

Indigenous mental health

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KEY POINTS

- An understanding of the concept of cultural safety is a minimum requirement for nursing practice.
- The significance of family/whānau to Indigenous consumers needs to be considered in all aspects of care delivery.
- Nurses need to be aware of the holistic beliefs and practices of Indigenous peoples.
- An understanding of the relationship between social and emotional wellbeing and mental health is important for holistic care delivery.
- An understanding of Māori history and the impact of colonisation on Māori people is essential for culturally safe nursing care.

KEY TERMS

- Aboriginal and Torres Strait Islander mental health
- human rights
- racism
- stigma
- colonisation
- culture
- tangata whaiora—person seeking wellness
- tino rangatiratanga—Māori self-determination
- whānau ora—family wellbeing
- Māori holistic frameworks and practices
- Ngaru Ngaruoa cultural safety model

LEARNING OUTCOMES

The material in the chapter will assist you to:

- develop an awareness of the historical influences and impact upon both Aboriginal and Torres Strait Islander and Māori health and wellbeing
- understand the relevance and importance of cultural safety to Australia's Indigenous people and the Māori of New Zealand
- develop an awareness of the unique relationships that exist among government and non-government agencies
- develop an understanding of cultural safety principles
- understand the clinical implications of culturally appropriate assessment
- apply culturally appropriate principles and understand the clinical implications of cultural safety in nursing
- develop appropriate nursing strategies that include culturally safe practice
- discuss the use of culturally safe models of practice
- describe and understand the theories underpinning Indigenous mental health nursing
- develop an awareness of traditional Māori social order, health principles and practices
- develop an understanding of the importance of whenua (land) to Māori whānau, iwi and hapu
- develop an awareness of whānau ora as it pertains to a family-inclusive approach to nursing tangata whaiora
- understand how cultural safety was introduced in New Zealand
- understand the need for Māori holistic frameworks of nursing practice
- understanding how to incorporate dual competencies (cultural and clinical working side by side) within nursing practice with Māori
- describe popular Māori health models currently used in New Zealand.

Introduction

This chapter aims to respond to the high incidence of social and emotional wellbeing issues and mental health challenges that are unique to the Aboriginal and Torres Strait Islander and Māori person. It provides a beginning level of understanding for mental health nurses, to assist you to develop your understanding of the critical and complex issues relating to the mental, social and emotional wellbeing of the Indigenous peoples from our two countries. This chapter has been compiled and written by an Aboriginal nurse, a Māori nurse and a white Australian nurse. This chapter acknowledges the unique diversity of Aboriginal and Torres Strait Islander and Māori cultures, including the communities' needs and histories. The practitioner who integrates the guiding information in this chapter into their practice must also acknowledge and understand locally developed specific strategies in line with their respective cultural protocols.

Aboriginal and Torres Strait Islander mental health

This section of the chapter aims to assist the practitioner in the development of culturally safe practice in Aboriginal and Torres Strait Islander people's mental healthcare. It is important to note that the following information is meant as a guide only and acknowledges the development of locally used specific strategies in line with cultural protocols.

Development of this chapter is in acknowledgment of the potentially strategic role that nurses can play in Aboriginal and Torres Strait Islander mental health. Intrinsicly, nurses are significant agents of change for the healthcare system. Practical strategies that nurses can use when working with Aboriginal and Torres Strait Islander people in a mental health setting are identified within this chapter, and the use of these strategies is encouraged in order to enable culturally safe practice for nurses.

It is important to recognise that Aboriginal and Torres Strait Islander health services are not solely responsible for Aboriginal and Torres Strait Islander health. Mainstream services are encouraged to improve access to and the appropriateness of mental health service provision for Aboriginal and Torres Strait Islander people through the use of culturally safe practices.

Partnerships between Aboriginal and Torres Strait Islander and mainstream health services need to be coordinated in ways that provide better health outcomes for Aboriginal and Torres Strait Islander people (NATSIHC/NMHWG 2004). Building partnerships between Aboriginal and Torres Strait Islander nurses and non-Indigenous mental health nurses are integral in this process. This requires a whole-of-life approach optimised in the Aboriginal and Torres Strait Islander understanding of social and emotional wellbeing and

a community and government partnership sustainable across generations and beyond the life of this chapter.

This section of the chapter has been compiled and written by an Aboriginal registered nurse and a non-Aboriginal registered nurse, and aims to provide some practical strategies that respond to the high incidence of mental health problems experienced by Aboriginal and Torres Strait Islander people.

Social and emotional wellbeing

A good starting point for nurses is to recognise the concepts of social and emotional wellbeing that form the basis of the Aboriginal definition of health.

Health is not just the physical wellbeing of an individual, but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view, and it also includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities (National Aboriginal Health Strategy Working Party 1989, p 10).

This is an evolving definition of health and provides an insight into the health beliefs of Aboriginal and Torres Strait Islander people and their need for a holistic model of healthcare delivery.

Fundamental principles

The nine guiding principles that follow have been extracted from *Ways Forward* (Swan & Raphael 1995) and further reiterate the unique diversity of Aboriginal and Torres Strait Islander culture, people, communities, needs and histories.

Ways Forward (1995) reported that Aboriginal people emphasised the strong relationship between mental health and wellbeing and physical health, and saw loss of mental wellbeing as a major contributor to the adverse and deteriorating health of Aboriginal people.

Any delineation of mental health problems and disorders must encompass recognition of the *historical* and *socio-political* context of Aboriginal mental health (Swan & Raphael 1995), including: the impact of colonisation; trauma, loss and grief; separation of families and children; the taking away of the land; loss of culture and identity; and the impact of social inequity, stigma, racism and ongoing losses.

Central to developing culturally safe practice and an understanding of social and emotional wellbeing are the guiding fundamental principles in the *Ways Forward* document, in which the full version of the principles can be found (Swan & Raphael 1995). For the purpose of this discussion, the principles have been shortened to capture the inherent notions and provide an overview:

- a holistic view of health
- self-determination

- culturally valid understandings
- the impact of trauma and loss
- human rights
- racism, stigma, environmental adversity and social disadvantage
- centrality of family and kinship
- recognition of numerous groupings, languages, kinships and tribes, as well as ways of living
- strengths, creativity and endurance and a deeper understanding of the relationships between human beings and their environment.

These principles, derived from *Ways Forward 1995*, and the Social and Emotional Wellbeing Framework 2004–2009 (NATSIHC/NMHWG 2004), provide a five-year strategic plan that works towards improving the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. The Framework has been endorsed by the Commonwealth and state/territory governments, and represents agreement among a wide range of stakeholders on the broad strategies that need to be pursued.

It is important to recognise the timeframe of this framework (2005–2009) and be aware that there will be a further document that builds on the current framework. It is essential to acknowledge that Aboriginal and Torres Strait Islander peoples have different cultures and histories and, in many instances, different needs.

Nevertheless, both groups are challenged by common problems that face them as the Indigenous peoples of Australia. These differences must be acknowledged and need to also be addressed by locally developed, specific strategies.

The documents in Table 7.1 provide guidelines for action for the education, development, recruitment and retention of Indigenous nurses and also guide the responses of all nurses to Indigenous health issues.

CRITICAL THINKING CHALLENGE 7.1

Are you familiar with any of the documents in Table 7.1? If not, take some time to read them and then explore how the documents influence your current nursing practice or studies.

The authors acknowledge that there are multitudes of challenges faced by nurses when working cross-culturally with Aboriginal and Torres Strait Islander people within the mental health arena. The following discussion, while limited, is provided to introduce the reader to issues that are considered pertinent when working within this context. It is hoped that these discussions will be the beginning of your journey of learning towards culturally safe nursing practice.

Table 7.1 Relevant documents for nursing and healthcare relating to Aboriginal health

Professional organisation	Document	Title	Date	Purpose
International Council of Nurses (Inc.)	Fact sheet	<i>The Health of Indigenous Peoples: A Concern for Nursing</i>	1999	Quick reference information and international perspectives from the nursing profession on current health and social issues
Council of Aboriginal and Torres Strait Islander Nurses (CATSIN)	Report	<i>Gettin em n keepin em</i>	2002	Provides recommendations to increase the number of registered Indigenous nurses and improve the competency of the Australian nursing workforce to deliver appropriate care to Indigenous people
Royal College of Nurses Australia (RCNA) & Australian Nursing Federation (ANF)	Joint position statement	<i>Indigenous Australian People and Nursing Education</i>	2006	Endorses the recommendations of the <i>Gettin em n keepin em</i> report
Australian Nursing and Midwifery Council (ANMC)	Code of Ethics for Nurses in Australia	<i>Value Statement 1 Nurses respect individuals' needs, values, culture and vulnerability in the provision of nursing care</i>	2002	Outlines the ANMC's intention to accept the rights of individuals and to uphold these rights in practice
Australian Nursing and Midwifery Council (ANMC)	National Competency Standards for the Registered Nurse	<i>Competency Standard 2.3 Practises in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups</i>	2006	Provides the registered nurse with a framework to assess their competence to practise in a range of settings
Australian Nursing and Midwifery Council (ANMC)	Position statement	<i>Inclusion of Aboriginal and Torres Strait Islander Peoples in Health and Cultural Issues in Courses Leading to Registration or Enrolment</i>	2003	Provides the nursing and midwifery professions with a national regulatory perspective which may assist the development of nursing, midwifery and healthcare policy

Communication

Principles of communication, including therapeutic relationship, transference and communication skills, are discussed in Chapter 23. The following discussion will focus on the factors that could potentially influence communication styles between the nurse and the Aboriginal and Torres Strait Islander patient. Nurses need to understand what the effects of cross-cultural communication are on the therapeutic relationship, which is the foundation of mental health nursing. Greater understanding of the context of the underlying issues that have affected this will enhance the nurse's ability to communicate in a culturally appropriate manner, which in turn will facilitate successful assessment and treatment for the Aboriginal and Torres Strait Islander patient.

A number of issues need to be considered, including trust and rapport and the historical context of these concepts. It is important to recognise that the history of colonisation in Australia continues to affect communication between nurses and Aboriginal and Torres Strait Islander people. The Department of Aboriginal and Torres Strait Islander Policy and Development (DATSIP) has provided a document for use when negotiating and consulting with Aboriginal and Torres Strait Islander people. This document states:

the impact of past government policies is vivid in the minds and lives of many Aboriginal people. Therefore, it is always important to remember that to a large proportion of Aboriginal people public servants are often perceived as representatives of large, powerful, unfriendly and uncaring bureaucracy due to the historical factors (DATSIP 2000, p 21).

CRITICAL THINKING CHALLENGE 7.2

Take a minute to think about what you already know of the colonisation of Australia—some of the words used to describe colonisation include 'invasion', 'genocide', 'torture' and 'destruction'. How do you think colonisation affects how people communicate today and can affect the development of trust and rapport in the therapeutic relationship?

Cultural safety

Cultural safety is the term used to recognise successful culturally appropriate interactions, and has been adopted from our New Zealand colleagues. Irihapeti Ramsden, a Māori nurse, defines cultural safety as:

the effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on his/her own cultural identity and recognises the impact of the nurse's culture on his/her own nursing practice and also that *unsafe* cultural practice is any action which diminishes, demeans or

disempowers the cultural identity and well-being of an individual (Nursing Council of New Zealand 2002, p 1).

Box 7.1 lists the steps that nurses can take towards achieving cultural safety in practice.

BOX 7.1 STEPS TO CULTURAL SAFETY

- 1 *Cultural awareness* is a beginning step towards understanding that there is 'difference', and the social, economic and political context in which people exist.
- 2 *Cultural sensitivity* alerts students to the legitimacy of difference and begins a process of self-exploration of their own life experiences and realities and the impact these may have on others.
- 3 *Cultural safety* is an outcome of nursing and midwifery education that enables safe service to be defined by those who receive the service.

(Source: Nursing Council of New Zealand 2002, p 9.)

CRITICAL THINKING CHALLENGE 7.3

Take a minute to reflect upon what you already know of your own culture, specifically your values and beliefs. Write down these down. Consider what you believe is the most important factor you would tell someone if they asked about your culture. Taking the time to reflect on your culture and what that means to you is the beginning step on the road to culturally safe practice.

Time

Days, dates, hours, minutes, months and so on all provide us with some concept of time. In healthcare we are often 'ruled' by time . . . mane medication, 4/24 observations, counselling appointments weekly, visiting hours, meals arrive at set times, change of shift occurs at the same time of day. In almost every hospital in Australia, if not the world, healthcare services are governed by time. When considering the Indigenous concept of time we need to understand the potential implications for treatment outcomes. As Janca & Bullen (2003, p 41) suggest, 'priorities take precedence over time. Family and community for an Aboriginal person are highly prioritised'.

A multidimensional view of time is possibly the easiest way to understand the differing view of time for an Aboriginal person. Janca & Bullen (2003, p 41) illustrate this by stating that 'time is around you at every moment. You can't pull time apart or separate it—in the abstract or when talking about it—from living, nor can it be viewed as purely functional groups of seconds, minutes and hours'.

When considering this view of time it is possible to foresee potential implications for healthcare outcomes. For example, what if you are living in a rural community and the mental health team visit monthly, but the night before the team is due to arrive there is a crisis in one of

the local families? This crisis will take precedence over any healthcare appointments and therefore could affect the healthcare of the community and the people in it.

CRITICAL THINKING CHALLENGE 7.4

- What affects your concept of time? How does time dictate what you do?
- Think about hospitals, routines and visiting hours. How could these factors affect Aboriginal and Torres Strait Islander patients, visitors to the hospital and staff working at the hospital?

Psychopharmacology

The following discussion focuses on the potential issues that can be encountered when using medication with Indigenous people. (Psychopharmacology is discussed in detail in Ch 25; please refer to this chapter for specific information regarding medication and its use in psychiatry.) Nurses need to ask: How can we ensure the safe use of medication for the Aboriginal and Torres Strait Islander person with a mental illness? A complexity of issues need to be considered, including comorbidity, illicit drug use, access to medication, access to follow-up, nutrition, use of traditional medicines, sensitivity to medication and potential side effects (de Crespigny et al 2006). It is important to recognise that the issues listed are not exclusive to Aboriginal and Torres Strait Islander people, and to understand that there are mitigating factors, as illustrated by the following scenario:

On my first home visit, which was three days after Jane's discharge from hospital, Jane asked me for more medications, as she had run out. When I looked surprised by this, Jane explained that she had shared her medication with visiting family members who felt 'sad or 'couldn't sleep'. Jane said that they (the family) 'all started telling me, "Yeh, I sleep well now with the purple tablet!"

This scenario, from a real case, has been experienced by many healthcare professionals working in Indigenous communities. The reality of the importance of family and community over oneself is clearly observed by the sharing of 'what is good for me', and while this sense of community is an essential part of Aboriginal and Torres Strait Islander people's health, it is also an important concept for the nurse to understand and to incorporate into care planning. When considering

BOX 7.2 ISSUES AFFECTING THE SAFE USE OF MEDICATION

- Comorbidity
- Illicit drug use
- Access to medication
- Access to follow-up
- Nutrition
- Use of traditional medicines
- Potential side effects
- Sensitivity to medication

the safe use of medication it is vitally important to incorporate strategies to counteract the possible unsafe use of medication into care planning. As Kowanko et al (2004, p 253) state: 'Evidence suggests that unsafe or inappropriate use of medicines is common, with potentially damaging physical, social and economic consequences'.

In Jane's scenario, the community mental health nurse used a number of strategies to counteract the potential unsafe use of medication. The first two strategies are education for the family on the safe use of medication, and the dispensing of smaller amounts of medication. Access to smaller amounts of medication inhibits the potential temptation to share medication. Education on the safe use of medication is an essential part of care planning and, when considering this, the health professional needs to consider who requires education—in the case of the Aboriginal woman in the scenario, it is essential for the whole family to be educated, not just the identified patient. These two strategies require follow-up and support for the family and are most helpful if you are able to visit or have some form of contact on a regular basis. Another strategy is to provide access to services for the family if they require assessment and treatment. The case worker in the scenario described stated: 'I had many referrals from this family and their vast extended family. I guess they accepted me, trusted me—at least, that is what I experienced'.

BOX 7.3 STRATEGIES FOR THE SAFE USE OF MEDICATION

- Education
- Therapeutic relationship
- Family involvement
- Community involvement
- Access to follow-up
- Access to health services
- Partnership and collaboration

'Focusing on issues relating to management of medications for Aboriginal people with mental health disorders' was the aim of a participatory action research study titled, 'Better medication management for Aboriginal people with mental health disorders and their carers' by de Crespigny et al (2003). Recommendations on how individual nurses can increase their capacity to improve Aboriginal mental health are reported by de Crespigny et al (2006) and include the following:

- Listen to what they have to say about health and illness, and to how nurses might contribute to improving health services and practices.
- Be proactive in offering support and expertise. Work to link programs and strategies with other initiatives such as local Aboriginal health promotion and community education.
- Advocate for Aboriginal cultural respect, mental health, and drug and alcohol health issues to be included as 'core business' in all undergraduate nursing curricula (p 284).

CRITICAL THINKING CHALLENGE 7.5

Reflecting on the case scenario discussed on p 111, develop a teaching plan and strategies to educate Jane's family and community on the 'safe' use of antipsychotic medication.

Summary

In summary, the preceding information is offered as a guide for nurses to increase their awareness of social and emotional wellbeing issues and mental health challenges that are unique to the Aboriginal and Torres Strait Islander. The authors anticipate that, with further learning, the reader will be engaged in changing the nursing experience for people from Aboriginal and Torres Strait Islander cultures. The following section provides the reader with an insight into the mental health nursing experience of the Māori culture.

Māori mental health

Whakatauki – Proverb

*Te manu e kai te Miro nōna te ngahere,
Te manu e kai ana i te mātauranga, nōna te ao.*

The bird that eats the Miro berry of the forest,
behold, the forest is yours;
But the bird that eats the knowledge, behold, the
world is yours.

Snapshot of Māori mental health

The current discourse on Māori mental health emerged following government restructuring and the deinstitutionalisation of large psychiatric hospitals. In the past, New Zealand psychiatric hospitals had been tucked away from the public eye. People generally did not want to be associated with the psychiatric environment and the patients, even though many local people worked there. Social stigma and discrimination ensured that people with mental health issues were kept isolated and their experiences were largely overlooked. Today, people who experience mental health problems live in our communities. Large hospitals have been replaced by special units within hospitals, community services and Kaupapa Māori services as well as respite beds in residential homes. In the 1990s, Māori mental health services were initiated to provide better services, in order to improve outcomes for Māori within hospital settings (Durie 1994).

Māori are committed to restoring the health and wellbeing of *whānau* (family), *hapu* (sub-tribe) and *iwi* (tribe). One of the first steps in this journey is to regain *tino rangatiratanga* (self-determination), which was guaranteed to *tangata whenua*/Indigenous people of Aotearoa under the Treaty of Waitangi 1840 (Durie 1989). This treaty supports Māori to deal with

health issues from a Māori perspective. Māori strive to attain total wellbeing as this is considered a *taonga* (a prized treasure) as it reflects the health and productivity of *whānau*, *hapu* and *iwi*. This is achieved through the physical, social and economic self-reliance and independence of Māori *iwi*, *hapu* and *whānau*. To accomplish this, a number of things are required; most importantly, the relationship between the Crown and Māori needs to be progressed through upholding the principles embedded in the Treaty of Waitangi. The three widely recognised and accepted principles of inclusion are encapsulated in the relationship between Māori and the Crown, and foster a relationship of partnership, participation and protection, ensuring that the Māori right to health is upheld (Durie 1994).

- *Partnership* refers to an ongoing relationship between the Crown, its agencies and *iwi*. Māori have the right to be involved in decision making to ensure that health outcomes for Māori are achieved and that they have control over the nature of their health resources. Providers are expected to demonstrate how their policies and practices benefit Māori service users.
- *Participation* involves building the capacity for Māori participation at all levels in the health and disability sector. This will enable Māori communities to identify and provide for their own health needs, as well as fostering and supporting Māori health workforce development.
- *Protection* creates an obligation for the Crown to proactively protect Māori health interests. This implies that the Crown and its agencies will seek opportunities to enhance Māori health through health promotion and prevention strategies. Within services the focus is on increasing optimal health outcomes for Māori.

These principles provide a blueprint for best health practice. Obtaining total wellbeing for Māori includes having access to sustenance and nourishment, which Māori derive from their *whenua* (land), *awa* (rivers), *maunga* (mountains) and *whakapapa* (genealogy). It also involves looking at health through a holistic lens which includes Māori values, beliefs, stories and *waiata* (songs).

Māori have been using Indigenous holistic health models and wellness models developed by our ancestors for thousands of years, yet these models have only recently been acknowledged (Durie 1994; Ministry of Health 2002; Pere 1991). Māori models of wellness are culturally and philosophically based, making it difficult to measure values and beliefs in quantity outputs associated with mainstream Western methodological health processes. However, evidence shows that use of Māori health and wellness models has good health outcomes for Māori (Durie 1994).¹

¹ However, the Treaty of Waitangi is not a blueprint for good health, nor is it a remedy for all ills; nevertheless, good health is an objective of the Treaty (Durie 1989).

Tino rangatiratanga: Māori self-determination

Māori models of wellness were formally developed in response to Māori taking initiatives to improve their own health and life conditions. More recently there has been a growing movement towards self-determination related to health. The concepts and practices associated with *whānau ora* (family wellness) are considered the pinnacle in achieving wellness. The Mental Health Commission extends two messages to the mental health sector: the first concerns enhancing relationships and practice in Aotearoa New Zealand mental health services, and the other is developing thriving relationships based on common values and beliefs (Mental Health Commission 2005). The Mental Health Commission encourages both the sector and health workers to have better relationships based on *whānau ora*, to ensure better outcomes for *tangata whaiora*/service users and their *whānau*.

Whānau ora: family wellbeing

Whānau ora is the strategic health aim of the Ministry of Health, New Zealand. The concept was first introduced in Hē Korowai Oranga in 2002. Whānau (*kuia* (older women), *koroua* (older men), *pākēkē* (adults), *rangatahi* (youth) and *tamariki* (children)) are recognised as the foundation of Māori society. As a principal source of strength, support, security and identity, whānau play a central role in the wellbeing of Māori individually and collectively (Ministry of Health 2002). The document titled *Hē Korowai Oranga* allows traditional definitions of whānau and recognises the wider diversity of whānau represented within Māori communities.

As mentioned earlier, there are many Māori models of health, and whānau ora overarches them all. *Te ao Māori* (Māori world view) of health positions whānau ora as the *korowai* (cloak) of recovery. Whānau ora is about whānau exclusivity, collectivity and interdependence. It recognises that the path to wellbeing is focused on building whānau capacity. This acknowledges the importance of including whānau in the process of recovery. It also recognises the diversity of whānau and the barriers to whānau thriving (Mental Health Commission 2007). Whānau ora provides a pathway which includes cultural values, distinctive hapu and iwi heritage and Indigenous systems of knowledge and practices that describe *te ao Māori*.

The Mental Health Commission's view on whānau ora is futuristic. It is envisaged that, in 2015, whānau will continue to be recognised as the basic unit of Māori society. As such, they will be the principal source of strength, security and identity that supports whānau wellbeing. The concept of whānau ora recognises that whānau members often share similar values, experiences, behaviours and ways of connecting that are unique (Mental Health Commission 2007). The Mental Health Commission states:

The concept of connectedness is embedded in Te Ao Māori, whānau ora and Māori mental health practice. It is the connections between individuals, whānau and identity; tikanga and health are central to whānau ora' (Mental Health Commission 2007).

The importance of being connected to the environment and of knowing one's identity is also an important element of whānau ora.

Māori holistic healing

In the past, Māori were a communal people. They had their own social systems that governed their day-to-day activities. Each village had a *tohunga* (priest) who played a significant role in ensuring the wellbeing of whānau and hapu. The tohunga kept the balance of *tapu* (sacred) and *noa* (neutral) (Shires 1997). The balance could be disturbed in a variety of ways, perhaps by going to a place that was tapu or by taking an individual something that did not belong to them. Access to traditional resources, *taonga tuku iho* (treasures of the ancestors), became less common. Skills in natural healing were handed down through whakapapa, *waiata* (song) and *haka* (dance). The use of traditional healing methods such as *rongoa* (remedies), *mirimiri* (massage) and *karakia* (prayer) and the use of a tohunga was always part of daily life and was considered normal practice for most whānau. Traditional healing (*rongoa*, *mirimiri*, *karakia* and spiritual healing practices via tohunga) were often practised together.

However, in 1907 the government passed the *Tohunga Suppression Act*. This forced Māori communities to shift their dependence on traditional knowledge and methods of healing to a contemporary Western biomedical model of health (Moon 2004). Today, Māori self-determination is supported by the restoration of traditional health practices, used either separately or in conjunction with Western health practice.

Te Whare Tapa Whā: the four-sided house

The World Health Organisation suggested that health was greatly influenced by social and cultural factors: 'Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity' (WHO 1947). Māori have never separated mind, body, spirit and whānau in health matters. Everything needs to be in balance. If one dimension is out of balance, the individual's health is at risk. The Te Whare Tapa Whā model supports the concept of whānau ora.

Te Whare Tapa Whā is a holistic model of health which incorporates four dimensions of the individual, including whānau, hapu and iwi. The four dimensions are referred to as the *tinana* (physical), *hinengaro* (mental), *whānau* (family) and *wairua* (spiritual) aspects of health.

Māori believe that all four dimensions need to be in balance to provide the basic ingredients for good health. Should one of the dimensions suffer, the other three are also affected. For instance, a loss of a limb or body part causes psychological trauma to an individual but whānau are also affected. For example, the injured person may have been the family provider but now that they are unable to work, emotional and social strain are felt by the whānau.

The wairua of the person is connected to their human experiences and is linked to the environment. Māori connection to whenua, awa, maunga and their whakapapa is a lifeline to *Papatuanuku* (mother earth), who is the provider of life's sustenance. Historically, *raupatu* (confiscation of land) during the colonial era had a huge impact on Māori health. With the loss of land came major social issues, which also affect tribal identity.

With Māori spiritual links closely tied to the land, the loss of ancestral land is considered to be an underlying cause of the major adverse psychological unwellness of Māori (Dow 2007). Therefore, Te Whare Tapa Whā provides a health model capable of responding to a person in totality. It allows the mental health nurse to see tangata whaiora in the broader context of their life. For example, during the assessment process the mental health nurse would take into account the tangata whaiora's whānau and also take into account their relationship to their natural resources. Acknowledging Māori tangata whaiora and tangata whenua, being mindful of the cultural beliefs and values they practise, is central to providing an appropriate and meaningful service for Māori.

Cultural safety

Cultural safety is a term unique to New Zealand nursing education. Once informed, the nursing profession wanted to create structures for delivering nursing services which would meet the health needs of Māori (Wepa 2005).

Irihapeti Ramsden pioneered the concept of cultural safety in both public and professional forums. It was during Hui (gathering) Waimanawa 1989, a gathering of nurse educators and Māori nursing students, that Ramsden and her colleagues initiated discussions about cultural safety for Māori (Wepa 2005). Ramsden educated the New Zealand Nursing Council and nursing tutors; she emphasised that, 'In addition to all of the other knowledge bases that are important to nursing and to healing, culture is extremely important' (Durie 2003). Ramsden maintained that nurses need to understand their own culture in order to understand their patients' culture. She encouraged nurses to identify their own culture, cultural origins and values, as this would then better enable them to understand people from cultures different from their own (Wepa 2005).

In 1992 the Nursing Council of New Zealand adopted the following definition of cultural safety:

The effective nursing or midwifery practice of a person or family, culture includes but is not restricted to, age, or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual beliefs and disability (Nursing Council of New Zealand 2002).

Cultural safety is defined by the experience of the person receiving the service. In keeping with this, the following section introduces an Indigenous model of nursing health practice. The model emphasises the importance of the nurse becoming culturally competent to provide a service that is steeped in Māori cultural values, beliefs and practices. In this way the nurse responds to the needs of tangata whaiora and whānau by offering an effective service that upholds the principles of the Treaty of Waitangi and the aspirations of Māori embedded in the Ministry of Health's articulation of whānau ora.

CRITICAL THINKING CHALLENGE 7.6

Explore your own cultural identity and list any values, beliefs or practices that you consider important for inclusion within the health arena to create a culturally competent nursing environment and to uphold best practice within your nursing practice. Compare and discuss differences in a larger group.

Ngaru Ngarunoa: Calming Restless Waves model of nursing practice

In this model, seven major pathways demonstrate a culturally safe and appropriate model of nursing practice that the Māori nurse undertakes to benefit Māori tangata whaiora and their whānau. When whānau ora is translated into nursing competencies, the nurse's role can be illustrated in the following model, which emphasises the supported relationship of the nurse, tangata whaiora and their whānau. The goal is the restoration of health, identity and *mana* (prestige) of tangata whaiora and their whānau (Mental Health Commission 2005).

The model, represented in Fig 7.1, shows how the inclusion of Indigenous health models and mainstream models of practice contributes to the overall recovery journey and wellbeing of tangata whaiora. The model represents *ngaru ngarunoa: calming restless waves*. Each wave represents the different dimensions that the nurse uses during the recovery journey of tangata whaiora. As the waves rely on the wind for energy, it is expected that the nurse will contribute the necessary energy for tangata whaiora and their whānau to achieve their full potential.

If the nurse incorporates and supports the fundamental principles of quality care detailed in this model, this will go some way to supporting the self-determination of tangata whaiora and their whānau. Not only is the

nurse helping tangata whaiora to recover, they are also supporting their life journey, which is analogous to the waves of the *moana* (sea) reaching the distant shores. In this way the nurse also helps to build the resilience of tangata whaiora.

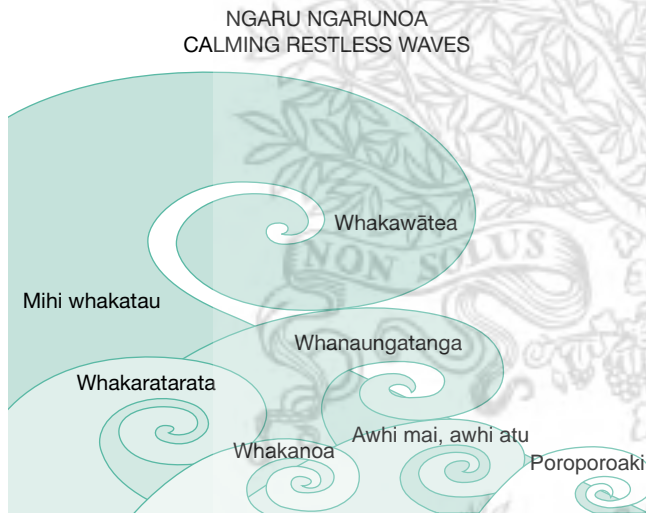


Figure 7.1 The Ngaru Ngarunoa model of nursing practice (created by Hineroa Hakiaha 2007). Redrawn from the original artwork by Rebecca Osbourne.

CRITICAL THINKING CHALLENGE 7.7

- Identify any potential barriers to nurses practising cultural and clinical competencies in a way that would facilitate a culturally appropriate service for New Zealand Māori, or other indigenous tangata whaiora who may use your services.
- How might you redress these barriers to provide best practice outcomes for yourself and for tangata whaiora and whānau?

The seven pathways

The major pathways and processes that underpin culturally appropriate nursing practice are described below.

Whakawātea—preparation

In this primary pathway, *whakawātea* refers to a process in which the nurse prepares (mind, body and soul) for her or his role with tangata whaiora and their whānau. The relationship the nurse has with tangata whaiora and their whānau is governed by cultural and clinical competencies. This encompasses a holistic approach to practice and it has a whānau ora focus. In order to contribute to whānau ora the nurse must first know her or his own culture, ethnicity and cultural values and beliefs (Wepa 2005). The nurse who is aware of their own identity is in a better position to meet the needs of tangata whaiora and their whānau while taking into consideration their cultural identity and mana.

HONONGA—PARTNERSHIP

The nurse is guided by a set of cultural values and beliefs which are demonstrated in his or her practice. The nurse establishes, at point of entry for tangata whaiora and their whānau, a collaborative, supportive partnership with the tangata whaiora and their whānau to facilitate the service user's healing journey. The nurse establishes a safe pathway for tangata whaiora to define and regain their *tino rangatiratanga* (self-determination).

WHAKARURU—PARTICIPATION

The nurse helps to facilitate the incorporation of appropriate recovery options based on the needs and wishes of tangata whaiora and their whānau, ensuring that the *whakaruru* process is achieved. This may include using the practice embedded in popular models of health practice, under the guidance of *kaumatua* (male and female elders).

MARUMARU—PROTECTION

The nurse's role is to foster the practice of *marumaru* to support the journey of tangata whaiora by providing the correct Māori resources, which ensure that culturally appropriate processes and practices are available. The nurse considers what may be culturally harmful to tangata whaiora and their whānau. The nurse would activate tangata whaiora support such as *kaumatua* and *tohunga*, and would help to facilitate Indigenous practices that contribute to the restoration of health where possible.

Mihi whakatau—formal greeting

In this pathway the nurse welcomes tangata whaiora and whānau with open heart and attitude. She helps to build trust and goodwill. It is a time for developing an atmosphere of *manaakitanga* (caring) by creating a safe environment that encourages rejuvenation and helps to restore mana (prestige) of tangata whaiora and their whānau.

Whakawhanaungatanga—connecting relationships

In this pathway the nurse establishes a rapport that is respectful of tangata whaiora and whānau during their stay. Tangata whaiora will determine what is culturally appropriate and meaningful practice for them. The nurse's professional manner will also support tangata whaiora throughout their healthcare experience. This includes access to *kaumatua* and *tohunga* who have the capability to reconnect tangata whaiora and their whānau to *wairua o te whenua* (spiritual connection to the land).

Whakaratarata—calming the soul

In this pathway the nurse initiates lines of communication with *kaumatua*, who act as a key guiding resource to whānau, hapu and iwi. They are valuable resources and are an essential part of this process. The nurse must cultivate and use integrity to enhance her or his work—this is the unspoken language of *ngakau mahaki* (empathy).

Whakanoa—providing a balance

In this pathway the nurse brings both information and understanding to bear on processes that inform best treatment options for tangata whaiora and their whānau. The nurse sets high standards for herself or himself and takes pride in her or his oral and written communication. The nurse listens with non-judgmental ears and eyes. An effective nurse will demonstrate *wairua mahana* (a warm spirit) and generous heart, and is able to assist tangata whaiora and their whānau to engage well with life.

Awahi mai awahi atu—reciprocity

In this pathway the nurse includes tangata whaiora and their whānau in all discussions and decision-making regarding treatment and discharge planning. The nurse makes professional judgments that will enhance the health outcomes for tangata whaiora and their whānau to reap the warmth of the wairua from the maunga, awa and whakapapa once they leave the service.

Poroporoaki—farewell process

In this pathway the nurse will have established networks with the community that will support tangata whaiora once they are discharged from care. The nurse joins with tangata whaiora and their whānau in a farewell process to acknowledge their discharge from the service. This process will also include a variety of whānau community support services that tangata whaiora will be liaising with upon their discharge. The nurse and the community will join collectively to provide continuous education to whānau and tangata whaiora in their journey of recovery (Mental Health Commission 2005; Nursing Council of New Zealand 2005).

Summary

The nurse is pivotal in facilitating the restoration of wellbeing for tangata whaiora once they enter mental health services. When nurses embrace their own cultural identity, and are supported and guided by the wisdom and experience of kaumatua, they are able to respond effectively to the culturally and historically specific needs of tangata whaiora and their whānau. By observing the seven pathways and processes that underpin culturally appropriate nursing practice illustrated in the Ngaru Ngaru—Calming Restless Waves model of nursing practice, the nurse is well positioned to respond effectively to the needs of tangata whaiora and their families throughout the recovery journey.

Whakatauki—Proverb

*Ka horo te marino
Ka whakapapa pounamu te moana
Kia tere hoki te marohirohi
Ki mua o to huarahi mo ake tonu*

May the calm be wide spread;
May the sea glisten like greenstone;
And may the shimmer of summer
forever dance across your pathway.

Conclusion

Social and emotional wellbeing have a significant impact on the mental health of the Indigenous people of Australia and New Zealand. The challenge is for the nurse to recognise the interrelatedness of social and emotional wellbeing and mental health. Pivotal to this is the nurse's role in the restoration of the social and emotional wellbeing of the Indigenous people of these two countries. The cornerstone of culturally safe nursing practice is the ability of the nurse to be responsive to the unique needs of the Indigenous people of Australia and New Zealand, and to incorporate their existing nursing knowledge with new information to provide a culturally safe practice. The authors of this chapter anticipate that with further learning the reader will be engaged in changing the nursing experience for people from Aboriginal and Torres Strait Islander cultures.

EXERCISES FOR CLASS ENGAGEMENT

- Central to developing culturally safe practice and an understanding of social and emotional wellbeing are the guiding fundamental principles in the *Ways Forward* document (Swan & Raphael 1995). Working in a small group, develop strategies that incorporate the nine principles a registered nurse could use in daily practice when working with Aboriginal and Torres Strait Islander mental health consumers.
- 'Health is not just the physical wellbeing of an individual, but refers to the social, emotional and cultural wellbeing of the whole community' (National Aboriginal Health Strategy 1989, p 10). In a small group, discuss the differences between the concepts of 'social and emotional wellbeing' and 'mental health'. Why is it important to understand the differences?
- Cultural safety is defined as 'the effective nursing of a person/ family from another culture by a nurse who has undertaken a process of reflection on his/her own cultural identity and recognises the impact of the nurse's culture on his/her own nursing practice and also that unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual (Nursing Council of New Zealand, p 1). In a small group, discuss the three stages of the cultural safety model and identify strategies that a registered nurse would incorporate into their practice, to be culturally safe.

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Further reading

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- Royal Commission into Aboriginal Deaths in Custody 1991 Final national report. AGPS, Canberra

Useful websites

- Queensland Aboriginal and Islander Health Council (QAIHC)
<http://www.qaihc.com.au>
- Aboriginal Health Council of South Australia Incorporated
<http://www.ahcwa.org>
- Aboriginal Health and Medical Research Council of New South Wales (AHMRC)
<http://www.ahmrc.org.au>
- Winnunga Nimmityjah Aboriginal Health Service
<http://www.winnunga.org.au>
- Victorian Aboriginal Community Controlled Health organisation (VACCHO)
<http://www.naccho.org.au>
- Aboriginal Health Council of Western Australia (ACHWA)
<http://www.ahcwa.org>
- Aboriginal Medical Services Affiliates Northern Territory (AMSANT)
<http://www.amsant.com.au>

Glossary

Aotearoa

awa

awhi mai awhi atu

Crown

haka

hapu

hē Korowai Oranga

hinengaro

hononga

hui

iwi

karakia

Kaupapa Māori

kaumatua

koroua

kuia

mana

manaakitanga

Māori

maru maru

maunga

mihi whakatau

mirimiri

moana

ngakau mahaki

noa

ngaru ngarunoa

oranga

pākēkē

Papatuanuku

poroporoaki

long white cloud/New Zealand

river

reciprocity

the Queen's representative (government) of the day

Māori performing arts

sub-tribe

the cloak of wellness

mind/mental

partnership

gathering/meeting

tribe

prayer

Māori provider that operates with a Māori philosophy

Māori elders (male and female)

Māori term for older male

Māori term for older female

prestige

caring

Indigenous people of Aotearoa/New Zealand

protection

mountain

formal greeting

massage

sea

empathy

neutrality, neutral

calming restless waves

health

adult

mother earth

farewell process

rangatahi

raupatu

recovery

rongoā

tamariki

tangata whaiora

tangata whenua

taonga

taonga tuku iho

tapu

te ao Māori

te whare tapa whā

tikanga

tinana

tino rangatiratanga

Treaty of Waitangi

tohunga

tōku rangatiratanga

wairua

wairua muhana

whakanoa

whakapapa

whakaratarata

whakawātea

whānau

whānau ora

whanaungatanga

whenua

waiata

waimanawa

youth

confiscation of land

living well in the presence or

absence of mental illness

Māori remedy

child/children

person seeking wellness,

service user, consumer

people of this land,

Indigenous people of New Zealand

treasure

treasures of the ancestors

set apart, sacred

Māori world-view

four-sided house

right/correct

physical

self-determination

signing of the Treaty at

Waitangi between Māori and

the Crown

specialist in their field;

priest

our self-determination

spirit, spiritual

a warm spirit

providing a balance

genealogy

calming the soul

cleansing

family

family wellness

family connections

land

song

blood of the heart