

KIA PIKI TE ORA O TE TAITAMARIKI

**STRENGTHENING
YOUTH WELLBEING**

**NEW ZEALAND YOUTH SUICIDE
PREVENTION STRATEGY**

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KIA PIKI TE ORA O TE TAITAMARIKI: NEW ZEALAND YOUTH SUICIDE PREVENTION STRATEGY





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**SEE THE FLIPSIDE OF THIS PUBLICATION
FOR *IN OUR HANDS*, THE GENERAL
POPULATION PART OF THE NATIONAL
YOUTH SUICIDE PREVENTION STRATEGY**

FOREWORD

During 1996 144 young New Zealanders died by suicide, and many more attempted to do so. The deaths, physical harm, and emotional pain of these young people, and the grief of those close to them have caused concern throughout our community. There is a strong feeling that 'something must be done'.

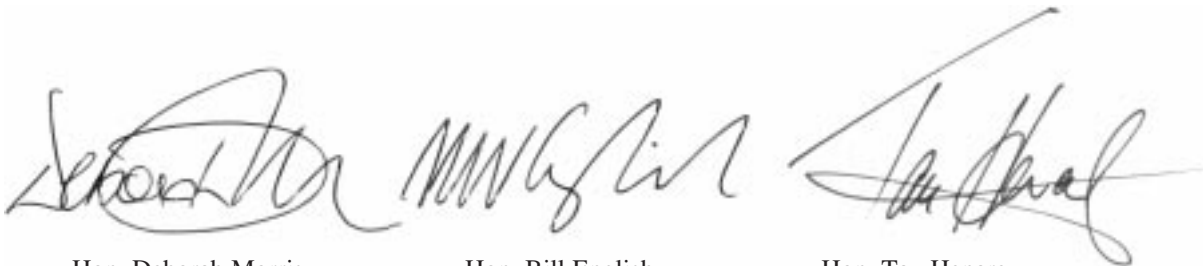
The causes of suicide are complex. Often there is an interweaving of experiences and behaviours that makes a young person more vulnerable to suicide. The complexity of the causes means that there is no one simple answer for reducing youth suicide.

Research has identified a range of factors that are associated with an increased risk of suicide or serious suicide attempt. To reduce youth suicide we need to work on reducing the risk factors, and where this is not possible, minimise the harmful effects on young people. This will require action at government, community, and individual levels.

This Strategy operates as a framework to help us all identify actions we can undertake to help reduce youth suicide. The government's work in the area of reducing youth suicide will be brought together in an implementation plan, which is being developed by the Ministry of Health. This plan will be updated annually.

Suicide has always existed in our society. Although it is unlikely that we will be able to stop all youth suicides, together we can work to reduce the number of young people harming themselves or ending their lives.

We would like to thank the many people who have helped produce this Strategy: the researchers, people working in mental health, young people, youth workers, teachers, concerned parents, bereaved families and friends, counselling and support groups, and community organisations.



Hon. Deborah Morris
Minister of Youth Affairs

Hon. Bill English
Minister of Health

Hon. Tau Henare
Minister of Māori Affairs





INTRODUCTION

The increase in Māori suicide in New Zealand, especially amongst taitamariki Māori¹, gives cause for concern. In the ten years to 1994, the suicide rate for taitamariki Māori increased significantly. Suicide is now the second largest cause of death, after road accidents, for young Māori aged 15-24 years. In 1996, the rate of Māori youth suicide (ages 15-24) was 38.4 per 100,000. For non-Māori it was 24.3 per 100,000. The concern is not limited only to completed suicide. For every suicide, there are at least another eight or nine hospital admissions for attempted suicide. In 1995, Māori females aged 15-19 years had the highest rate of intentional self injury/attempted suicide (489.6 per 100,000²) of all population groups. In the 20-29 year age group, Māori men are at greatest risk of mental illness. Their first admission rates to a psychiatric inpatient unit are more than three times the overall rate³.

In itself, the tragic loss of many taitamariki is cause for grief and reflection. Why are so many taitamariki Māori compelled to seek an early death? Why did they turn on themselves and not turn to others for help? The despair of our young is a challenge – to mobilise the strength of the Māori community, and in partnership with the government, to channel that strength to nurture the life-force of taitamariki.

Māori social structure is such that suicide not only impacts on whānau, but also hapū and iwi. Consequently, while we recognise that youth suicide is the focus of this document, there is a need to also acknowledge the increase in suicide across the whole Māori population.

Kia Piki te Ora o te Taitamariki is a strategy which aims to provide opportunities to ensure taitamariki Māori are affirmed so that ending their life is not an option.

Kia Piki te Ora o te Taitamariki forms an important component of the National Youth Suicide Prevention Strategy. It complements *In Our Hands* which is printed on the flipside of this document. Whilst *In Our Hands* is inclusive of Māori, *Kia Piki te Ora o te Taitamariki* provides a suicide prevention response that is specific to Māori. The Strategy offers a framework for Māori to investigate ways of preventing the growing number of young Māori dying by their own hands.

Kia Piki te Ora o te Taitamariki consists of a vision, a mission, key considerations, a set of goals, and a strategy for achieving those goals. The document includes some examples of successful government and local community initiatives. Other community initiatives must also be recognised and supported, where appropriate.

Two reports were commissioned to inform the approach and provide evidence on the Strategy. A Review of Evidence: In Our Hands – the New Zealand Youth Suicide Prevention Strategy by Annette Beautrais examines the evidence behind the approaches in In Our Hands. The second report, A Review of Evidence: Kia Piki te Ora o te Taitamariki – the New Zealand Youth Suicide Prevention Strategy was written by Keri Lawson-Te Aho and provides the basis for the strategy for the prevention of Māori youth suicide. These reports are available from the Ministries of Health and Youth Affairs and Te Puni Kōkiri.

¹ Taitamariki is used throughout this document to refer to the age group 15-24 years.

² New Zealand Health Information Services.

³ Te Puni Kōkiri (1996). *Nga Ia o te Oranga Hinengaro. Māori trends in Māori mental health 1984-1993. Ministry of Maori Development. Wellington.*



THE PROCESS

In 1997, Te Puni Kōkiri established a Māori Reference Group to provide advice on the development of a national youth suicide prevention strategy. The Reference Group recommended that a distinct strategy for Māori youth suicide prevention that was consistent with, and forms part of, a national strategy for youth suicide prevention, be developed.

The approach had been to design a framework which would accommodate Māori realities. As it happens, elements of both frameworks are similar. This is not surprising given that Māori providers have always traversed mainstream and Māori models of wellness. While Māori consumers have endeavoured to have their issues addressed within a variety of mainstream services and approaches, it is evident from health status information that these are not having the desirable impact. It follows then that the promotion of a Māori strategy for achieving and supporting preventative strategies for youth suicide and mental health is required.

Te Puni Kōkiri commissioned Keri Lawson-Te Aho to develop a draft strategy for Māori youth suicide prevention, in consultation with Māori. The draft strategy was discussed and refined by members of the Māori Reference Group.

In addition to the community forums described in *In Our Hands*, five hui were held in Whangārei, Auckland, Whakatāne, Whanganui and Christchurch to specifically discuss *Kia Piki te Ora o te Taitamariki*. The hui were facilitated by Te Korowai Aroha Aotearoa Inc. and Te Hau Ora o te Tai Tokerau. Over 250 Māori participated in the 'focus group' hui, including Māori service providers, community members and taitamariki.

Members of the public were also invited to make submissions as part of the consultation process for the development of the national strategy. A total of 134 submissions were received as part of this process.

KEY CONSIDERATIONS

This Strategy builds on several important considerations:

- The rate of suicide amongst taitamariki Māori is unacceptably high.
- The suicide rate of taitamariki Māori is probably linked to the historical erosion of those conditions which promote security of identity in taitamariki Māori, and in Māori in general. For Māori, the alienation of people from their land and their culture subjects them to a fragmentation of identity and a loss of spirit.
- The Strategy affirms that all taitamariki Māori have whakapapa, whether or not they know or acknowledge it, which binds them to a potentially caring whānau and community.
- The fundamental foundation of Māori society is the whānau³. Whānau implies care and support for members of extended family. To be effective and sustainable in the long term, strategies to prevent taitamariki Māori suicide must be placed in the context of strengthening whānau as the core unit of Māori development.
- Whānau groupings, and their connections to hapū and iwi through whakapapa, create Māori communities. There are also Māori communities accessed through a range of other networks including urban locality, workplace, schools, urban marae and sector-specific groups. These communities need to be supported to recognise and respond to the needs of taitamariki Māori.
- A better information base is required if Māori whānau and communities are to develop strategies to prevent suicides and suicidal behaviour.

³ In contemporary society, whānau has a variety of meanings, including 'a single person whānau, a nuclear whānau, a large extended whānau or another group which may not have blood ties but which lives as a cohesive unit', Public Health Commission, 1995, *He Matariki: A strategic plan for Māori public health*.

VISION AND MISSION

This Strategy is inspired by a Vision of a society where ...

...taitamariki Māori are valued, nurtured, and strengthened.

The Mission for this Strategy is ...

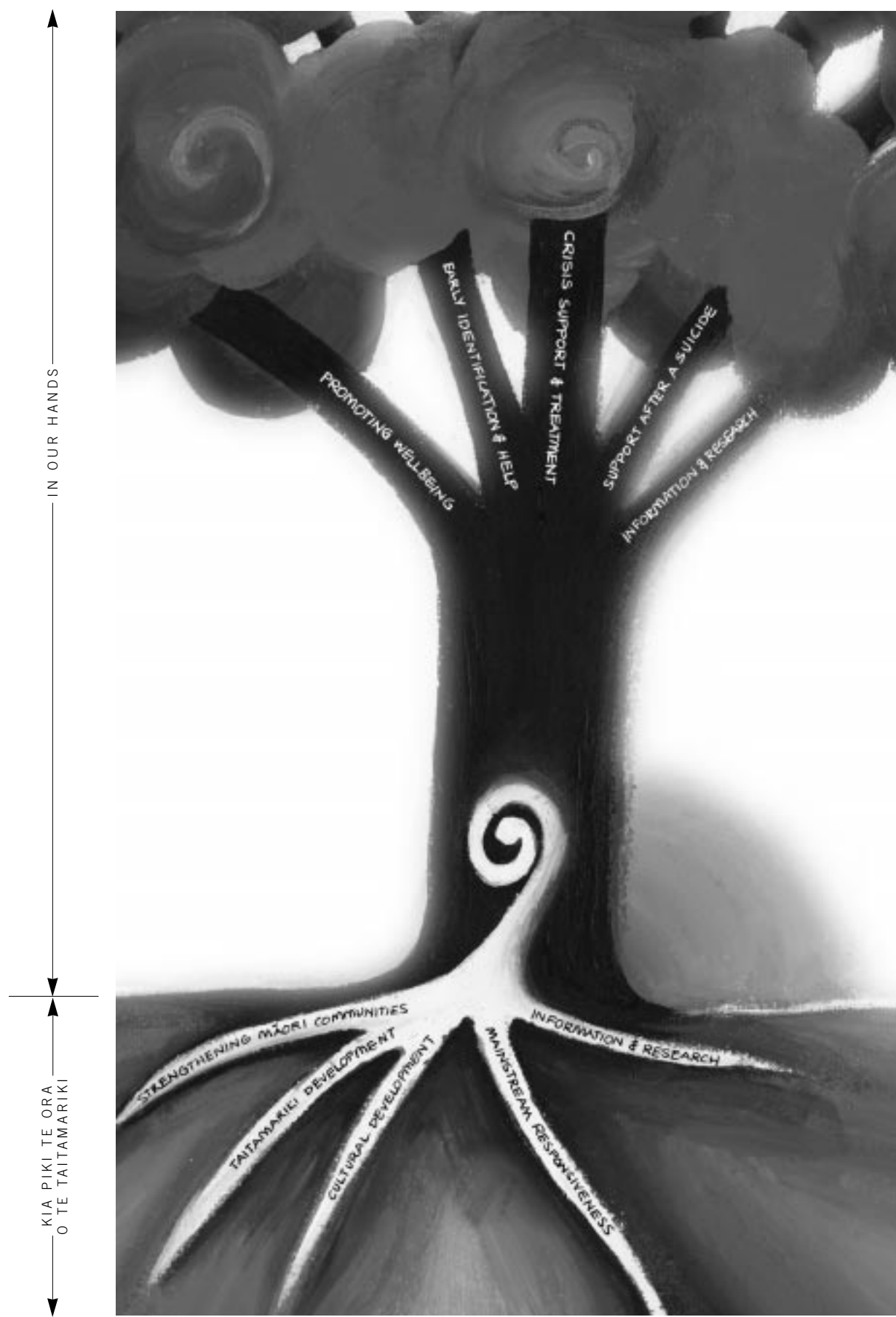
*...to reduce the rate of suicide and suicidal behaviour of taitamariki Māori
by strengthening their participation in healthy Māori whānau and communities,
which provide safety, security and a uniquely Māori sense of identity.*

In order to effect this for Māori, the government and Māori communities need to be well informed about the causes of suicidal behaviour amongst taitamariki Māori, and work closely to reduce the rate and the underlying causal factors.





A FRAMEWORK FOR PREVENTION



FIVE GOALS TO HELP REDUCE TAITAMARIKI SUICIDE: A SUMMARY

GOAL ONE:

To strengthen whānau, hapū, iwi and Māori so that they can contribute towards fulfilling the potential of taitamariki.

GOAL TWO:

To strengthen the role of taitamariki Māori by enabling them to provide a valued contribution to Māori development.

GOAL THREE:

To increase the role of cultural development as a protective factor for taitamariki Māori.

GOAL FOUR:

To encourage and assist mainstream services to respond appropriately and effectively to the needs of taitamariki Māori through the establishment of partnerships with Māori.

GOAL FIVE:

To improve our understanding of the causes and true level of suicide amongst taitamariki Māori.



GOAL ONE: STRENGTHENING WHĀNAU, HAPŪ, IWI AND MĀORI

To strengthen whānau, hapū, iwi and Māori so that they can contribute towards fulfilling the potential of taitamariki.

A healthy whānau is essential to promoting security and identity in young Māori. It offers an ongoing source of support and a place for young and old, male and female, to work together. But without support for itself, the potential of the whānau to nurture others is diminished.

Māori have stressed that whanaungatanga cannot be taken as a given. Active planning and development are necessary to strengthen whānau and the place of young people within that whānau. A supportive whānau base contributes to a stronger community, because it is from within the whānau that taitamariki learn the social skills which can then, in turn, enhance the capacity of the community to respond to situations of stress.

Strengthening Māori communities is about promoting collective practices within communities, including the development of a shared concern for taitamariki Māori. It is about engaging Māori communities in proactive and concentrated youth programmes and services. It is also about making use of existing skills, expertise and resources available to communities for the purpose of addressing community concerns.

Strengthening Māori communities includes promoting the development of tikanga and traditional Māori cultural practices associated with Māori communities. This will enable Māori communities to monitor the causes of, and respond to, the suicides of taitamariki Māori using the expertise gained and contained within their own communities.

OBJECTIVES

1 Highlight the significance of Te Tiriti o Waitangi in promoting wellness amongst whānau, hapū, iwi and Māori.

The relevance of the Treaty of Waitangi is wide and has implications for social policy as much as for policy affecting natural resources including land. In promoting wellness amongst whānau, hapū, iwi and Māori, the Treaty principles of partnership, participation and active protection need to be reflected in the policy development, service implementation and funding provision.

Current government initiatives include:

- Moving Forward, the National Mental Health Plan for New Zealand, describes the need to be consistent with the principles of Te Tiriti o Waitangi. “It is appropriate that Te Tiriti o Waitangi underpins the provision and delivery of mental health services for all people of Aotearoa/New Zealand” (Ministry of Health, 1997, p6).

2 Encourage whānau, hapū, iwi and Māori to challenge discriminatory attitudes and practices to those with mental illness.

Kia Piki te Ora o te Taitamariki aims to support the maintenance of positive mental health amongst whānau, hapū, iwi and Māori. It is important that all efforts to reduce Māori youth suicide build onto existing Māori community efforts and work to develop capacities to act where this is not present. Where stigma and discrimination exist the ability of whānau, hapū, iwi and Māori to respond appropriately is reduced.

Current government initiatives include:

- the National Programme to Counter Stigma and Discrimination Associated with Mental Illness
- a leaflet, *Everyday people and mental illness*, can be ordered from your local Public Health Service.



Other community examples could include:

- forums to increase community understanding of mental illness
- making the community the centre of healing, eg. by becoming aware of the indicators and who in the community can provide help.

3 Increase awareness and application of a Māori holistic approach to wellness which includes te taha wairua (spiritual), te taha whānau (social), te taha hinengaro (mental and emotional) and te taha tinana (physical).

The concept of total wellbeing recognises the interrelationship and interdependence of the physical, social, mental and emotional, and spiritual dimensions of health. The purpose of this objective is to raise awareness of these dimensions amongst whānau, hapū, iwi and services, policy and funding agencies.

A current government initiative includes:

- the draft national curriculum statement in Health and Physical Education, released in February 1998, is based around three concepts: total wellbeing; health promotion; and a socio-ecological perspective. The concept of total wellbeing/hauora involves all of the four dimensions of spiritual, social, mental and physical wellbeing.

4 Develop better support systems for taitamariki, whānau, hapū, iwi and Māori affected by suicide.

This objective reflects a need to provide support to young Māori and whānau bereaved by suicide. Such support can be achieved through the development of networks and processes within their own communities, for Māori bereaved by suicide and loss.

5 Focus on support systems within particular community settings, such as marae, schools, te kōhanga reo, churches and community halls to foster wellbeing.

Many communities already demonstrate a capacity to respond to crises within their local setting. Targeting support to existing successful support systems is central to creating effective change for whānau, hapū, iwi and Māori.

A current government initiative includes:

- the Health Funding Authority has contracted with Hauora o Te Atiawa, Taranaki to provide programmes for Māori relating to changing community attitudes towards mental illness via iwi radio, hui, and ‘health through the marae’ programmes.

A community example could include:

- community-based whānau initiatives to promote wellbeing.

6 Strengthen the role of kaumātua (elders) in the development of taitamariki, whānau, hapū, iwi and Māori.

Kaumātua have reciprocal care responsibilities for, and are significant contributors to, whānau wellbeing. Hence kaumātua need to be encouraged and supported to actively participate in the development of a safe and healthy community.

Current government initiatives include:

- *Oranga Kaumātua, The health and wellbeing of older Māori people*⁴ describes the wide range of assistance offered to whānau by kaumātua, including cultural assistance, encouragement with education and strong leadership in learning and speaking te reo Māori. “There is some suggestion that these high levels of reciprocity contribute to an intergenerational understanding” (1997, p64).

⁴ A report prepared for the Ministry of Health and Te Puni Kōkiri by Te Pumanawa Hauora: MH Durie, GR Allan, CW Cunningham, W Edwards, ME Forster, A Gillies, Te KR Kingi, MM Ratima and JA Waldon. July 1997.



A community initiative could include:

- kaumātua/tohunga assistance to identify whakapapa.

7 Improve support for 'by Māori for Māori' service providers and programmes.

There is evidence that Māori providers help to improve access to services by Māori and are increasing the involvement of Māori in their own management. If Māori communities can define their own priorities and are supported to act on that basis, there is high likelihood of creating effective change for whānau, hapū, iwi and Māori. Support is required to improve the ability of whānau, hapū, iwi and Māori to provide their own solutions to Māori disparities.

A current government initiative includes:

- the Māori Provider Development Scheme, administered by the Health Funding Authority, aims to enhance the ability of Māori providers to deliver effective health services, enable sustained growth of a skilled Māori health and disability workforce, and improve the integration and overall co-ordination of health services to Māori. In the 1997/98 financial year, the Māori Provider Development Scheme will attract \$7.5 million in funding and has a committed budget for the following two years
- *Moving Forward* establishes a target (2.3) that by 2005 50% of Māori adults will have a choice of a mainstream or a kaupapa Māori community support mental health service.

8 Increase awareness amongst taitamariki, whānau, hapū, iwi and Māori of the negative effects of alcohol and drug misuse and peer pressure on health and wellbeing.

Successful solutions to local social concerns are based on an understanding that the issues are meaningful and relevant to the particular community. Open forums to discuss the local impact can help to generate greater ownership and appropriate responses.

Community examples could include:

- on-site health clinics and hauora initiatives in schools
- taitamariki centres.

GOAL TWO: TAITAMARIKI DEVELOPMENT

To strengthen the role of taitamariki Māori by enabling them to provide a valued contribution to Māori development.

A strong sense of Māori identity and purpose assists taitamariki to find a valued place in the broader community. A secure identity will include not only a sense of being Māori, but also access to various cultural markers such as whānau, land, marae, knowledge of ancestors, Māori language, and opportunities for associating with other Māori people⁵.

Taitamariki who are aware they have an important role to play in Māoridom and are well equipped with a range of strategies to respond to trauma and crisis, are less likely to regard suicide as an option. The intention of *Kia Piki te Ora o te Taitamariki* is to uplift taitamariki through active participation in Māori health, social, educational, political, economic and tribal development.

This goal, and the entire Strategy, was designed to encompass the full range of taitamariki Māori who live in rural, urban, traditional and contemporary situations.

⁵ *Hoe Nuku Roa, Māori Profiles, Department of Māori Studies, Massey University.*



OBJECTIVES

1 Increase taitamariki Māori participation in Māori health, social, educational, political, economic and tribal development.

The emphasis of this goal is on positive and proactive Māori youth development. It is important that approaches to youth suicide prevention include working to alter the environments that provoke Māori youth suicide. To promote effective responses, input is required from the taitamariki themselves.

A current government initiative includes:

- the Ministry of Youth Affairs is leading the development of a National Youth Policy. Te Puni Kōkiri will be involved in ensuring issues for taitamariki development are fully considered.

Other community examples could include:

- taitamariki Māori committees, eg. He Kowhiringa Rangatahi
- inter-school and inter-marae sport and cultural festivals
- wānanga which focus on the roles of taitamariki Māori.

2 Encourage taitamariki Māori to play a leadership role in the design, promotion and delivery of development programmes and services for taitamariki Māori.

If Māori youth are to be the leaders of the future then Māori development must account for their aspirations, visions, needs, dreams and wants, and facilitate these. This includes supporting the political visions of Māori youth, and their aspirations to participate at a political level.

A community example could include:

- local, regional and national mechanisms for encouraging taitamariki to participate in policy making and service delivery.

3 Encourage discussion amongst taitamariki, whānau, hapū, iwi and Māori on issues that impact on taitamariki Māori such as unemployment, racism, abuse, neglect, peer pressure, family breakdown, sexuality, relationship difficulties.

This objective involves raising awareness of the issues amongst Māori and developing positive wellness strategies to address those issues. An important component of such discussion is the need to encourage whānau, hapū, iwi and Māori to support taitamariki in dealing with issues of sexuality.

A community example could include:

- initiatives such as the Raukura Hauora o Tainui youth sexual health programme.

4 Encourage the development of education scholarships for taitamariki Māori.

Access to further education opportunities is crucial to enhance the development of young people. For many taitamariki these opportunities are reduced as whānau resources are fully utilised in providing for basic essentials. Education scholarships can help taitamariki Māori to break through the barriers and reach their potential.

Current government initiatives include:

- the *Mātauranga Māori 1997/98 Scholarship* magazine includes over 50 different scholarship listings for Māori students⁶
- the Break Out Awards, Scholarships and Grants database is an easy-to-use computer database with over 1000 listings about academic, sporting, arts and industry awards (www.fis.org.nz).

⁶ Māori Media Publishing and Te Puni Kōkiri. Contact the Māori Education Trust, PO Box 3476, Wellington.



GOAL THREE: CULTURAL DEVELOPMENT

To increase the role of cultural development as a protective factor for taitamariki Māori.

Taitamariki Māori often find it difficult to retain links with tikanga Māori and their self-identity as Māori. The Strategy aims to encourage opportunities to strengthen taitamariki so that they can draw upon the positive aspects of their self-identity in times of personal need. This goal seeks to promote the role of culture amongst taitamariki Māori and in environments that impact upon taitamariki Māori. It also seeks to ensure that whānau, hapū, iwi and Māori, policymakers, providers and communities respond to suicide and attempted suicide in a culturally appropriate way. The goal affirms the cultural contribution that can be utilised to protect 'lore'.

This goal also recognises the legitimacy of Māori methodologies and knowledge in healing.

OBJECTIVES

1 Support wānanga for raising the awareness of traditional beliefs and responses to suicide.

Traditional Māori suicide is directly linked to traditional Māori interpretations and practices. Contemporary symptoms, however, like suicidal ideas and depression, were very uncommon in traditional Māori culture. It is important to create greater awareness of the traditional practices amongst whānau, hapū, iwi and Māori in order to encourage cultural understanding.

A community example could include:

- initiatives to promote the marae as the key institution for Māori cultural development
- karakia at birth, promotion of tipuna mentors to protect taitamariki.

2 Promote a Māori cultural base, including relevant Māori values and concepts, in the promotion of taitamariki health and wellness.

There is a need to give emphasis to cultural development to foster a strong sense of identity amongst taitamariki. Culture can provide a form of insulation against suicide risk for Māori youth. There is a clear link between individual wellbeing for Māori youth, and a strong cultural identity.

A current government initiative includes:

- Te Puni Kōkiri, together with the Māori Health Commission, the Mental Health Commission and the Health Funding Authority, are negotiating the implementation of a framework for Māori mental health. The framework brings together planning and funding arrangements for current mental health policy that impacts on Māori.

3 Encourage the retention and revival of te reo and tikanga Māori (which includes song, dance, history, traditional art, craft and sport) to foster a strong sense of identity amongst taitamariki.

The promotion of cultural inputs such as whānau participation, use of te reo, tikanga Māori, karakia, and rongoa can enhance the cultural values and strengths to support Māori youth.

A current government initiative includes:

- He Oranga Poutama; the Healthy Lifestyles programme.

Other community examples include:

- Aotearoa Māori Performing Arts and school kapa haka festivals
- local initiatives which promote culture through various media, eg. Te Rōpū Tākaro ki Otautahi/ Te Arawa/Tuhoe festivals, etc.



4 Enhance Māori healing practices as valid methodologies and tools of empowerment in the diagnosis, prevention and treatment of Māori mental illness, and in strengthening taitamariki Māori.

Cultural development is about restoring traditional practices, including the use of traditional healing processes.

Current government initiatives include:

- *Mental Health in 2010, A vision of the future for all people of the Northern region* states that in future mental health services for Māori “Māori people will be well-trained in both traditional Māori ways of healing and in orthodox practices. Appropriate elders and tohunga will be involved in service provision” (1997, p8).

A community example could include:

- initiatives to promote Māori healers.

GOAL FOUR: MAINSTREAM RESPONSIVENESS

To encourage and assist mainstream services to respond appropriately and effectively to the needs of taitamariki Māori through the establishment of partnerships with Māori.

This goal provides a specific approach to mainstream service development, delivery, and monitoring for Māori, through the establishment of partnerships with Māori.

Advances have been made towards integrating tikanga Māori in the day-to-day operation of New Zealand’s criminal justice system and prisons, education and social services and the health sector (including mental health services). While much has been achieved, there is still considerable scope for ensuring that tikanga Māori remains a central theme when taitamariki Māori participate in the mainstream. Faced with an institutional environment, ie. hospitals, schools, and prisons, taitamariki Māori often find it difficult to retain links with tikanga Māori, and maintain their self-identity, in times of personal need.

Taitamariki Māori will have a lifetime of dealing with mainstream institutions, and it is important that those institutions have people, processes and performance standards necessary to meet the requirements of taitamariki Māori and their whānau.

OBJECTIVES

1 Promote Māori workforce development strategies and training in mainstream services.

The aim of this objective is to increase Māori involvement in the provision of services appropriate to Māori need. If government systems and contracted service providers do not take into account the needs of their clients then they will have little effective value for Māori because they will remain both monocultural and inappropriate. The development of protocols and programmes which recognise the importance of Māori involvement is required.

A current government initiative includes:

- *Moving Forward* (6.4) establishes a target to increase the Māori mental health workforce: “By July 2005 the Māori mental health workforce (including clinicians) will have increased by 50% from the baseline in 1997/98”.

Community examples could include:

- training and education programmes for mainstream to increase Māori participation and the principle of partnership in service delivery that assists in the development of ‘by Māori for Māori’ services.

2 Develop effective cultural protocols and training programmes in prisons, educational institutions and other settings where Māori are placed.

Many of the assumptions that underpin mainstream health, education and social service strategies do not work for Māori. This objective has been designed within a Māori cultural framework which recognises the need for responses to youth suicide to come from within Māori communities.

Current government initiatives include:

- *Moving Forward* establishes two relevant targets: 2.2.1. : By July 1999, all mental health services will be using cultural assessment procedures for Māori consumers; and 2.2.2. : By July 2000, all mental health services will be operating under cultural effectiveness protocols.

Other community examples could include:

- Māori-specific policies and programmes in schools, based on tikanga
- specific tikanga training programmes in settings where Māori participate.

3 Involve whānau in the case management of Māori within mainstream settings.

Māori have increasingly focused on the whānau as the heart of Māori social order. The whānau is seen as embodying and providing the major arena for learning the fundamental values and procedures of tikanga Māori. It stands to reason then that the involvement of whānau within all settings will help to ensure greater Māori involvement in the programme.

A community example could include:

- the whānau case management approach used in the Lakeland Health Māori Mental Health Service in Rotorua, which incorporates Māori values and processes within its approach.

4 Ensure that policy and service delivery for mainstream initiatives in relation to youth suicide are developed in partnership with Māori.

It is essential that this policy and its service delivery from mainstream initiatives be effective, efficient and acceptable to Māori, whānau, hapu and iwi. One strategy to ensure these components are equally achieved is to work alongside iwi/Māori from the development of such initiatives.

A current government initiative could include:

- successful mainstream service delivery to Māori such as the Health Sponsorship Council's 'Auahi Kore'.

GOAL FIVE: INFORMATION AND RESEARCH

To improve our understanding of the causes and true level of suicide amongst taitamariki Māori.

The lack of research and information about taitamariki Māori suicides is a major barrier to understanding the reasons behind the high rate of suicide in this population. In particular, the perceived under-reporting of suicide and attempted suicide, and incorrect ethnic classification, limit our ability to seek solutions. A better information base is required if Māori communities are to develop strategies to prevent needless death. There is a need for greater statistical clarity, and better knowledge of the resources available for taitamariki Māori within both the government sector and Māori communities themselves.

Very little research has been conducted on whether there are risk factors that are particular to taitamariki Māori. In addition, reporting on taitamariki Māori suicide is hindered by problems associated with the classification and recording of ethnicity, and an inability to record all activities which could be regarded as suicide attempts.

Effective Māori suicide prevention community strategies must be underpinned by accurate statistical data, research about causal factors and appropriate evaluation of prevention initiatives.



OBJECTIVES

1 Encourage the development of ‘by Māori for Māori’ research as a means of improving the definition, data gathering and the information base covering demographic, social and economic aspects of taitamariki Māori suicide.

Inaccurate research and information can lead to ineffective prevention strategies and the waste of limited resources and time. ‘By Māori for Māori’ research is one way of ensuring that appropriate Māori-focused methodologies are incorporated, and that the information gathered is valid and reliable.

Community examples could include:

- research initiatives (for example the Te Rarawa adolescence research initiative)
- scholarships for research on Māori mental wellbeing
- community taitamariki Māori suicide research carried out by Māori researchers
- investigating and encouraging agency funding for kaupapa Māori research.

2 Promote the evaluation of suicide prevention programmes and services (both ‘for Māori by Māori’ and mainstream) to ensure all approaches are safe and effective for the prevention of taitamariki suicide.

There is a lack of information about specific programmes and services which have a focus on Māori mental health outcomes. This objective aims to provide greater information about the effectiveness of programmes and services that impact on Māori mental health.

A current government initiative includes:

- *Mental Health in 2010, A vision of the future for all people of the Northern region* states that in future mental health services for Māori “Māori will be fully involved in developing monitoring and evaluation strategies to ensure that they are fulfilling their own high standards in the improvement of Māori health”.

3 Developing and disseminating information resources for taitamariki, whānau, hapū, iwi and Māori on suicide prevention.

A crucial element in an effective suicide prevention strategy is to ensure that the development and dissemination of resources are accessible, acceptable and appropriate for Māori and iwi. This will allow for these strategies to be fully embraced by Māori and iwi, and implemented where needed.

Current government initiatives include:

- Auahi Kore programmes to reduce smoking and Te Hotu Manawa Māori initiatives to improve physical wellbeing related to the heart.

4 Improve the accuracy of ethnicity recording for Māori for suicide, and hospital admissions for suicide attempts.

This goal aims to ensure that the reporting process undertaken by coroners and death certifiers in situations of Māori suicide is informed by partnership with Māori.

A current government initiative includes:

- Te Puni Kōkiri and the Ministry of Pacific Island Affairs intend to work with the New Zealand Health Information Service, Ministry of Justice and Department for Courts to improve the reporting of suicide in regard to identification of ethnicity and report to the government by 30 June 1998.



5 Encourage better collaboration and co-ordination amongst those involved in research on Māori suicide.

Working together in collaboration on a particular project or projects will bring together the strengths that each group offers to achieve the research outcome more effectively, efficiently and in a timely manner. Consideration must be given by government, Māori, iwi and other groups to the need to work in collaboration when researching Māori suicide.

Examples of successful projects include:

government initiative:

- the Te Māori me te Waipiro research project 1995 (Māori and Alcohol), which had the Alcohol Advisory Council working with Te Puni Kōkiri.

community initiative:

- the Te Ao Waipiro / Māori and Alcohol research project 1997 which had the Alcohol Advisory Council, Whāriki (the Māori arm of the Alcohol and Public Health Research Unit at Auckland University) and Te Whānau o Waipareira working together.

NOTES

