

**Te Puāwaitanga
Māori Mental Health
National Strategic
Framework**

Cover illustration: “Te Taha Wairua” by Robyn Kahukiwa, 1990.

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MANATŪ HAUORA

Wāhanga Tuatahi/Foreword

In developing Te Puāwaitanga, we have chosen to build on key mental health strategies, *Looking Forward, Moving Forward* and the Mental Health Commission's *Blueprint for Mental Health Services in New Zealand*, while also incorporating current directions in mental health.

An important aspect in the development of Te Puāwaitanga is that it has provided, for the first time, the opportunity to include in one document much of the work that has been achieved so far in relation to Māori mental health.

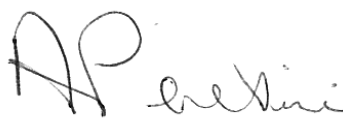
Without the dedicated support of so many key people who contributed through hui, consultation rounds and submissions, it would not have been possible to complete this strategic framework. We acknowledge and sincerely thank all these people for their generosity, their commitment and their passion for Māori well mental health.

We also acknowledge and pay special tribute to koro Denis Simpson (*Ngati Awa*), for the very powerful gift he has given in naming our strategic framework.

Finally, we recognise that Māori mental health is ultimately about Māori development, and it is our hope that in some small way, Te Puāwaitanga will contribute to that development.



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Glossary of Terms

CQI	Continuous Quality Improvement. A system for ensuring that the management methods, practices and overall culture of an organisation bring about continuous improvement to the services it offers.
CTA	Clinical Training Agency, a unit within the Ministry of Health, responsible for funding clinical and post-entry training in the health and disability sector.
Cultural assessment	The process through which the relevance of culture to mental health is ascertained.
Cultural effectiveness	A concept which focuses attention on the types of services that will benefit Māori clients.
DHB	District Health Boards (DHBs) fund, provide or ensure the provision of services that protect, promote and improve the health and independence of a geographically defined population.
DHBNZ	District Health Boards New Zealand – provides a national voice for District Health Boards.
FTE	Full-time equivalent staff.
Hua Oranga	A Māori measure of mental health outcome.
HFA	Health Funding Authority (disbanded 31 December 2000, with its functions being distributed between District Health Boards and the Ministry of Health).
MAPO	Māori Purchasing Organisation – works in partnership with funders.
MDO	Māori Development Organisation.
MoH	Ministry of Health.
Tāngata whaiora	People seeking wellness, mental health service users.
Tohunga	Person with expert knowledge.
Rangatahi	Youth.
Rongoa	Traditional medicines.
Wānanga	Place of learning.

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1 Introduction

The strategic framework for the health and disability sector

The New Zealand Health Strategy and the New Zealand Disability Strategy together set the overarching guide for planning, developing and funding health and disability services in New Zealand.

A number of more detailed strategies for services, health issues or population groups already exist or are being developed. These strategies provide more detailed guidance for the health and disability sector, particularly District Health Boards which are directly responsible for the health and participation of their local communities, on how to achieve the goals of the New Zealand Health Strategy and New Zealand Disability Strategy. These strategies include the Primary Health Care Strategy, the Māori Health Strategy (He Korowai Oranga), the Health of Older People Strategy, Roadside to Bedside and the Pacific Health and Disability Action Plan.

These more specific strategies provide the basis for other policy initiatives that the Ministry of Health, often in association with other government and sector agencies, develops. These include:

- action plans to address specific health and disability issues, such as the *Integrated Approach to Infectious Disease: Priorities for Action 2002–2006*
- toolkits to assist DHBs to address the priority objectives of the New Zealand Health Strategy
- research and evaluation plans
- guidelines for service development.

Figure 1 shows the framework for implementing the Government’s health and disability goals.

Figure 1: Implementing the Government’s health and disability goals



Implementation of strategies

Implementation of the different strategies varies, depending on the aims and objectives of each one. Some strategies have very specific goals and objectives, and have specific funding allocated to them, for example, Reduced Waiting Times for Public Hospital Elective Surgery. Other strategies are prioritised and resourced incrementally, for example, the Primary Health Care Strategy and the IAID.

Their aims and objectives may include:

- providing guidance for District Health Boards on prioritising services with existing funding
- advising DHBs and other providers on new ways to organise and deliver services
- promoting behaviour change among health care providers and the public.

Looking Forward and Moving Forward

In 1994 the Government released *Looking Forward: Strategic directions for the mental health services*. This strategy indicated a major shift in direction from services dominated by psychiatric hospitals towards community mental health services and teams. In order to ensure the implementation of *Looking Forward*, in 1997 the Government launched *Moving Forward: The national mental health plan for more and better services*. The wider scope of *Moving Forward* allowed for the inclusion of mental health promotion, prevention and primary health care activities. The genesis of *Te Puāwaitanga: Māori Mental Health National Strategic Framework* lies in the ground-breaking work of *Looking Forward* and *Moving Forward*.

Purpose of Te Puāwaitanga

The purpose of this Māori Mental Health Strategic Framework is to provide District Health Boards with a nationally consistent framework for planning and delivery of services for tāngata whaiora and their whānau, so they can meet the Government's mental health policy objectives for Māori over the next five years.

Scope of Te Puāwaitanga

The Government recognises that mental health needs and community capacity will be different in each area, and that community participation in decision-making is the best way of ensuring that services meet the needs of individuals and communities at a local level.

This document sets out the key Government policy statements as strategic five-year goals. These are further developed into five-year objectives, which can be shaped to meet local requirements, and integrated into District Health Board operating plans.

This strategy also recognises the significant developments that have been achieved previously and the need to consolidate these achievements and build on them for the continued advancement of wellness for Māori.

Focus is on tangible outputs within the health sector

The focus of Te Puāwaitanga is on producing tangible mental health outputs, which, incrementally, will lead to the achievement of the Government's five-year goals. Outputs sought vary from explicit inclusion of Māori dimensions in mental health plans and contracts, to measurable increases in tāngata whaiora and whānau participation and in the Māori mental health workforce.

The focus on tangible mental health outputs is not intended to downplay the importance of non-clinical strategies. The Ministry of Health supports the position advocated by Mason Durie (1997:2) that good Māori mental health is more than efficient health services. For Māori, good mental health also requires access to the institutions of Māori society such as te reo Māori, land, marae, and ready access to primary health care, education, housing and employment opportunities.

Te Puāwaitanga attempts to ensure that Māori mental health services funded through Vote Health include participation in intersectoral responses in support of Māori models of wellbeing.

Key result areas

At a minimum, Te Puāwaitanga should result in:

- measurable five-year objectives for Māori mental health in each District Health Board area, which can be costed and aggregated at national level
- specific deliverables for Year 1
- a longer-term monitoring and evaluation strategy that meets the Government's 'value for money' and 'effective service delivery for Māori' criteria.

2 Why Do We Need Te Puāwaitanga?

Te Puāwaitanga has been developed to ensure that Māori mental health services (both mainstream and kaupapa Māori) retain a discrete and prominent identity within the Government's national health strategy. The rationale for this is summarised below.

Mental health problems are now the number one health concern for Māori

Since 1975, Māori rates of mental illness have increased, while the rates for Māori for a number of primary health problems such as heart disease and infant mortality rates have declined (Durie 1997).

Patterns of mental illness are different for Māori

Māori, for a range of reasons, have a different profile to non-Māori as far as mental illness is concerned. Late presentation for treatment is a significant reason for higher acuity levels being recorded. Since 38 percent of Māori referrals come from law enforcement or welfare services (Te Puni Kōkiri 1996:45), primary, early intervention and mental health services need to be more accessible and appropriate to the needs of Māori to mitigate entry of Māori into crisis and forensic services.

Recognition of the effectiveness of mental health solutions developed in a Māori cultural context

Recent developments in Māori mental health clinical practice have highlighted the importance of cultural identity as an essential component of health care. For Māori, effective services must reflect all dimensions of wellness.

This strategy restates the Government's commitment to improving Māori mental health status

The Government is committed to continuing the progress of achievements made since the mid 1980s towards culturally appropriate mainstream services, community-based mental health services and Māori workforce development. The Government requires the Ministry of Health and District Health Boards to reflect this commitment in its planning and delivery processes by actively pursuing the goals of Te Puāwaitanga.

3 Policy Cornerstones for Te Puāwaitanga

Te Puāwaitanga is based on a set of key policy principles and goals guiding the health sector. These are summarised below.

The special relationship between Māori and the Crown under the Treaty of Waitangi

The Government is committed to fulfilling its obligations as a Treaty partner (King 2000:7). The special relationship between the Crown and Tāngata Whenua is ongoing and is based on the underlying premise that Tāngata Whenua should continue to live in Aotearoa as Tāngata Whenua.

In the health sector, The Government expects Māori to have an important role in implementing health strategies for Māori, and that the Crown and Māori will relate to each other in good faith with mutual respect, co-operation and trust.

Māori should be actively involved in defining and prioritising their health needs and directly aided to develop the capacity to deliver services to their own communities. This approach recognises that emphasis upon these elements may, over time, lessen the high admission and re-admission access rates of Māori tāngata whaiora into both secondary and tertiary services.

As a general principle, the relationship between Māori and the Crown in the health and disability sector is evidenced by:

- Māori participation at all levels
- active partnership in service delivery
- protection and improvement of Māori health status.

The New Zealand Health Strategy

The New Zealand Health Strategy identifies the Minister of Health's present priority areas and aims to ensure that health services are well targeted to ensure the highest benefits for the New Zealand population within financial limits.

Three particular goals in the New Zealand Health Strategy shape Te Puāwaitanga (King 2000:9). These are:

- ensuring accessible and appropriate services for Māori (Strategic Goal 2)
- Māori development in health (Strategic Goal 3)
- better mental health (Strategic Goal 7).

To underline the importance of mental health as a key component of the New Zealand Health Strategy, the Government has identified ‘improving the health status of people with severe mental illness’ and ‘minimising harm caused by alcohol and illicit and other drug use to individuals and the community’ as two of 13 priority population health objectives (King 2000:13). Specific objectives to address these priorities include:

- the continued implementation of the *Blueprint for Mental Health Services in New Zealand*
- improving the responsiveness of services to Māori
- an increased emphasis on the provision of early intervention and prevention services
- a greater focus on recovery
- improved co-ordination between the health sector and other social services sectors such as education, housing, work and income support.

The Government also expects the Ministry of Health and District Health Boards to work towards *reducing inequalities in health outcomes*. In this context, mental health is one of eight Māori health gain areas that will continue to receive attention (King 2000:18).

Looking Forward and Moving Forward

As mentioned earlier, the genesis of Te Puāwaitanga lies in the directions set for mental health services in both *Looking Forward: Strategic directions for the mental health services* and *Moving Forward: The national mental health plan for more and better services*. Te Puāwaitanga builds on and extends both of these strategies.

Building on Strengths: A guide for action

The Ministry of Health’s Public Health Directorate has recently released a discussion document, *Building on Strengths: A guide for action. A new approach to promoting mental health in New Zealand/Aotearoa* (Ministry of Health 2001a), which proposes a national direction for mental health promotion over the next five years. That document impacts on, and should be read in conjunction with, Te Puāwaitanga.

The Blueprint for Mental Health Services in New Zealand

The Government is committed to continually improving mental health services through implementing the Mental Health Commission’s *Blueprint for Mental Health Services in New Zealand* (MHC 1998). The *Blueprint* takes a recovery approach to mental health service delivery, and gives particular emphasis to meeting the mental health needs of Māori.

The *Blueprint* is based on assumptions of 3 percent of the total population needing to access specialist mental health services (including alcohol and drug services) over any six-month period.

The *Blueprint* suggests that the target for access to mental health services for Māori should be double that for the general population.

A definition of kaupapa Māori mental health services

The *Blueprint* also offers a definition of kaupapa Māori services as services which may offer a range of treatment and support services but which include as base elements:

- whānaungatanga
- whakapapa
- cultural assessment
- empowerment of tāngata whaiora and their whānau
- te reo Māori
- tikanga Māori
- kaumātua guidance
- access to traditional healing
- access to mainstream health services
- quality performance measures relevant to Māori.

Fundamental to the provision of these elements is also the need for sound management systems and practices.

The Māori Health Strategy

He Korowai Oranga: Māori Health Strategy: Discussion document, released by the Minister of Health in April 2001 (Minister of Health 2001), proposes four ‘pathways’ towards the aim of improved whānau health:

- Pathway One: Partnerships with Māori
- Pathway Two: Māori Participation
- Pathway Three: Effective Health and Disability Services
- Pathway Four: Working Across Sectors.

Te Puāwaitanga aims to contribute to these pathways by promoting specific and measurable mental health objectives that complement the broader approach taken in *He Korowai Oranga*.

4 A Strategic Direction for Māori Mental Health Services

This section explicitly focuses on guiding principles for Māori mental health services. These principles have formed the framework for the goals and objectives that are included in the tables which follow.

Guiding principles – a framework for Māori mental health services

Guiding principles of particular relevance to Māori mental health services are as follows (King 2001:7–9; MHC 1998:14–15):

- Services covered by Te Puāwaitanga will actively acknowledge the special relationship between the Crown and Tāngata Whenua under the Treaty of Waitangi.
- Te Puāwaitanga should reflect Māori realities and Māori priorities.
- Services covered by this strategy must protect and enhance the cultural and personal safety of tāngata whaiora and their whānau.
- Improved effectiveness requires better specification of Māori mental health services and consistently-applied standards.
- Māori models of wellbeing require mental health initiatives to occur in an inclusive and integrated manner.
- Capacity building of Māori service providers is a priority.
- Intersectoral and intra-sectoral collaboration is essential to implementing holistic models of care and wellbeing.

Goals and objectives for District Health Boards

The following goals and objectives have been designed to incorporate the key policy directions set out in *Looking Forward, Moving Forward* and the Mental Health Commission's *Blueprint*. The goals and objectives also include work that the Mental Health Directorate has invested in over the past few years, for example *Ngā Tikanga Tōtika mō te Oranga Hinengaro Oranga Wairua*, *Best Practice Guidelines for Kaupapa Māori Mental Health Services*, and *Hua Oranga: Māori Outcome Measurement Tool*.

- Goal 1: Provide comprehensive clinical, cultural and support services to at least 3 percent of Māori, focused on those who have the greatest mental health needs.
- Goal 2: Ensure that active participation by Māori in the planning and delivery of mental health services reflects Māori models of health and Māori measures of mental health outcomes.
- Goal 3: Ensure that 50 percent of Māori adult tāngata whaiora will have a choice of a mainstream or a kaupapa Māori community mental health service.

- Goal 4: Increase the number of Māori mental health workers (including clinicians) by 50 percent over 1998 baselines.
- Goal 5: Maximise opportunities for intra- and intersectoral co-operation.

5 Table of Goals and Objectives

The following tables describe goals and objectives that District Health Boards can implement in order to fulfil the Government’s objectives for improving Māori mental health.

The tables indicate that if objectives in columns 2 and 3 are completed then the five-year strategic objectives, in column 1, will be achieved.

An example of this is:

Goal 2: Ensure that active participation by Māori in the planning and delivery of mental health services reflects Māori models of health and Māori measures of mental health outcomes

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
Encourage Māori involvement in planning, developing and delivering mental health services	<ul style="list-style-type: none"> Develop mental health component of DHB strategic and annual plans 	<ul style="list-style-type: none"> By 2002, the planning processes of DHBs specify how Māori involvement in the design and purchasing of services appropriate to Māori needs, has been achieved Local Māori advisory groups are established and supported to participate as a resource for the Regional Mental Health Network

Goal 1: Provide comprehensive clinical, cultural and support services to at least 3 percent of Māori, focused on those who have the greatest mental health needs

Emphasis in this goal should be given to service provision to children and young people, rangatahi, Māori with alcohol and drug abuse, and people with high and complex support needs.

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
Improve Māori access to mental health services	<ul style="list-style-type: none"> • By mid 2003 implement a comprehensive mental health promotion strategy in areas with a high level of Māori mental health need • By 2004 implement a comprehensive early intervention strategy 	<ul style="list-style-type: none"> • Ensure operational components are congruent with the Mental Health Promotion strategy • Ensure linkage with destigmatisation programme • Ensure hapū and iwi involvement in design and development of strategies
Improve co-ordination and continuity of service provision	<ul style="list-style-type: none"> • Increase in the number, and quality, of step-down (less intensive) facilities • Further develop early intervention and prevention services 	<ul style="list-style-type: none"> • Support the development and co-ordination role of MDOs and MAPOs as a means of achieving continuity of care for tāngata whaiora and their whānau
Increase the volume of services for Māori	<ul style="list-style-type: none"> • Increase the number of high-quality Māori service providers • By 2004, increase the numbers of tamariki and pakeke accessing early intervention programmes by 20% • By 2004, increase the numbers of Māori receiving treatment for alcohol and drug-related problems by 15% • Establish a comprehensive needs assessment programme for child and youth 	<ul style="list-style-type: none"> • Decrease in acute/crisis admissions • Increase of early presentation and access by Māori to kaupapa Māori and mainstream mental health services • Commence development of a strategic plan that details how to achieve this objective by 2004

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
	<ul style="list-style-type: none"> • Develop high-quality kaupapa Māori service providers • Develop appropriate outcome measure and performance indicators 	<ul style="list-style-type: none"> • Develop business plans, service specifications, evaluation and monitoring plans, and contracts, that ensure provision of a comprehensive, culturally relevant range of services with specific emphasis upon the provision of the following services: <ul style="list-style-type: none"> – child and youth – rangatahi – alcohol and drug – people with high and complex support needs – early intervention and promotion • Build capacity and capability of kaupapa Māori community providers, eg, organisational capability, governance, accountancy, policy and protocol development • Investigate further development of 'Hua Oranga' (a Māori measure of mental health outcomes) to assist DHBs to develop both appropriate outcome measures and performance indicators*
<p>Improve, from a Māori perspective, the effectiveness for Māori of existing mainstream services</p>	<ul style="list-style-type: none"> • Review existing mental health outputs and measure effectiveness against Māori outcome measures • Contracts with all providers continue to enhance the provision of clinically and culturally relevant services to Māori 	<ul style="list-style-type: none"> • Review at least 10% of all services to ensure currency with baseline information, service specifications and contract requirements, with an emphasis on the high risk areas: <ul style="list-style-type: none"> – forensic – crisis – alcohol and drug – child and family – youth suicide • Develop a plan that outlines how all remaining services will be reviewed • Contracts will include specific reference to: <ul style="list-style-type: none"> – operational clauses – measurement and payment – auditing and monitoring

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
	<ul style="list-style-type: none"> • Realign programme expenditure around most effective programmes • Develop and pilot at least one new programme in priority need areas in selected DHBs • Increase the Māori workforce within mainstream hospital and community-based services 	<ul style="list-style-type: none"> • Provide input to the Ministry of Health Best Practice Guideline development project • Develop national standards for Māori mental health provision*
<p>Improve our understanding of Māori mental health needs</p>	<ul style="list-style-type: none"> • By 2003, review the extent and nature of mental health needs amongst Māori in each DHB area • Improve access to Tohunga and Rongoa • Maintain and enhance current research and development schedules • Evaluate Kia Tu Kia Puawai (a Māori model for mental wellbeing and mental health promotion) demonstration sites* 	<ul style="list-style-type: none"> • Develop baseline information on (with specific emphasis on Alcohol and Drug and Child and Youth services): <ul style="list-style-type: none"> – current FTEs by ethnicity and job title – types of services provided – location of services – numbers of tāngata whaiora and whānau accessing services • Ensure that kaupapa Māori services are actively supported to participate in research and development initiatives

* denotes Ministry of Health responsibility

Goal 2: Ensure that active participation by Māori in the planning and delivery of mental health services reflects Māori models of health and Māori measures of mental health outcomes

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
Encourage Māori involvement in planning, developing and delivering mental health services	<ul style="list-style-type: none"> • Develop mental health component of DHB strategic and annual plans • Develop key linkages with Regional Mental Health Networks • Develop linkages with key Māori organisations/providers in the DHB areas • Develop specific criteria for contract documentation and tendering processes • Develop specific cultural criteria for evaluation • Review DHB mental health business plans against Māori clinical and cultural effectiveness criteria 	<ul style="list-style-type: none"> • By 2002, the planning processes of DHBs specify how Māori involvement in the design and purchasing of services appropriate to Māori needs, has been achieved • Local Māori advisory groups are established and supported to participate as a resource for the Regional Mental Health Network
Increase the responsiveness of mainstream mental health services to the special needs of Māori		<ul style="list-style-type: none"> • By 2002/3, all mental health services will be using cultural assessment procedures for Māori consumers • The development of an assessment process that accurately and effectively assesses the holistic needs of tāngata whaiora and whānau is completed • By 2002/3, all mental health services will operate under cultural effectiveness protocols

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
Develop quality improvement tools to assess clinical, cultural and managerial competencies	<ul style="list-style-type: none"> • By 2002/3, implement service quality assurance protocols in each DHB area that demonstrates National Mental Health Standards adherence and continuous quality improvement • All providers are required to develop and implement a range of appropriate tāngata whaiora feedback mechanisms that provide real opportunity for tāngata whaiora and whānau to participate in the CQI process, eg, focus hui, surveys, individual hui, Hua Oranga outcome measurement process. 	<ul style="list-style-type: none"> • All quality plans must demonstrate a CQI approach and methodology that is inclusive of kaupapa Māori mental health and mainstream services • Tāngata whaiora surveys are developed and completed and data analysis and reporting implemented

Goal 3: Ensure that 50 percent of Māori adult tāngata whaiora will have a choice of a mainstream or a kaupapa Māori community mental health service

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
<p>Improve the effectiveness of existing kaupapa Māori mental health service providers</p>	<ul style="list-style-type: none"> • Within funding constraints, maintain funding support for existing providers who are meeting contractual requirements • Develop service specifications for kaupapa Māori services • Implement a provider development strategy in all DHBs by 2002/03 • By 2002/03 all mainstream services to have development plans for Māori mental health service/s ready for implementation, plans to include detail on: <ul style="list-style-type: none"> a) workforce development b) resource/service development c) clinical/cultural components • Evaluate the effectiveness of existing kaupapa Māori service provider outputs by utilising the Māori mental health measurement framework • Ongoing benchmarking of 'best practice' clinical practices in kaupapa Māori service environment • Support the development and co-ordination role of MDOs and MAPOs 	<ul style="list-style-type: none"> • Development of National Service Framework*
<p>Increase the number of high-quality kaupapa Māori mental health service providers working in areas of high need amongst Māori</p>	<ul style="list-style-type: none"> • Increase the number of kaupapa Māori mental health services 	
<p>Promote kaupapa Māori mental health provision within major mainstream services</p>	<ul style="list-style-type: none"> • Increase workforce • Develop training programmes to ensure appropriate response and cultural safety of tāngata whaiora and whānau • Increase kaupapa Māori support services within mainstream services 	<ul style="list-style-type: none"> • Protocol for referring tāngata whaiora to kaupapa Māori services in place at all DHBs

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
Increase capacity of whānau, hapū, iwi and other Māori communities to support tāngata whaiora in the community	<ul style="list-style-type: none"> • Provide appropriate material on how to access services • Assist in development of intersectoral links 	

* denotes Ministry of Health responsibility

Goal 4: Increase the number of Māori mental health workers (including clinicians) by 50 percent over 1998 baselines

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
<p>Improve our knowledge of the capacity and potential of the existing Māori mental health workforce</p>	<ul style="list-style-type: none"> • Compile a database of organisations working within the context of Māori models of practice in each DHB area 	<ul style="list-style-type: none"> • Project plan for each DHB area
<p>Implement relevant goals of <i>Tuutahitia te Wero, Meeting the Challenges: Mental health workforce development plan 2000–2005</i> (HFA 2000)</p>	<ul style="list-style-type: none"> • Develop strategies with Māori mental health providers to achieve: <ul style="list-style-type: none"> – Increased recruitment and retention of Māori in the mental health workforce – increased participation by Tāngata Whaiora in the Māori mental health workforce • Develop specific training initiatives for the Māori mental health workforce • Liaise with DHBNZ on workforce development 	<ul style="list-style-type: none"> • Refer to <i>Tuutahitia te Wero</i> • Liaise with appropriate organisations that are involved in workforce development, eg, CTA, DHB Workforce Reference Group • Refer to <i>Tuutahitia te Wero</i> • Review the impact of wānanga provided to Māori practitioners

Goal 5: Maximise opportunities for intra- and intersectoral co-operation

1. Five-year strategic objectives	2. Three-year objectives	3. Expected deliverables for Year 1
Primary health care	<ul style="list-style-type: none"> • Improve training for GPs and other primary health care workers in the use of the primary health care guidelines on depression, anxiety, youth suicide and alcohol and drug abuse • Develop new training programmes for GPs and other health workers providing primary health care to Māori tāngata whaiora 	
Mental health and housing, employment opportunities for Māori with mental health needs	<ul style="list-style-type: none"> • Collaboration with organisations such as 'Linkage' 	
Education	<ul style="list-style-type: none"> • Collaboration with Māori educational institutions such as Te Kōhanga Reo Trust 	
Whānau development Māori development	<ul style="list-style-type: none"> • Availability of material for whānau about mental illness, the signs, what they can do and where they can seek help in their communities • Interagency collaboration between services and key agencies, eg, WINZ • Collaboration with whānau, hapū and iwi services 	

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