

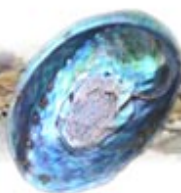


Whanau Oranga Hinengaro

*Northern Region Maori Mental Health and
Addictions Implementation Plan
2006 – 2008*



Whanau Oranga Hinengaro



Northern Region Maori Mental Health and Addictions Implementation Plan 2006 – 2008

Prepared by the Northern DHB Support Agency



Te Poari Tautoko I Nga Rohe Ki Te Raki

for the four region District Health Boards:

Auckland District Health Board
Counties Manukau District Health Board
Northland District Health Board
Waitemata District Health Board

***Tawhiti rawa tou haerenga ake te kore haere tonu
Nui rawa ou mahi te kore mahi nui tonu***

*You have come too far, not to go further
You have done too much, not to do more*

Tā Hemi Henare

EXECUTIVE SUMMARY

The purpose of the implementation plan is to describe the actions that will take place over the next three years to fulfil the goals and objectives in Whanau Oranga Hinengaro – The Northern Region Maori Mental Health and Addictions Plan.

This plan has been developed to provide funders, planners, providers and the wider community with a planned, coordinated approach to progressing Maori mental health development in the Northern region.

The goals that guide the implementation plan are:

Service Development – improve the quantity and quality of mental health and addiction services so that Maori access and Maori outcomes are enhanced.

Workforce Development – continue to develop a strong workforce equipped to meet the cultural and clinical needs of tangata whaiora and whanau.

Cultural Development – continue to build on providing the choice for tangata whaiora and whanau to Maori culturally driven solutions.

Information/Research and Quality Development – development of continuous quality improvement processes. To improve health information to support effective service delivery, monitoring and achievement of health objectives.

Resourcing – invest in services that are focused on improving health gains for Maori.

Collaboration – engage in collaborative relationships to maximise Maori health gains.

Implementing these goals will result in substantial movement towards our vision of providing an integrated range of mental health and addiction services for tangata whaiora and their whanau so that they may achieve whanau ora.

TABLE OF CONTENTS

Executive Summary i

Introduction 1

Background 2

Process 3

Purpose 3

Vision 3

 Challenges to Achieving the Vision 4

The Strategic Priorities 4

 Goal 1: Service Development 5

 Goal 2: Workforce Development 6

 Goal 3: Cultural Development 9

 Goal 4: Information/Research and Quality Development 9

 Goal 5: Resourcing 11

 Goal 6: Collaboration 12

Conclusion 13

Key Considerations 14

References 15

INTRODUCTION

Maori continue to be over represented in crisis, acute inpatient and forensics services and have higher rates of readmission than non-Maori. Co-existing issues including substance abuse and poor general health are common for Maori accessing mental health services. Furthermore Maori are accessing services later with greater acuity.

Significant rates of suicide and attempted suicide among Maori youth, Maori offending and imprisonment, and the nature of risk-filled environments for children also have an indicative correlation to poor mental health and addiction problems.

An intense history of acculturation and alienation has been instrumental in causing the erosion of Maori well-being. Embedded within acculturation is the pressure to conform and perform which continues to exacerbate the problems. Similar to other indigenous peoples, the resulting consequences have been adverse affects on mental health and negative addictive behaviours.

Maori have continued to remain steadfast that the solution to address Maori issues, in the first instance, should be led by Maori themselves. It is from this premise that the concept of whanau ora has been recognised by the health sector. Whanau ora is now a central feature across government strategies aimed at enhancing Maori outcomes.

‘To provide an integrated range of mental health services for tangata whaiora and their whanau so that they may achieve whanau ora’ is the Northern regional vision developed to respond to Maori mental health and addiction priorities. Integration in this sense is defined as two bodies of knowledge amalgamating together into a cohesive whole.

Active Maori participation in the integration process and most importantly, the retention of a cultural base will be critical if the current negative trends in Maori mental health and addictions are to be reversed.

The Regional Maori Mental Health and Addictions Implementation Plan places the tangata whaiora and whanau at its core. It pulls together a sector-wide view, builds on existing achievements, provides a framework for continued development, maximises the strengths of tangata whenua and acknowledges the place of conventional treatment and modality to support the Maori well-being journey.

BACKGROUND

In 2002 the Northern DHB Support Agency (NDSA), on behalf of the four Northern Region District Health Boards (DHBs) commissioned the preparation of a Northern Region Maori Mental Health and Addictions Plan.

This strategic Plan outlined a number of steps the region could take to guide mental health sector development for Maori tangata whaiora and their whanau in the Northern region.

These high-level themes fell under the broad headings of

- Planning
- Service Delivery
- Infrastructure Development
- Inter and Intra Sector Collaboration

The development of the Plan was informed by local, regional and national strategy and policy documents as well as building on work completed to date, in the Northern Region.

Within the four themes identified, the Plan outlined seven overarching priority areas:

1. Reducing the negative impact of mental illness for Maori
2. Reducing the number of Maori who experience mental health problems
3. Targeting development of services for Maori with the highest support needs
4. Improving Maori mental health services across the continuum of care
5. Development of linkages and integration with primary care including access and early intervention
6. Better alignment of service specifications with recognised Maori models of wellness
7. Focusing on infrastructure and capacity development for Maori mental health e.g. workforce development

PROCESS

In 2004, Whanau Oranga Hinengaro, the Regional Maori Mental Health and Addictions Plan was endorsed by the region's four District Health Boards.

A Regional Maori Mental Health and Addictions Project Co-ordinator was appointed in 2006 to assist DHBs including Provider Arm Services and Non-Government Organisations (NGOs) in the Northern region to:

- Use the Regional Maori Mental Health and Addictions Plan to identify current district Maori mental health and addictions development priorities.
- Ensure the strategic imperatives of this Implementation Plan are reflected in district mental health plans and other key regional documents e.g. workforce development, Maori health plans, etc.
- Collaborate with the DHB and the NGO sector to ensure consistent alignment with broader DHB and NGO Maori networks and initiatives.

The process to date has involved identifying current achievements within the sector, refreshing and aligning the implementation plan with a number of new significant local, regional and national documents and re-affirming the aspirations of tangata whaiora and their whanau towards achieving better health outcomes over the next three years.

PURPOSE

This implementation plan is aligned to the Northern Region Mental Health and Addictions Strategic Directions Document 2005–2010 and the Northern Region Mental Health Workforce Development Action Plan. The scope of this plan covers both Kaupapa Maori services (i.e. by Maori for Maori) and all other services that are likely to be accessed by Maori.

The purpose of this implementation plan is to describe the actions that will take place over the next three years to fulfil the goals and objectives in Whanau Oranga Hinengaro – Northern Region Maori Mental Health and Addictions Plan.

VISION

To provide an integrated range of mental health and addiction services for tangata whaiora and their whanau so that they may achieve whanau ora.

Challenges to Achieving the Vision

- To achieve a truly integrated approach requires changing the mindsets, behaviour and culture across the whole system.
- Tangata whaiora should be an integral part of the delivery of services. Mental health and addictions services still maintain a paternalistic attitude towards the capacity and capability of tangata whaiora.
- The mental health system for tangata whaiora still pivots around specialists from a hospital base providing treatment although health status information suggests that this may not be the best solution for Maori.
- Mental health service specifications make reference to Maori models of wellness. These models need to be embedded into service specifications to provide greater inclusion in practice.
- Other approaches to Maori mental health and addictions, which make greater cultural sense, have been discredited while funding options have largely been constrained by purchasing plans that are mainstream psychiatry and psychology based.
- Resourcing is based on 3% of the general population while government directives seek broad approaches including prevention and post-intervention solutions. Funding for Maori with high complex needs does not equitably factor in the cost of Maori solutions across all domains.

THE STRATEGIC PRIORITIES

There are six strategic priorities outlined in this plan.

Service Development – improve the quantity and quality of mental health and addiction services so that Maori access and Maori outcomes are enhanced.

Workforce Development – continue to develop a strong workforce equipped to meet the cultural and clinical needs of tangata whaiora and whanau.

Cultural Development – continue to build on providing the choice for tangata whaiora and whanau to Maori culturally driven solutions.

Information/Research and Quality Development – development of continuous quality improvement processes. To improve health information to support effective service delivery, monitoring and achievement of health objectives.

Resourcing – invest in services that are focused on improving health gains for Maori.

Collaboration – engage in collaborative relationships to maximise Maori health gains.

The tables that follow detail the objectives that relate to each of the above priority areas.

Goal 1: Service Development

The need to increase and develop Kaupapa Maori services and improve the responsiveness of mainstream services is essential to meeting the current and future demand for tangata whaiora and their whanau. The Northern region remains committed to growing Kaupapa Maori mental health and addiction services in the future to improve the mental health of tangata whaiora and advance whanau ora.

There is a strong link between health and culture and the wellness of tangata whaiora: both depend on, and are affected by the wellness of whanau, hapu, iwi and the Maori community. Services will improve when Maori have an active role in the planning and development of services, and when models of practice incorporate a better understanding of the importance of whanau, Maori approaches to health and the interface between culture and clinical practice.

Goal 1 Objectives	Action	Role	Completion Date
Improve Maori access to mental health and addiction services.	Expand and develop Kaupapa Maori mental health and addiction services in the region to ensure that tangata whaiora have a greater choice of services.	District Health Boards	2006/07 ongoing
	Plan and deliver effective and culturally relevant, Maori-focused treatment practices across the continuum of care in both mainstream and Kaupapa Maori services that promote: <ul style="list-style-type: none"> Whanau ora Traditional Maori treatment processes Cultural and clinical competency Whanau-inclusive practices. 	District Health Boards	2007/08 ongoing
	Undertake a project to scope the potential population demand and the implications for service gaps in the provision of child and adolescent mental health and addiction services for Maori.	NDSA (on behalf of the Northern region DHBs)	2007/08
Promote choice by supporting the implementation of Kaupapa Maori models of practice.	Review and update current service specifications to better align with Kaupapa Maori models of practice.	MoH in collaboration with District Health Boards	2007/08
To improve current client pathways to ensure seamless service delivery, easy transitions between services and continuity of care.	Undertake a service improvement pilot on a DHB Maori Mental Health Service. The pilot will identify areas for improvement, opportunities for innovation and change within current services by using the service users' journey through the system of care as a key resource to guide service change.	District Health Boards	2007/08
	Undertake a service improvement project within a Maori NGO provider.	Maori NGO	2008/09

Goal 1 Objectives	Action	Role	Completion Date
To increase the capacity and capability of Maori providers to deliver effective mental health and addiction services for tangata whaiora and their whanau.	Invest in resources to enhance the capacity and capability of NGO providers to provide quality mental health and addiction services.	District Health Boards Maori GMs/ MAPO through Maori Provider Development Scheme funding.	2006/07 ongoing
	Work in collaboration with NGO providers to: Ensure alignment with national, regional and local information requirements (e.g. MHINC, PRIMHED).	District Health Boards (incl: PRIMHED site Coordinators)	2007/08 ongoing
DHBs will share and expand on existing best practice guidelines for clinicians to ensure the clinical and cultural competence of their services for Maori.	DHBs will collaborate to identify and review existing best practice guidelines for mental health and addictions services.	District Health Boards	2007/08

Goal 2: Workforce Development

To develop a competent Maori mental health and addictions workforce that will meet the needs of tangata whaiora and their whanau.

Clinically and culturally competent mental health staff (both Maori and non Maori) are necessary in order to strengthen the Northern region DHBs' capacity and capability to deliver effective and appropriate services to tangata whaiora and their whanau.

Research has demonstrated that Maori, in proportion to their population, are over represented as consumers of mental health services. In contrast there is only a small number of Maori working within mental health services, to meet the growing demands and specific cultural needs of this population. There is clearly some way to go before Maori mental health workers approximate the ratio of Maori in the wider community; until this time a large number of Maori are likely to come into contact with non Maori mental health staff. Therefore it is important that mental health and addictions staff are equipped to provide culturally appropriate services to tangata whaiora and their whanau.

Goal 2 Objectives	Action	Role	Completion Date
Ensure that robust, relevant and uniformly defined data is collected across the Maori mental health and addictions sector to allow for better workforce development planning, service quality improvement and forecasting.	Complete a stock take (workforce profile) of the Maori mental health and addictions workforce across the Northern region.	NDSA (on behalf of the Northern region DHBs) as part of the Workforce Development Implementation Plan	2006/07
To develop a Northern Region Maori Mental Health and Addictions Workforce Development Plan.	<p>The plan to include:</p> <p>A scoping of the training needs of existing Maori mental health and addiction service providers</p> <p>Identify strategies to up-skill, train, recruit, and retain a competent workforce</p> <p>Ensure plan is aligned with National Workforce Development Plans</p>	NDSA (on behalf of the Northern Region DHBs). Process facilitated by the Regional Workforce Development Coordinator	2006/07
	Implement the plan.		2007/08 2008/09
Ensure that Maori staff within the Northern region are aware of and have access to training opportunities and scholarships offered through Te Rau Matatini and other workforce development centres.	Regional Workforce Coordinator to maintain strong links with Te Rau Matatini and other workforce development centres, and disseminate information on training opportunities and scholarships through monthly newsletters and on the Network North Coalition website.	NDSA (on behalf of the Northern Region DHBs). Process facilitated by the Regional Workforce Development Coordinator	2006/07 ongoing
To build clinical capacity within Kaupapa Maori providers.	Investment in mentoring programmes and scholarships. Ensuring access to appropriate supervisors.	DHBs: GM-Maori Health/MAPO through Maori Provider Development Scheme Funding Mental Health Funders	2007/08 ongoing

Goal 2 Objectives	Action	Role	Completion Date
To support the professional development of the Maori addictions workforce.	Develop and deliver training workshops that will support the professional development of addictions workers to progress towards achieving competencies from the Alcohol Advisory Council of NZ Practitioner Competencies for Alcohol and Drug Workers in Aotearoa NZ (Sept 2001).	NDSA (on behalf of the Northern region DHBs)	2006/07 2007/08
	Fund placements for the addictions workforce (DHB and NGOs) to gain professional qualifications in the area of addictions.	Northland DHB	2006/07 2007/08
To ensure that mainstream mental health and addiction service providers who provide services to Maori are responsive to the unique cultural needs of Maori.	Implement Treaty responsiveness training within mainstream mental health service providers.	District Health Boards	2006/07 ongoing
	Implement Tikanga Best Practice guidelines throughout provider arm services.	Counties Manukau DHB	2006/07 ongoing
	Support mainstream providers to develop linkages with Kaupapa Maori and iwi providers who are able to advise on culturally responsive service provision.	District Health Boards	Ongoing
Increase the number of Maori working in specific areas within mental health services.	Commit resources to scholarships to promote and enable Maori to work in specific areas – such as child and adolescent mental health services.	District Health Boards Te Rau Matatini MoH – Health Scholarships	2006/07 2008/09
	Develop clinical internships/ placements for Maori in child and adolescent services.	District Health Boards in collaboration with the Werry Centre	2006/07 ongoing
Support and promote Maori to pursue professional qualifications in the areas of mental health and/or addictions.	Commit resources to scholarships to assist Maori to gain mental health and/or addictions qualifications.	Maori Provider Development Scheme Te Rau Matatini Scholarships Ministry of Health – Maori Health Scholarships	2006/07 ongoing
	Work in collaboration with Te Rau Matatini to market the Maori mental health and addictions sector as the place to work.	District Health Boards and Te Rau Matatini	2007/08 ongoing

Goal 3: Cultural Development

- Support cultural development as a prerequisite for enhancing Maori mental health and addictions recovery.
- Continue to build on providing the choice for tangata whaiora and whanau to Maori culturally driven solutions.
- Recognise that culture can be the platform for promoting recovery and maintaining wellness.

Goal 3 Objectives	Action	Role	Completion Date
To support, advocate and grow te reo me ona tikanga for staff and tangata whaiora.	Continue development of programmes with and for tangata whaiora, whanau and staff that encourage the retention and revitalisation of te reo me ona tikanga.	District Health Boards	2008/09
Enhance Maori access to culture.	Develop and implement culturally focused programmes that contribute to recovery.	District Health Boards (Auckland DHB lead)	2007/08
Increase wananga and forums into the healing practices of Maori.	Develop a series of seminars/forums to raise awareness of traditional beliefs.	District Health Boards through implementation of the Maori Mental Health and Addictions Workforce Development Plan	2007/08

Goal 4: Information/Research and Quality Development

Encouraging an environment that supports the dissemination of knowledge and information and building a research and evaluation-based approach to recovery practice is important for maintaining quality practice, and for promoting innovation in service planning, development and delivery.

Goal 4 Objectives	Action	Role	Completion Date
To collect, collate and analyse relevant ethnic-specific information to inform workforce planning and service development.	Improve the collection of information by mental health and addiction service providers, so that Maori ethnicity is accurately recorded and relevant data on Maori is available via existing structures and MHINC report – so data can be used as a planning tool.	District Health Boards (ARMHIT and MHINC reporting)	Ongoing
	Implement the national information strategy across the Northern region.	District Health Boards	Ongoing

Goal 4 Objectives	Action	Role	Completion Date
Ensure that appropriate information on mental health and addiction services is available for tangata whaiora and their whanau and the communities in which they reside.	Ensure resources are available that provide information on mental health and addiction services in the Northern region.	District Health Boards (CMDHB and ADHB through WebHealth)	2006/07
To develop Maori mental health research capacity which focuses on the effectiveness of Kaupapa Maori and mainstream services for tangata whaiora and their whanau.	Undertake research studies that evaluate the effectiveness of services accessed by Maori in the Northern region, with outcomes to be shared across the Northern region DHBs.	HRC/ Research Funders and District Health Boards	2007/08
	Develop and implement a Maori mental health research agenda that promotes Kaupapa Maori methodologies and whanau ora approaches to mental health and addictions.	Ministry of Health	2008/09
Ensure that Maori mental health and addiction research is accessible and available.	Establish a clearing house of research and information on Maori mental health and addictions.	Auckland District Health Board	2007/08
Develop an understanding of the utilisation of services by tangata whaiora in the Northern Region to inform future planning.	Undertake a project to collate, analyse and interpret data on patterns of utilisation of mental health and addiction services across the Northern Region.	District Health Boards	2007/08
To ensure Maori providers reflect best practice and have systems in place to ensure continuous quality improvement.	Support providers in strengthening their organisation's systems to meet certification, mental health sector standards and other relevant standards.	NDSA (on behalf of the Northern region DHBs) – quality project person. Maori GMs/ MAPO through MPDS funding	2006/07 2007/08
Ensure that tangata whaiora have an opportunity to provide feedback on how services can be enhanced to best meet their needs.	Develop and implement satisfaction surveys for tangata whaiora.	District Health Boards	2006/07

Goal 4 Objectives	Action	Role	Completion Date
Implement the Northern Regional Quality and Audit Framework.	<p>Implement a Regional Quality and Audit Framework to improve the quality and monitoring of contracted Maori mental health and addiction service providers across the Northern Region.</p> <p>All providers are routinely audited against contractual requirements over a 3 year cycle.</p>	NDSA (on behalf of the Northern region DHBs)	<p>2006/07</p> <p>2007/08</p> <p>2008/09</p>

Goal 5: **Resourcing**

Ensure optimal and sustainable investment toward improving health gains for Maori in mental health and addictions services.

Funding mechanisms are instrumental in shaping the services that are purchased by the Northern region DHBs and delivered by providers. The Northern region is committed to developing and implementing flexible funding mechanisms for mental health and addiction services that support whanau ora, advance best practice and enable collaboration.

Goal 5 Objectives	Action	Role	Completion Date
Ensure active participation of Maori in all areas of mental health and addiction service planning, and service development.	Ensure that Maori are represented in all regional mental health and addictions services forums/groups.	District Health Boards	Ongoing
	Establish a regional Maori Mental Health and Addictions Services Forum.	NDSA (on behalf of the Northern Region DHBs)	2006/07
Develop and implement funding mechanisms for mental health and addiction services that support whanau ora.	Review funding models and rules to support greater consistency and equity across the region and across providers.	District Health Boards in collaboration with Ministry of Health	2006/07 2007/08
	Through the pricing project review regional and local pricing models to provide price and cost information to enable the Northern region DHBs to make more informed decisions about pricing mental health and addiction services.		2006/07 2007/08
	Develop funding approaches and contracting processes that are efficient, effective and equitable between providers in the Northern region.		2008/09
	Pilot alternate funding models to encapsulate an outcomes approach.		2008/09

Goal 6: Collaboration

Effective partnerships and networks across health and other government-funded social services are critical to providing coordinated supports for people with experiences of mental illness and/or addictions, and to enhancing whanau ora.

Improving outcomes for tangata whaiora will not be achieved by the mental health and addictions sector alone. Strong, proactive, intersectoral partnerships will need to be forged with justice, corrections, education, housing, employment and social service agencies to ensure that tangata whaiora's broader social and economic needs are met.

Goal 6 Objectives	Action	Role	Completion Date
Support and facilitate intersectoral activities at the provider level, which positively contribute to whanau ora.	DHBs identify providers and or networks that build initiatives across sectors and develop or extend appropriate initiatives. DHBs participate in the regional forums aimed at enhancing better coordination of regional and local government strategies and activities, both across sectors and between different levels of government.	District Health Boards	2006/07 ongoing
Undertake projects to promote collaboration.	Complete the Regional Mental Health Housing Project.	NDSA (on behalf of the Northern region DHBs)	2006/07
	Identify and implement initiatives to strengthen the partnerships between NGO and DHB services.	District Health Boards	2006/07 ongoing

CONCLUSION

There is a continuing need for mental health and addiction workers to recognise that as tangata whenua, Maori have the right to be culturally different from the majority.

Maori continue to be disproportionately represented as high users of mental health services within a predominantly monocultural model of mental health service delivery, and their unique cultural needs remain poorly served. Aware of these issues, the Northern region DHBs recognise the need for mental health service delivery models that encompass Maori culture and values. Work is currently underway to look realistically at the processes and structures of mental health services in the Northern region, to refashion these collaboratively with Maori to better meet their needs, and to enhance outcomes for tangata whaiora and their whanau.

Alongside the ongoing development of Kaupapa Maori mental health services is the need for mainstream providers to incorporate practices into their services enabling them to be more responsive and culturally competent. The rationale for mental health workers being culturally responsive comes from Maori/non Maori disparities in mental health standards, as well as the Treaty of Waitangi which laid the foundation for a partnership between Maori tribes and the State. There is also the practical motivation for trying to understand a group of people who constitute a significant part of mental health workers' client group.

The ongoing implementation of Whanau Oranga Hinengaro – Northern Region Maori Mental Health and Addictions Plan within the Northern region will improve the development and delivery of mental health and addiction services to tangata whaiora and their whanau.

Appendix 1

KEY CONSIDERATIONS

The developmental phase of the plan identified a number of key factors which need to be kept in mind:

- Tangata whaiora experience and endurance through the recovery journey has a valuable contribution to strengthening our communities.
- The status of Maori mental health and addictions is linked to the historical erosion of those conditions which promote security of identity for Maori.
- All tangata whaiora have whakapapa (direct familial relationships) and tatai hono (extended familial relationships), which binds them to a potentially caring whanau and community.
- Whanau ora has been placed at the centre of health strategies for Maori. Whanau themselves require special care and support to be effective to meet the demands of achieving Whanau ora.
- Whanau ora-orientated systems, services and funding models need to be developed which contribute to effecting significant change.
- Maori communities include whanau groupings and their connections to hapu and iwi are accessed through a range of other networks including urban locality, workplace, schools, marae and specific interest or social identity groups, e.g. takatapui, kapa haka. These groups need to be recognised and included in responding to the needs of tangata whaiora and whanau.
- There is a growing body of knowledge that supports Maori cultural development and restoration as a key component to the well-being journey of Maori.
- The care and treatment of people with mental health disorders remains stuck at a level which is out of touch with the needs of a dynamic, resilient, energetic and charismatic Maori society.

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