauihu – the prow of the canoe.

His kuia responded, well then your karakia lacks the force it should have had. Action, without having thought through the intention, weakens the impact.

In other words, take the time to do the preparation, and your journey will always be more secure.

At the end of the first day on the river when we reach Ohinepane – we learn about the love story of the tupuna, Tia. Tia was in love with someone her family disapproved of. But so intense was her love that Tia was inconsolable and struggled to find a way ahead.

Her father spoke to her, saying '*e noho me to panipani*' – stay and rest a while and think carefully about your situation.

Tia sat alone; torn between

- **Hotu-iti** downstream – the sobbing agony of her whanau and
- **Hotu-nui** upstream – the heartfelt pain of her lover.

Unable to find her peace, Tia jumped off the cliff, plunging to her death. She is now forever destined to be our kaitiaki – our guardian who watches over us all and keeps us safe.

The story is told to remind us that we have been this way before – while at the same time encouraging us to learn from the lessons of our past.

Peace rarely comes in the solitude of silence; our journey is about trying to find how to cross the river; to bring two sides closer together; to create a bridge of communication; to forge the unspoken chasm by listening to the stories within the space.

And so I come to the rivers of Te Waipounamu.

Te Pūtahitanga o Te Waipounamu is the name by which the multiple rivers and tribal stories come together in the pursuit of wellness for our whānau.

I choose the word **wellness** deliberately – we had the good fortune of spending time with Professor Malcolm King and Dr Alexandra King who raised the notion that wellness covers the world around us, while **wellbeing** is more particular to a human identity.

In 2013, the nine iwi who hold mana whenua status in Te Waipounamu submitted the bid to host the Whānau Ora commissioning agency, in the recognition that hapu and iwi are best placed to support their own.

The rationale was simple:

The high-touch, collaborative and consultative processes of whānau, hapu and community are central not only to securing the long-term health and wellbeing of whānau, but also to growing the capacity and capability of whānau to make decisions for themselves and plan for their future.

A whānau-centred approach focuses on whānau aspirations rather than deficits.

It is a culturally grounded, empowering and emancipatory; a philosophy that recognises the ‘self-management’ and ‘self-determination’ of whānau as critical to genuine and long-term whānau wellbeing.

And it is indeed a privilege to have one of the architects of Whānau Ora – Professor Sir Mason Durie – who along with Dame Tariana Turia has had such a phenomenal impact on the policy and practice across Aotearoa since the report from their whānau centred taskforce was first published in 2009.

For those from offshore, there are four key factors that define and shape the landscape of Whānau Ora

1. First, the approach identifies strengths-based pathways and opportunities for whānau;
2. Second, whānaungatanga and extensive collaboration with whānau, partners and stakeholders, and entities are a distinctive feature of the approach;
3. Third, the whānau-centred approach is culturally informed and mana enhancing; and,
4. Fourth, high value is placed on the development, growth and maintenance of strong networks and stakeholder engagement.

And perhaps most important of all, our eyes are firmly fixed on outcomes – what we call the seven pou.

In Te Pūtahitanga o Te Waipounamu we have five key workstreams:

- investing directly in whānau innovation and enterprise through the pipeline (some 122 entities exist as a result);
- supporting whānau self-determination by placing Navigators alongside (57 FTE);
- growing sites of safety in the areas particularly of violence, suicide prevention and mokopuna ora – Te Punanga Haumarū;
- investing in the capability of whānau to be self-driven through initiatives such as incubator hubs; accelerator wananga – literally to help them speed up their own plans; the use of Whānau Enterprise Coaches.

Underpinning it all is the respect for expertise and guidance available through a foundation of research, evaluation and innovation.

When through both lived experience; reflections of our Navigators and data from the Coroner suggests an overall increase in Māori provisional suicide deaths over time in the South Island, we knew not where the journey would lead us – but simply to place faith in travelling the journey.

Consequently, under the framework of Te Punanga Haumarū we have been engaging with whānau on the issue of suicide and suicide prevention. The primary aim was to identify ways to unlock the potential of whānau affected by suicide.

It was about building whānau capability through authentic engagement in decisions and activities that empower and enable whānau to thrive.

A short data gathering exercise on suicide amongst whānau was also conducted in order to gain a better understanding of the needs and to find effective ways to support whānau around suicide prevention.

Over a three-month period from September to November 2017, a pilot wellbeing survey was conducted alongside in-depth interviews with whānau across Te Waipounamu.

A pilot survey on mental wellbeing was conducted to explore and measure mental wellbeing among whānau.

The instrument used in the pilot survey contained two parts.

The first part consists of the **Warwick-Edinburgh Mental Wellbeing Scale**: an internationally validated assessment of mental wellbeing that utilises strengths-based language. It has 14 items with 5 response categories. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing.

The second part of the survey consists of questions around the strength of respondents' ties and connections to whānau, culture, community, and iwi.

A total of 44 individuals responded to the pilot survey.

All respondents were randomly selected during various hui across the South Island. 59% of the survey respondents were female and 41% were male. The respondents ranged in age from between 18 to 70.

For both sections of the survey, rangatahi between 18-24 years, stand out for having the **lowest mean score for mental wellbeing** and also for having a low score for **connectedness** compared to other age groups.

This is significant when viewed in light of the fact that data from the Coroner indicates that **rangatahi also have the highest numbers of provisional suicide deaths** in the last ten years.

There was a statistically significant strong positive correlation between mental wellbeing and overall connectedness with high levels of connectedness to whānau, culture, and iwi associated with high levels of mental wellbeing.

In addition to the survey data, fourteen in-depth whānau individual and group interviews were also conducted with various whānau across Te Waipounamu, by a kaupapa Māori researcher with Māori whānau who have been personally affected by suicide or suicide attempts.

The interviews involved wider, open-ended conversations about whānau wellbeing, each interview typically lasted 2 to 3 hours.

Collectively, the 14 interview participants have witnessed and/or experienced 20 suicide attempts of whānau members that did not result directly in death, and 13 completed suicides. Whānau reported that the methods typically used by their loved ones in suicide attempts included pill overdose, cutting; hanging, and accessing a firearm.

The issues whānau associated with suicide and/or suicide attempts were widely varied and complex. They tended to include a combination of the following: drug and alcohol dependency; post-natal depression; mental illness; problems with personal relationships and/or whānau; cultural and whānau disconnection; and, other factors such as work and employment problems, unsafe school environments, bullying and peer pressure.

In certain cases, whānau only became aware of the dangers and gravity of the issues besetting their loved one at a much later stage; that is, when the situation had spiralled out of control and the opportunity or potential to intervene had become quite

limited. To illustrate, one participant explained that their whānau member, who was not living with them at the time, kept her problems hidden from them:

“Nobody told us anything”.

Living away from home, in a boarding situation, she was young and vulnerable. We expected the school to protect her and they let her and us down... Nobody told us anything... Serious things were happening that we should have known about, but nobody told us anything. Our girl was also under pressure and did not really want to talk to us... We lived rurally on a farm and we had to travel everywhere to access services. When we started noticing something wrong with her, we put her in a psychiatric programme without a good outcome ... and then we went to a kaupapa Māori service provider, but it was too late by then ... it didn't work and it was too far from where we lived.

In other cases, although whānau may have been aware of some of the underlying problems– for example, in cases of alcohol dependency – they felt that they had very limited resources or power to help change things for their troubled whanaunga.

For example, one participant shared that while they always worried about a particular whānaunga, they were still caught off-guard when the suicide happened:

“we did not see it coming”

*He was heavily into alcohol and we were always worried about him. We were always concerned that one day we would get a message to say he's dead, whether by car accident or some other manner. We spent a lot of time worrying because we never knew where he was or whether he was safe and okay... As hard as it is we are okay now because we now know where he is... **[But] when he killed himself, we did not see it coming.** I think that when it happened he was just fooling around to get attention, but he was so drunk he probably tripped and it became a reality. Someone saw something on social media ... [but] we got there too late to save him.*

The majority of interview participants mentioned that they typically approached health services to seek help for their whānau member and others who have been affected by suicide.

However, they also pointed out that while there may be services available to *intervene* in cases of suicide or a suicide attempt, they and their whānau needed more tools and support, particularly around the *prevention* of suicide.

Significantly, findings from the interviews indicate that whānau typically **tried to manage on their own** when they could, and generally only engaged with health services shortly after a suicide attempt.

They explained that the health services made available to whānau are usually psychiatric assessment; grief counselling; GP services; kaupapa Māori service.

Help through health services became available to whānau generally only after a suicide or suicide attempt had occurred. Some had to struggle through a variety of issues around health services including delays in the diagnosis for mental illness, a dismissive or casual approach by health services, and prohibitive costs for some services.

Another commented that a diagnosis of mental illness to enable access to proper treatment **can and do take time**, despite the urgency and seriousness of the situation for whānau: they experienced a rather dismissive approach from health services staff, mainly due to the young age of the patient.

*We experienced a bit of a casual approach from the staff at [health services]... **The fact that he [whānau member] was quite young, it was like they thought he was just acting up – his suicide attempts were not really taken seriously** ... he wasn't given the proper attention. We [whānau] were told by the staff at [health services] to take him home and give him a milkshake and let him sleep it off... Well he hung himself two weeks later ... He succeeded in killing himself.*

A number of participants also mentioned that some whānau could barely afford the cost of health services. They also found some services to be culturally 'alien' and unsympathetic to their needs

Whānau believe that strong whānau connections and healthy relationships with each other can prevent suicide. In particular, they believe that strong connections can help whānau to maintain their cultural knowledge, expand their social networks, grow their self-confidence, and improve their mental wellbeing. As pointed out in one of the interviews:

The thing is, none of them actually have had the chance to travel back to their turangawaewae... and, over here, you know, they could be quite isolated... Sure, they have friends, but that is not what we mean, eh. They know their iwi, maybe a bit about their whānau up there [North Island], but they've never connected.

Various comments made by the participants during the interviews suggest that being actively involved and connected to whānau, culture and community can give people suffering from trauma, distress or mental illness a reliable source of non-judgmental support and a sense of safety. As one explained:

Home is supposed to be your safe place. It is where you can be who you are and not care about being accepted because you already are ... I think it is important to have a place... like the marae, you know, just as an example... a place that will be always open for everyone and anyone when they need to take their mind off things, be busy, have some company, hear a few old stories, that sort of thing. Having the freedom to be able to go to such a place when you need to helps, even if it really doesn't solve your immediate problems, it still helps.

The majority of interview participants felt that being connected to whānau had been most helpful particularly as they were dealing with issues of self-blame and grief from suicide; being connected to whānau helped to put things into perspective.

Whānau coming together helped them understand their own grief, prevented them from internalising on their own guilt and anger over their loss, and helped them to see the faces of their remaining loved ones and other whānau. As one parent shared:

*When [whānau member] died, I was sad, I was really angry... Didn't want to let anybody in ... I kept thinking about the whole thing over and over... I kept asking myself, 'what had I done wrong?'... It was difficult not to blame myself. I felt I had a responsibility and I failed ... and the counselling wasn't working. **But my other children, they didn't agree with how I was thinking. It was good, I guess, that one day they just had enough and they came right out and told me that this whole thing, it wasn't about me... that it was enough and I had to look outside of myself.***

Another participant similarly explained that it was important for whānau to openly discuss their views. Conversations that challenge and question traditional attitudes—such as the notion that whānau could be at least partly to blame for suicide – can be helpful.

Whānau of people who commit suicide will take one of two roads – the blame victim, or the non-victim ... We [our whānau] talked about this ... The thing is, he [whānau member] made a choice. It was his choice [to commit suicide]... We never owned that and did not take any responsibility for his decision.

Lastly, whānau pointed out that while clinical approaches to suicide and/or suicide attempts are necessary, it is whānau that play a key role in the prevention of suicide and recovery from suicide. Consequently, it is important to support and strengthen

the capacity and capability of whānau and the community to respond to crises and/or distress.

Recommendations from Whānau

The participants offered recommendations around suicide prevention, based on their own lived experiences.

- **First, they pointed out that schools are an influential part of the community;** consequently, suicide prevention should be made part of the hauora curriculum in schools. Conversations need to start through a curriculum that puts a focus on learning about healthy relationships, healthy feelings, and how to express feelings and ask for help.
- Second, whānau can be used to strengthen connections between people and between and among whānau and prevent isolation.
- Third, being connected culturally and with whānau needs to be a significant part of both suicide prevention and intervention. The interview participants pointed out that whānau need to know their rangatahi better, particularly for Māori whānau living outside their iwi boundaries.
- Fourth, a whānau-centred approach to recovering from suicide is necessary to prevent individuals from internalising and solely focusing on the experience of personal grief and loss. Such an approach can enable individuals to transcend the focus on self and realise the wider context of whānau around suicide. The participants believe that a whānau-centred approach is the best means to engender mutual support in a safe environment.

- And fifth, it is helpful to have a **safe and open place for people** to go to meet and talk to others. Also, having an open place that also serves the purpose of 'home' is important for culturally isolated whānau. Some participants in particular, mentioned that what is missing in their lives is a place that is always open for anyone to go to and have some company when they need it and be cared for and/or listened to without judgment.

Conclusion

Overall, from both the pilot survey and the in-depth interviews our findings clearly and consistently show the importance of whānau, culture and community connectedness to mental wellbeing.

The findings also indicate that being connected to whānau, culture and community can be empowering for people and can improve the resilience of whānau and the ability of individuals to cope with issues of suicide and other traumatic and/or distressing circumstances.

Our data reiterates the significance of close and supportive relationships, and strong social and community bonds, in improving and maintaining psychological and emotional wellbeing and, the importance of commonly held cultural connections and values in growing resilience and improving the ability to cope

In sum, both statistically and qualitatively, there is clear evidence for the value of a whānau-focused approach to suicide prevention and improving mental wellbeing more generally.

Finally, I end this presentation today in my most important role as a mum.

Rangatahi Maori in the South Island have the highest number of provisional suicide deaths reported to the Coroner from July 2007 to June 2017.

Yesterday when I dropped my 17 year old daughter off at her brother's home in Kaiapoi, we got talking about the impact of suicide in their lives. Her sister in law told her she'd lost her best friend in 2010 – and in the eight years that have passed since that time she had lost 22 others to suicide.

But her message was clear – tell those people in Wellington we must talk about it. Don't hide from it, don't ignore it, just talk.

Essentially perhaps that is our greatest challenge.

In order to traverse the valley between *Hotu-iti* downstream – and *Hotu-nui* upstream – we need to take the time to fix the rau onto the prow of our waka, and ride the rapids, knowing full well that it is our responsibility and our destiny to make every home the safe place where wellness resides.