

TE WHAKAURUORA

Restoration of Health: Māori Suicide
Prevention Resource

Te Whakauruora Restoration of Health

The name for this resource takes its meaning from te ao Māori tawhito (the old Māori world) and encompasses the Māori world view that health and well-being is holistic therefore suicide prevention initiatives must appreciate that the individual belongs to a whānau, hapū, iwi, hapori Māori and community. As such the spiritual, cultural, social, physical and emotional aspects are embraced.



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This document has been prepared by Te Rau Matatini for the Ministry of Health, as contracted by Suicide Prevention Information New Zealand (SPINZ), Mental Health Foundation and Nga Tai o Te Awa, formerly Taumata Hauora Trust.

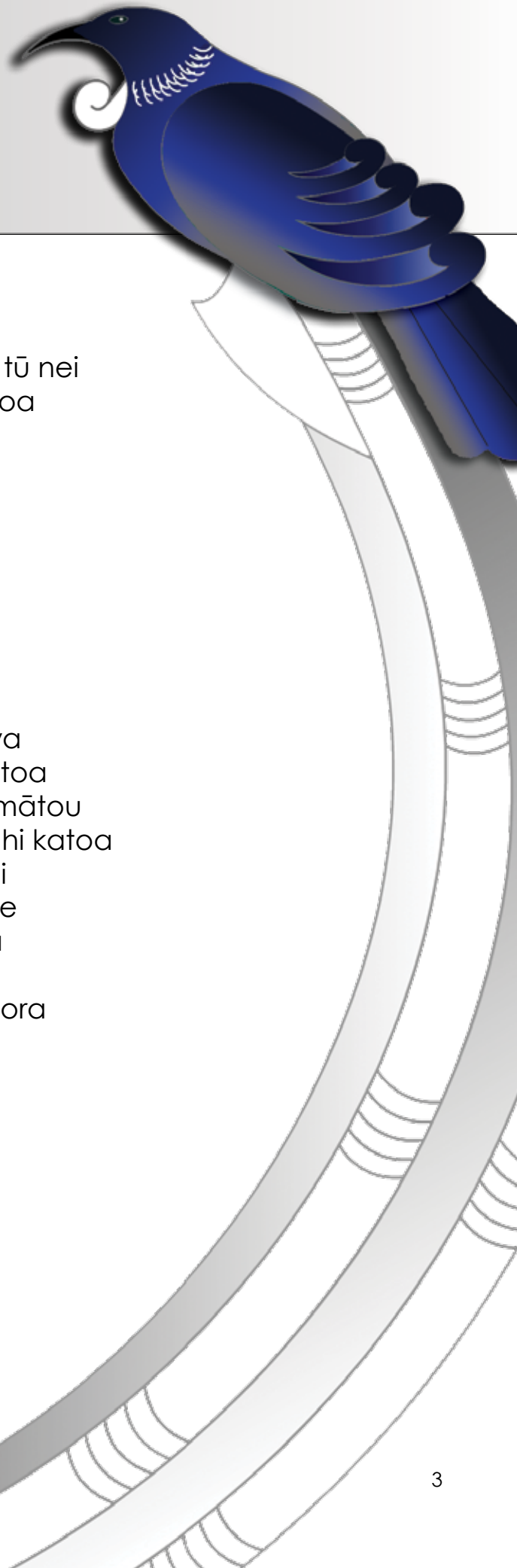
Cover Photo: Auckland sunrise
Design by Te Rau Designz, www.designz.co.nz.

He Karakia me he Inoi Tīmatanga

Ko te whakauruora kia Ranginui e tū nei
Ko te whakauruora ki te kauroroa
Ko te uruora ngā atua
Ko te uruora ngā tāngata
Ko te uruora ngā wānanga
E Rongo mā tāne
Whakairihia! Hae!

Kei mua koe i a mātou e lhowa
Hei tohutohu i a mātou mahi katoa
Ko koe anake hei whakakaha i a mātou
Kia whai kororia ai koe i a mātou mahi katoa
He mea fīmata he mea mahi
He mea whakaoti i roto i a koe
Kia whiwhi ai mātou ki te ora
E atawhaitia nei e koe
Ko koe hoki tō mātou kaiwhakaora
Whakawātea

Amine





Foreword

He Kupu Whakataki

Iti te kōpara kai tārere ana i te puhi o te kahika

Tihei mauriora!

Ki te whai ao, ki te ao mārama.

E ngā mana, e ngā reo, e ngā pae maunga huri noa te motu.

He mihi tēnei ki a koutou i whakatoro i ō koutou ringaringa

i hāpaitia, i rapuhia i te ara tika hei painga mō te iwi.

Anei Te Whakauruora.

Hei rauemi, mō ngā mahi rangatira nā koutou i whakahaere ki

waenganui i ngā tangata kua herea ki te whakamomori.

Kia kaha koutou ki te mau tonu i ngā tikanga i waihiotia e ngā mātua

tūpuna hei whāriki whakatinanahia i ngā moemoeā mō te oranganui o te tangata.

Small though the bellbird may be, it swings on the topmost twigs of the white pine

The bellbird symbolises the dedication and commitment of those who work in suicide prevention. Te Whakauruora is a resource that represents the topmost twigs of the white pine. It has been developed to assist those who are working in the area of Māori suicide prevention. It calls them to hold fast to the traditional values of our ancestors as the foundation for the well-being of people.

We thank everyone who contributed to the development of Te Whakauruora and for those working at the coalface we trust you find it a valuable resource.

Kia ora koutou, kia ora tatou katoa.

Tariana Turia

Hon Tariana Turia
Associate Minister of Health



He Mihi

Tēnā koe, tēnā koutou katoa,

Ko koutou ngā ringa raka, ngā ringa rehe e mahi ana kei roto i tēnā whare hauora i tēnā whare hauora, hei āhuru mōwai mō te tāngata me tōna whānau. Ko koutou katoa e kaha ana ki te awhi, manaaki, tiaki i ngā tāngata, i ngā whānau kua herea ki te whakamomori me ōna tū momo āhuatanga katoa. Ahakoa te taumaha o ngā mahi nei, kei te tū tonu mai, kei te maia tonu kei te manawanui tonu koutou, kei te rapu tonu koutou, tātou tonu i te ara ora mō te kaupapa o tātou nei. Nō reira tēnā koutou, tēnā koutou, tēnā tātou katoa (nā Te Rōpū Kaitohutohu).

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We would also like to recognise all those that participated in a national consultation conducted throughout Aotearoa during late 2006 and early 2007 by SPINZ, facilitated by Sheridan Waitai.

It is from these consultations, with the guidance of kaumātua and the Advisory Group that this resource has been produced; Sylvia van Altvorst, Karaitiana Tickell, Ana Sokratov, Pahia Turia, Sheridan Waitai, Tuwhakairiora Williams, Shanara Wihongi, and Joanne Aoake, Joanne Hayes, Maraea Johns (Ministry of Health), Merryn Statham (SPINZ), Judi Clements and Rawiri Wharemate from Mental Health Foundation.

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Tirohanga Whānui

Tirohanga whānui provides a content map
for those who use this resource

*Ko te whenua i hāroa e te kāhu
It is the land soared over by the hawk*



Contents

He Karakia Tīmatanga	3
Foreword	5
He Mihi	7
Acknowledgements	7
Tirohanga Whānui: Resource Overview	8
Contents	9
Wāhanga Tuatahi: He Whakamāramatanga mo Tēnei Rawa About this Resource	11
Wāhanga Tuarua: I Ahu Mai i Whea Developing an Understanding of Māori Views of Suicide and Suicide Prevention	20
Wāhanga Tuatoru: Whakaoranga Māori Perspectives, Frameworks and Protective Factors	27
Wāhanga Tuawhā: Ngā Pōreareatanga Developing a Knowledge of Key Issues	38
Wāhanga Tuarima: Tiaki Ora Protecting Life through Safe Practice In Community Action	47
Wāhanga Tuaono: He Whakaūtanga Anga Māori Strengthening and Growing Communities through Rarangahia te Taurawhiri Tangata	68
Wāhanga Tuawhitu: Rawa Ā Hapori Māori Community and Other Resources	86
Ngā Matapuna: References	90
Raranga Whakamārama: Glossary	96



Wāhanga Tuatahi

He Whakamāramatanga mō tēnei rawa

About this Resource

Kei Roto:

Community Development and Community Action
Aims of Resource

NZ Suicide Prevention Strategy 2006 - 2016

Whānau Ora

Recovery

*Mā te kōrero ka mōhio, mā te mōhio ka mārāma,
mā te mārāma ka mātau, mā te mātau ka ora te iwi*

*Through discussion we learn, through learning we are
enlightened, through enlightenment we are
empowered, through empowerment the well-being
of the people is achieved*

He Whakamāramatanga Mo Tēnei Rawa

Te Whakauruora has been planned as a community development and community action-focused resource to primarily assist hapū, iwi, hapori Māori and community groups.

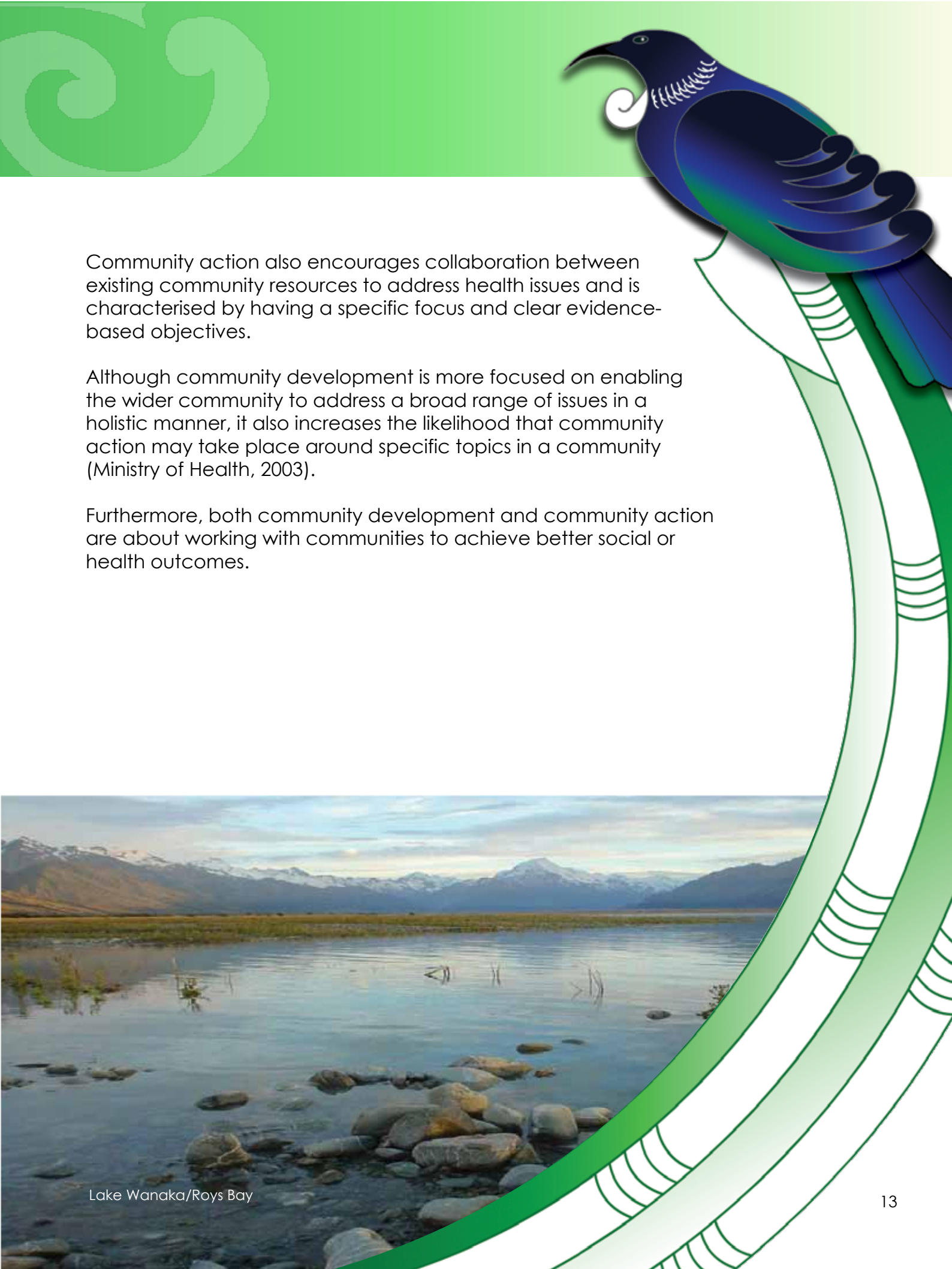
It is envisaged that Te Whakauruora will be best utilised:

- by organisations working collaboratively together to provide effective and safe approaches through the efficient use of shared resources, and
- alongside other initiatives and resources aimed at reducing the incidence of suicide and attempted suicide within whānau, hapū, iwi, hapori Māori and community.

Community Development and Community Action

Community development is the process or effort of building communities on a local level with emphasis on forging and strengthening social ties and developing the non-profit sector. Good community development supports the establishment of strong communities that control and use assets to promote social justice and improve the quality of community life. It also enables community and public agencies to work together to improve the quality of government. Good community development is action oriented and helps people recognise and develop their ability and potential and organise themselves to respond to problems and needs that they share.

Community action can be defined as an approach to creating change on a local scale that involves actions that are aimed at changing particular behaviours, experiences and/or practices through an educational process involving a range of community, voluntary sector, central and local government stakeholders (Greenaway and Witten, 2005). Community action projects or programmes promote problem solving within the affected community and ownership of the solutions Greenaway et al., 2004).



Community action also encourages collaboration between existing community resources to address health issues and is characterised by having a specific focus and clear evidence-based objectives.

Although community development is more focused on enabling the wider community to address a broad range of issues in a holistic manner, it also increases the likelihood that community action may take place around specific topics in a community (Ministry of Health, 2003).

Furthermore, both community development and community action are about working with communities to achieve better social or health outcomes.



Lake Wanaka/Roys Bay

Te Whakauruora as a Māori suicide prevention resource aims to:

- Support hapū, iwi, hapori Māori and community to develop or enhance collective community-based activities for suicide prevention.
- Provide an insight into how suicide is viewed by Māori and the importance of Māori tikanga (cultural) frameworks in suicide prevention initiatives.
- Assist hapū, iwi, hapori Māori and community to develop and enhance their knowledge of key issues, risk and protective factors for Māori.
- Provide information to assist hapū, iwi, hapori Māori and community to adopt and undertake collaborative safe suicide prevention responses.
- Assist hapū, iwi, hapori Māori and community to identify existing resources available. For example, skills, experience, expertise, infrastructure, to form a comprehensive network of support to reduce the rate of suicide and suicidal behaviour; and promote positive mental health and well-being.
- Provide practical approaches on each of the seven national goals of the New Zealand Suicide Prevention Strategy 2006-2016 (the Strategy) in hapū, iwi, hapori Māori and community-based initiatives.

Those who use *Te Whakauruora* are encouraged to adjust the resource to their specific regional and local meanings of concepts to align those described in this document.

Hapū, iwi, hapori Māori and local government, health and social service providers and professional groups participating in suicide prevention initiatives will find this resource very useful.

A stylized illustration of a blue and green bird, likely a Tūī, perched on a green branch. The bird has a white patch on its neck and a white eye. The background is a light green gradient with a large, faint green swirl on the left side.

Te Whakauruora aligns to:

- the New Zealand Suicide Prevention Strategy 2006–2016 (NZSPS)
- the New Zealand Suicide Prevention Action Plan: 2008-2012
- the New Zealand Māori health strategy He Korowai Oranga, which promotes “Whānau Ora” i.e. a healthy whānau is the foundation for Māori well-being
- Whakatātaka Tuarua: Māori Health Action Plan 2006-2011
- Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan
- Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015, and
- other suicide prevention resources.

Te Whakauruora is a nationally developed resource that encourages locally led ownership of Māori suicide prevention initiatives and activities.

This resource also adds to the early foundational evidence based work undertaken by Keri Lawson-Te Aho (1998a) for Māori youth; and the current Kia Piki te Ora all-age suicide prevention and health promotion programmes. The Kia Piki te Ora programmes initiate and coordinate local suicide prevention services, development of information resources, and evaluation of programme activity. (www.ssc.govt.nz).

The New Zealand Suicide Prevention Strategy 2006–2016 document is available at <http://www.moh.govt.nz/suicideprevention>.

All suicide prevention initiatives undertaken must be guided by the New Zealand Suicide Prevention Strategy 2006–2016 Goals and Principles.

Goals:

1. Promote mental health and well-being, and prevent mental health problems
2. Improve the care of people who are experiencing mental disorders associated with suicidal behaviours
3. Improve the care of people who make non-fatal suicide attempts
4. Reduce access to the means of suicide
5. Promote the safe reporting and portrayal of suicidal behaviour by the media
6. Support families/whānau, friends and others affected by a suicide or suicide attempt
7. Expand the evidence about rates, causes and effective interventions.

Principles:

- Be responsive to Māori
- Be safe and effective
- Recognise and respect diversity
- Be evidence based
- Acknowledge that everyone has a role in suicide prevention
- Reflect a coordinated multisectoral approach
- Have a commitment to reduce inequalities
 - Demonstrate sustainability and long-term commitment.

Whānau Ora

“Māori families supported to achieve the maximum health and well-being”

(He Korowai Oranga, Māori Health Strategy, 2002)

Māori acknowledge whānau as the basic unit of Māori society and therefore any hapū, iwi, hapori Māori and community action focused suicide prevention plan, projects and/or programmes must ensure whānau are meaningfully engaged and are able to fully participate.”Māori social structure is such that suicide not only impacts on whānau, but also on hapū and iwi” (Lawson-Te Aho, 1998b). Whānau Ora is therefore also about hapū ora, iwi ora, hapori Māori ora and community ora (MH-SMART, 2005).

“Kia ora ko te whānau: me tautoko ngā whānau Māori, kia tino hauora ai, kia noho ora ai rātou” (He Korowai Oranga, 2002)

Importantly, Whānau Ora recognises the whānau as being the foundation for well-being, inclusive of mokopuna, tamariki, taitamariki, pakeke, kuia, and koroua, and is about positive and healthy outcomes for Māori ensuring:

- Whānau are nurturing and safe
- Whānau have a secure identity, high self-esteem and confidence
- Whānau experience well-being and control over their lives
- Whānau have the choice to participate in both te ao Māori and wider New Zealand society
- Whānau have physical, social and economic means to secure their health and well-being
- Whānau live, work and play in safe and supportive environments.
- Whānau live longer and enjoy a better quality of life
- Whānau come from and experience different lifestyles and their diverse realities are considered
- Whānau groups may be made up of relatives from a common tipuna or of unrelated friends, work mates; sports team members or church and school associates who share common interests.

Source: Adapted from Midcentral DHB Oranga Pūmāu Māori Health Strategy (2005).

Recovery

Social inclusion is a core component of recovery. It is not just about living in the community, but being a part of it. There is now widespread recognition that recovery requires more than good mental health services. Intersectoral collaboration is essential (Mental Health Commission, 2007, pgs.193-194).

A recovery approach is compatible with community action-focused activities. Recovery is about enabling and promoting support and choice and encourages changing of particular behaviours, attitudes and/or practises of hapū, iwi, hapori Māori, and the community. Providing education workshops, sharing of information and networking in hapū, iwi, hapori Māori, and the community are key tools that aid recovery. Where a hapū, iwi, hapori Māori, and community may be affected by suicide, the recovery approach draws on the resources of that community and promotes a community-wide ownership of the journey to wellness.

- Recovery is a journey, not a destination
- Recovery is not a cure, it is a process
- The core of recovery is born out of hope
- Hope allows the hapū, iwi, hapori Māori and community to see that there is more to life than the present experience
- Hope offers a way for hapū, iwi, hapori Māori, and the community to believe in themselves, to be positive, to identify strengths and to promote well-being
 - Wherever the recovery journey leads, it should be seen by all as being of value to the individual, whānau, hapū, iwi, hapori Māori, and to the community.

Source: Adapted from Oranga Ngākau (MHC, 2003), Te Hononga 2015 (MHC, 2007) and Schizophrenia Fellowship NZ Inc 'Support Hope Recover' pamphlet.

*“Ko tēnā te mea nui, ki te tiaki,
ki te awahi, ki te tautoko i te
tikanga o ngā tāngata
katoa”*

(Kaumātua personal kōrero)

Wāhanga Tuatahi



Key Messages:

Te Whakauruora is aimed to be used by organisations working collaboratively together and alongside other suicide prevention initiatives and resources.

Te Whakauruora has a community development and community action focus and can be adjusted to suit regional and local use.

Regional and local suicide prevention initiatives need to be aligned to the New Zealand Suicide Prevention Strategy Goals and Principles.

Te Whakauruora has a nationally developed, locally led focus to help reduce the impact of suicidal behaviour on Māori.

He Korowai Oranga promotes whānau ora as the foundation for Māori well being.

A recovery approach is compatible with community action-focused suicide prevention activities.



Wāhanga Tuarua

I ahu mai i whea

Developing an Understanding of Māori Views
of Suicide and Suicide Prevention

Kei Roto:

Whakamomori

Whakapapa

*E kore ahau e ngaro
He kākano i ruia mai
i Rangiātea*

*I can never be lost
I am a seed born of greatness
Descended from a line of chiefs*

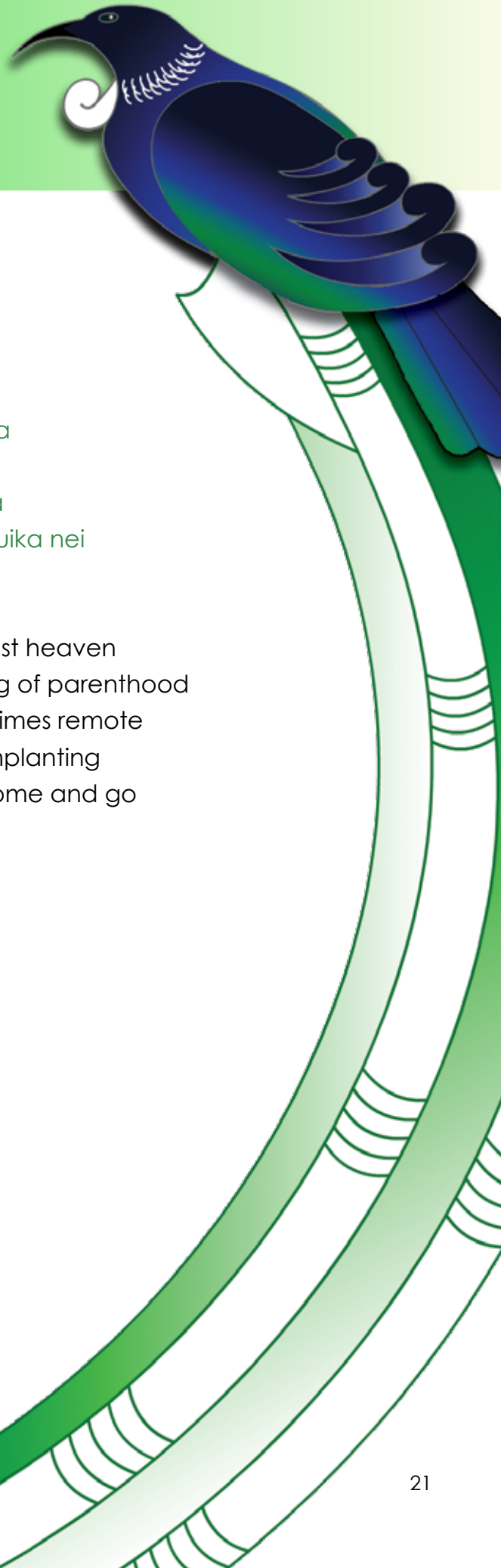
Moeraki Boulders

Tauparapara

Kotahi tonu te hiringa
I kake ai Tāne ki tikitiki o rangi
Ko te hiringa i te mahara
Te hiringa matua, te hiringa tipua
Te hiringa tawhitorangi
Ka rawe Tāne i te hiringa matua
Ka waiho hei ara mō te tini e whakarauika nei

There is only one implanting
that transported Tāne up to the uppermost heaven
It was the implanting of the mind, the implanting of parenthood
Sacred implanting, heavenly implanting in times remote
Animated then was Tāne by parental implanting
And left as a pathway for the myriads to come and go

(Kaumātua personal kōrero)



I Ahu Mai i Whea, Mai i Te Mai i Te Pō Ki Tihei Mauri

Implanting sacred knowledge from the realm of potentiality of experience into the realm of questioning, from the realm of questioning into the realm of understanding and enlightenment.

Whakamomori has been described as a journey that is enclosed in a deep-seated sadness and is more powerful than a passing feeling. Whakamomori has an extremely severe impact on the wairua and mauri of the person affected. If left untreated whakamomori can lead to attempts of suicide.

The term whakamomori is often used as a translation for suicide; it does not specifically mean suicide, but rather denotes a much broader background and meaning (Lawson Te Aho, 1998a; Coupe, 2005). For many in te ao Māori, whakamomori therefore is not the act of suicide, rather it describes feelings, thoughts, emotions and actions that can build up and lead to a suicide attempt.

Responding to Māori who may be experiencing whakamomori requires understanding that suicidal feelings, thoughts, emotions, and actions for some Māori are captured within a cultural and a spiritual context. Some expressions heard include:

“Grieving without a death”

“My wairua is being squeezed”

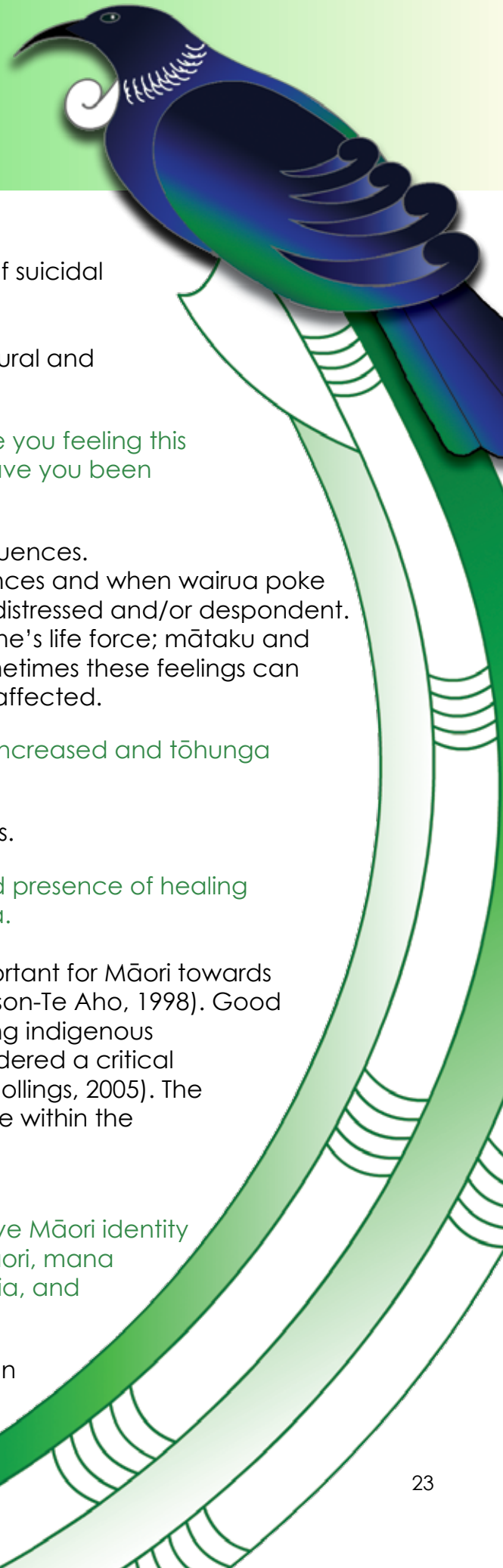
“Whakaihi – feeling mokemoke or lost and lonely and set apart from others”

“Ihihi – feeling mātauku or very afraid”

“Puuihi – feeling whakamā, or full of shame”

“Whakamomori – a yearning to escape haunting thoughts, feelings, emotions and dreams”

E Hiringa Taketake Kore Ki Te Pō Te Ao Mārama Ora!



Acknowledging the cultural and spiritual context of suicidal thoughts, feelings and/or actions can involve:

- Asking questions that explore and allow for cultural and spiritual expressions such as:

What has happened? Why do you think you are you feeling this way? What are you experiencing? How long have you been feeling like this?

- Responding to wairua poke and wairua ora influences.
 - Wairua poke are negative spiritual influences and when wairua poke is present, the person can feel haunted, distressed and/or despondent. Heavy dreams, draining of energy and one's life force; mātaku and whakamā can be experienced; and sometimes these feelings can be so overwhelming that others may be affected.

In these situations the risks to safety are greatly increased and tōhunga (specialist) assessment may be useful.

- Wairua ora are positive spiritual influences.

Wairua ora can be characterised by the valued presence of healing influences such as karakia, rongoā, koroua, kuia.

- Having a positive attitude about identity is important for Māori towards achieving cultural and spiritual well-being (Lawson-Te Aho, 1998). Good mental health pivots on many factors but among indigenous peoples the world over, cultural identity is considered a critical requirement to health and well-being (Hirini & Collings, 2005). The foundation of recovery for Māori whānau can lie within the perspective of one's identity as Māori (Mental Health Commission, 2007).

Assist in the development of a strong and positive Māori identity through access to cultural resources - te reo Māori, mana whenua, marae, whānau, hapū, iwi, koroua, kuia, and tikanga (Durie, 2001a; Walker, 1990).

- Acknowledging that the pathway to suicide can be very different for Māori than for non-Māori; and furthermore, suicide among Māori can be viewed differently from iwi to iwi.

He Whakapapa Tino Whakanui

The continuation of life is the basis of the survival of humankind. Whakapapa is about continuation of life and provides a connection between the spiritual and physical worlds and links kinship ties between whānau, hapū, iwi, and hāpori Māori. The contributions of individual members of whānau, hapū and iwi is the key to successful continuation of whakapapa. The tragic loss of life through suicide has a compounding affect on whānau, hapū and iwi as it places the future survival of whakapapa at great risk. **Whakapapa** promotes life, identity and interdependency of whānau, hapū, iwi and hāpori Māori members.

Whakamomori is an āhua tuku iho, nō mai rāno and it too has a whakapapa. We can begin this whakapapa journey of whakamomori with the primal parents Ranginui and Papatūānuku, who lived together with their tamariki in a close, protective and nurturing embrace. As the tamariki outgrew their sheltered existence, the need to seek their individual destinies as Atua, got stronger and stronger, resulting in the eventual separation of Ranginui and Papatūānuku. This became the catalyst of change and events in the defining of the domains of ngā Atua in te ao Māori.

*Ka heke ngā roimata o Ranginui e tū nei
Ka piki te kohu o Papatūānuku e takoto ana
Ka honohonotia ngā wai e rua nei
Hei tohu mō te mokemoke
me te aroha nui tonu*

Tāne was Atua of many domains, but it was his union with Hineahuone that provides the most profound reference to "tihei mauri ora" the celebration of life, hope and recovery as he breathed his life force into Hineahuone, creating the beginning of physical human life and the ultimate origins of whānau, hapū and iwi.

He Whakarāpopototanga

Suicide prevention measures for Māori require the consideration of a cultural and spiritual response, incorporating the importance of identity, cultural heritage, whakapapa and access to cultural resources. These elements applied to daily life skills can be tools to live well in te ao hurihuri.

Tāne and Hineahuone, both experienced and endured many hardships to carry out tasks and provide the necessary tools of life for the coming generations. Their many feats inspire love for life, hope for the future, and wisdom for the generations of today and tomorrow.

Therefore for Māori, in addressing suicide and suicide prevention it is important that the knowledge of traditional stories and whakapapa lives on, for it is from these:

- the past is acknowledged
- the present is confronted, and
- the future is strengthened to protect the continuation of whakapapa, whānau, hapū and iwi structures (MOH, 2006), which can provide a strong cultural base as a central source of identity (Durie, 1998; Hirini and Collings, 2005).

*“Whaia te pae tawhiti kia tata
Whaia te pae tata kia tū”*

*Pursue your dreams until
they become a reality*

(Kaumātua personal kōrero)

Wāhanga Tuarua

Key Messages

Suicide is viewed differently by Māori and among Māori.

Suicide prevention measures for Māori should incorporate both spiritual and cultural responses and solutions.

Access to Māori cultural resources – tōhunga, koroua, kuia, te reo Māori, whenua, marae, tikanga, whakapapa can help healing.

A positive attitude about identity towards achieving cultural and spiritual well-being is important for Māori.

A key source of identity is derived from a strong cultural base.

Whakapapa provides a link between the spiritual and physical worlds and is the link between whānau, hapū, iwi and hapori Māori.

Challenges can be overcome.

“He moana pupuke, e ekengia e te waka”

A choppy sea can always be navigated

Wāhanga Tuatoru

Whakaoranga

Māori Perspectives, Frameworks and Protective Factors

Kei Roto:

Whakaoranga

Te Whare Tapa Whā

Te Pae Mahutonga

Ngā Take Whakamarumarū

*Hutia te rito o te harakeke, kei hea te kōmako e kō? Kī mai
ki ahau. He aha te mea nui o te ao? Māku e kī atu e he
tangata, he tangata, he tangata e!*

*If the rito of the harakeke is destroyed, the plant will die
and the bellbirds that perch on the flower stalks will have
no place from which to sing. We must care for the world
around us for the future of humankind.*

Whakaoranga

Māui Tikitiki ā Taranga is one ancestor who was able to overcome physical, emotional and mental challenges within the spiritual realm. Some of his achievements included; the snaring and subsequent slowing down of Tamanui i te Rā (sun) to enable more daylight hours for people to complete their daily work and for its rays to give life to the ngāhere (forest). Māui recognised that his ability to achieve so much came from a much higher source beyond that of ira tangata (the human realm).

“A Māori philosophy acknowledges there is a higher power and when problems arise, it's knowing that, with the right support and encouragement, challenges can be overcome.”

Whakaoranga is about whānau, hapū, iwi, hapori Māori, and community:

- Having a holistic view towards achieving well-being
- Knowing their strengths and limitations
- Taking a collective responsibility for safety.

*“Koia kei aia te wā āiane
Koia kei aia te wā a muri
Koia kei aia te wā a muri
Koia kei aia te wā a mua
Wā muri ka oti a mua”*

*He who holds the present
holds the past.
He who holds the past holds the future.
The past of our ancestors is our future.*

(Kaumātua personal kōrero)

Te Whare Tapa Whā



Te Whare Tapa Whā embraces the four chief cornerstones of health and depicts a whare with four walls each representing a side of well-being. All four walls of the whare need to be strong and harmonised to ensure health and well-being. This framework is used to show what is important to well-being, both good and bad. It can assist in identifying any issues that need to be addressed to restore balance in one's life (Durie, 1998). The concepts and ideas (below) are aligned to each of the four walls of the house. The use of Te Whare Tapa Whā is inherently flexible to ensure that the choice and need of the whānau and/or whānau member are realised.

Nb: This list is not exhaustive and will vary for each individual.

Te Taha Tinana

Good nutrition
Rest
Exercise & recreation
Rongoā
Rituals of safety

Te Taha Wairua

Faith & spirituality
Karakia me Inoi
Mauri me Wairua
Mākutū (not applicable to all)
Wairua ora, wairua poke, tapu me noa
Matakite

Te Taha Hinengaro

Ability to think
Ability to feel
Problem solving
Strategies to cope with stress
Communication
Life skills
Learning and education

Te Taha Whānau

Sense of belonging
Whakapapa/pepehā
Connectedness
Supportive family
Positive relationships at school
Work and peer groups

*“Mā te mau ki te hanga o Te Whare Tapa Whā
ka puāwai ake te hunga mo te
tangata whaiora me tōna whānau”*

*By adhering to the principles of Te Whare
Tapa Whā the well-being of the person
and their whānau are assured.*

(Kaumātua personal kōrero)

Te Pae Mahutonga

Te Pae Mahutonga (the Southern Cross) traditionally has been used as a navigational tool and is closely linked with the discovery of Aotearoa. As a Māori framework Te Pae Mahutonga utilises the star constellation of the Southern Cross as a guide to effective health promotion for Māori. The framework is symbolic in nature but is effective as a guide and map for health promotion and suicide prevention activities.

“Māori health does not take shape in the human body alone, but within the trials and opportunities which make up human journeys” (Durie, 1999).

Mauri Ora

Encompasses inner strength, vitality and a secure identity and therefore access to Te Ao Māori and its cultural, economic, social and society's resources is vital.

The four central stars represent the four key tasks of health promotion



A Plan for Māori Health Promotion

Waiora: Environmental protection

Waiora is linked more to the external world and to a spiritual element that connects human wellness with outer space, earthly and water environments. Good health is inconsistent with overcrowded housing and living conditions, unsafe neighborhoods, impure water supplies, too many liquor outlets, smog, and concrete jungles. Health promotion suicide prevention activities must take into account the nature and quality of the interaction between people and the surrounding environment.

Toiora: Healthy lifestyles

Toiora, as distinct from mauriora and waiora, depends on personal behaviour. Major threats to well-being come from the risks that threaten health and safety and can distort human experience. Risks can be found in lifestyle habits, such as unhealthy eating habits, the misuse of alcohol and drugs, tobacco use, problem gambling, disregard for the safety of others, unprotected sex, lack of physical activity, reckless spending, and the use of unsafe machinery, including motor vehicles.

Te Oranga: Participation in society

Te oranga relies on the terms under which people participate in society and on the confidence with which they can access good health services, or the school of their choice, or sport and recreation; where people can enjoy social inclusion, parenting support coupled with safe employment that provides a reasonable and regular income and freedom from discrimination.

Ngā Manukura: Leadership, and Te Mana Whakahaere: Autonomy

The two pointers in Te Pae Mahutonga are two important prerequisites if health promotion suicide prevention activities and responses are to be effective (Durie, 1999). Good leadership will enable whānau, hapū, iwi, hapori Māori, and communities to develop and implement robust community suicide prevention plans that are locally led and owned.

NB: Māori frameworks are widely used through Māori health services and practices and the frameworks shared in this wāhanga are appropriate for suicide prevention activities and responses.



Ngā Take Whakamarumarū

To work effectively with Māori it is necessary to know and understand the components that contribute to their well-being and the personal, cultural and clinical protective factors that need to be taken into account.

International and New Zealand literature suggest that resiliency and protective factors can be more effective and insightful than solely focusing on risk and vulnerability.

Personal protective factors include:

- Good self care (tinana, wairua, hinengaro, whānau)
- Access to a variety of interventions, healthcare and social services
- Self-esteem and sense of belonging
- A secure identity
- Hopefulness
- A positive outlook on life
- Positive relationships and good social support
- Supportive whānau, hapū and iwi connections
- Positive community support
 - Skills in problem solving, conflict resolution and positive ways of dealing with disputes and challenges
 - Responsibility for others
 - Cultural/spiritual/religious beliefs that support self preservation.

Nb: These are just a few examples. Recommended sources for protective factors are:

Kia Piki te Ora o te Taitamariki: a review of the evidence (Lawson Te Aho, 1998a) and

Vulnerability and resiliency to suicidal behaviours in young people (Fergusson, Beautrais, Horwood and Woodward, 2003).

Resilience

Closely associated with protective factors, resilience can be defined as physical or mental stamina or carrying on after suffering hardship (Geddes & Grosset 1993). Resilience is the ability to cope, to draw upon inner qualities and strengths to overcome adversity and challenges.

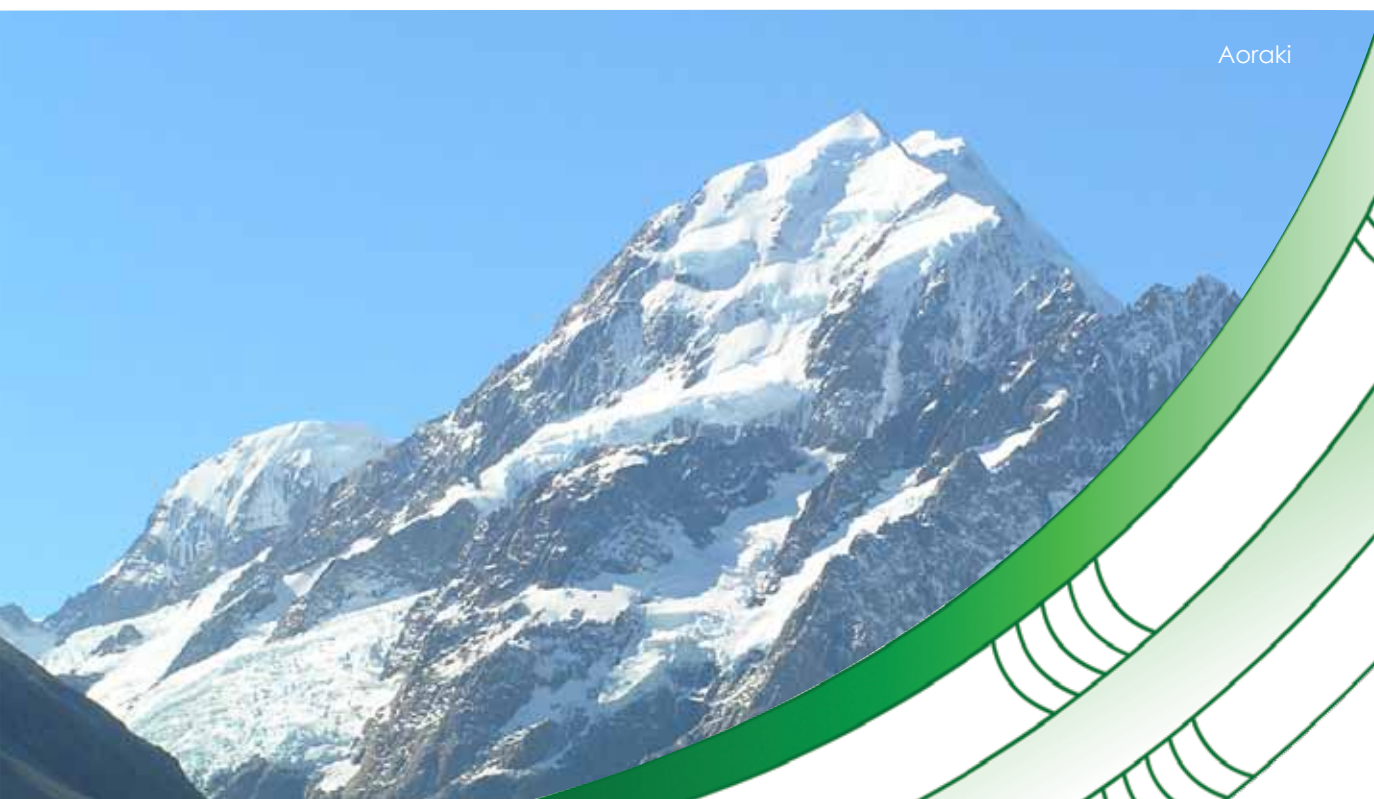
Resilience and strengths-based whakaaro have been identified as user-friendly, especially when working with Taiohi. A strengths-based by youth for youth programme developed in Manukau, Aotearoa New Zealand shows resilience as one of the programme's positive outcomes.

Other authors referenced in this section are: Borowsky et al 1999; Renick et al., 1997; Resnick, 2000; Quinn, 1999; and Davis, 1999.

*“Whaia te iti kahurangi ki te tuohu
koe, me he maunga teitei”*

*If you must bow down let it be to the
most lofty of mountains*

Aoraki



Ratatanga ki te Taha Māori

A community-level response to suicide must provide information that allows opportunities to learn, know and understand relevant Māori cultural factors and frameworks when developing and implementing community action suicide prevention projects or programmes. Responsiveness to Māori approaches must support the realisation of Māori potential and ought to:

- be based on partnership, protection and participation
- support and develop Māori leadership for all initiatives
- reach whānau, hapū, iwi, and hāpori Māori priority population groups
- include Māori in policy, planning, development, delivery, monitoring, and evaluating activities of services
- support, learn and understand how to apply Māori cultural protective factors.

Māori cultural protective factors include:

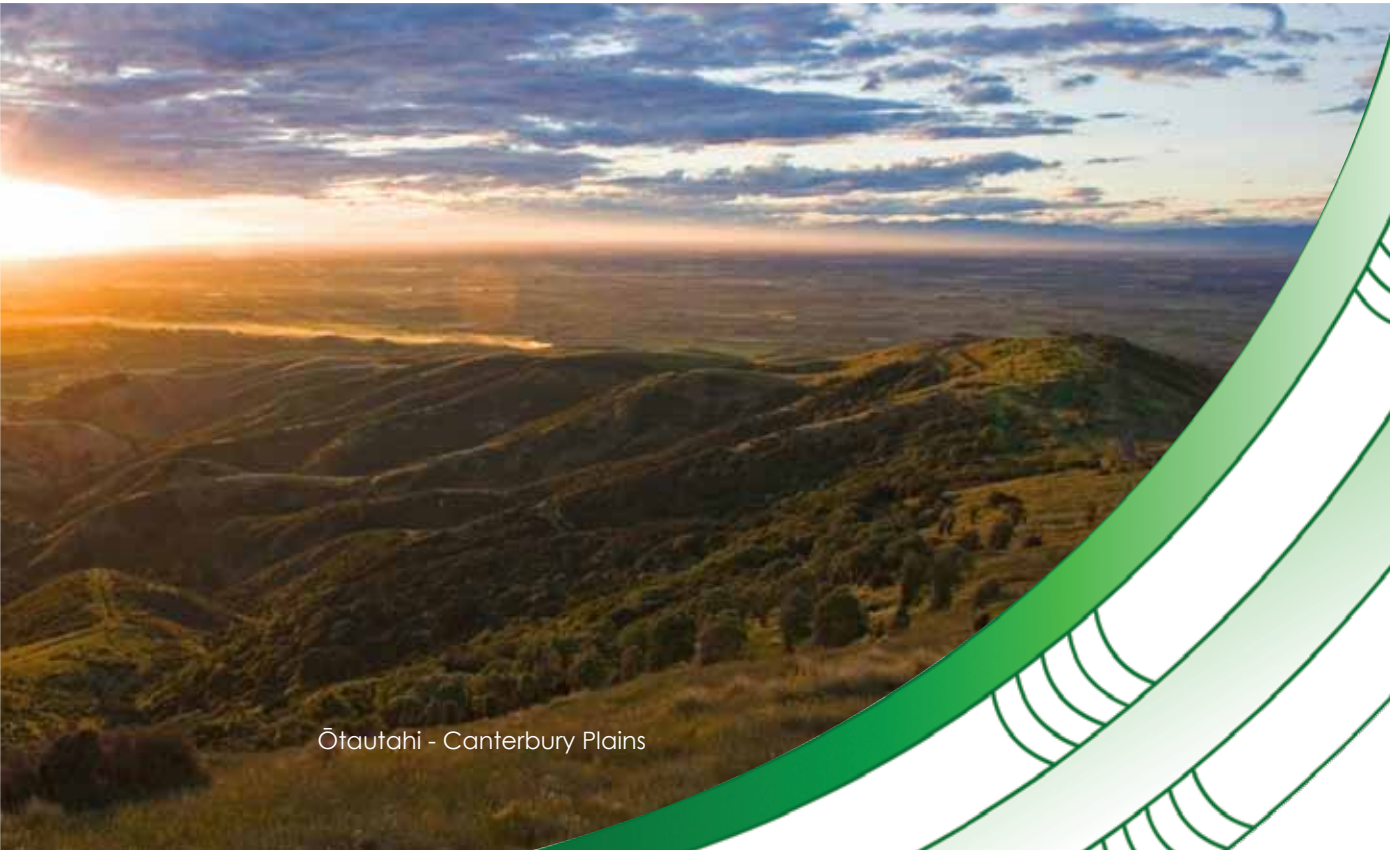
- understanding Māori concepts such as mana Atua, mana tupuna, mana tangata, taha wāhine, taha tāne, mana motuhake, mana whenua, utu, hara, tapu, noa, muru, maungarongo, and whakamā, and how these concepts may affect wellness and facilitate healing.
- Strengthening of cultural identity including te reo Māori mē ngā tikanga Māori, thereby assisting tāngata and whānau to:
 - access tōhunga, kaumātua, rongoā and their marae
 - re-connect and maintain those connections to whānau, hapū and iwi (whakapapa)
 - add Māori perspectives such as 'whānau ora' and te whare tapa whā to project and programme delivery
 - use outcome measures appropriate to Māori world view and experiences.



“Although I grew up with a Pākehā father and had no association with my marae as a child, deep down I always knew being Māori was important to me. I struggled with my identity until I went home and made connections.

Many of the gaps have been filled. I now appreciate what it means to have mana whenua and ancestry”

(Personal kōrero)



Clinical protective factors for Māori include:

1. Access to services and organisations that:

- are culturally relevant and appropriate
- are age appropriate
- encourage whānau participation where appropriate and values whānau members contributions

2. Promotion of key tasks that support:

- engagement and therapeutic alliance – whānau want relationships with the workers and not necessarily with the service as a whole

Competent assessment processes, interventions and workers that:

- identify mental health issues early and support whānau to get help
- are aware of 'cultural differences'
- provide services that value and promote the dignity and safety of the whānau and the whānau member
- ensure evidence based clinical interventions are proven as being effective for Māori

3. Giving helpful information about the onset of mental health issues.

4. Knowing how to refer on to other appropriate clinical/cultural/ community treatment and support services.

5. Assessing health gains (outcomes) that show:

- better understanding of the situation
- whānau members' contributions are valid
- ongoing education programmes are in place for whānau and their whānau member
 - diverse whānau supports are recognised
 - whānau proactively seeking and maintaining well-being
 - whānau satisfaction with services.

NB: Adapted from Early Intervention Framework for Māori (Durie, 2001b).

Wāhanga Tuatoru

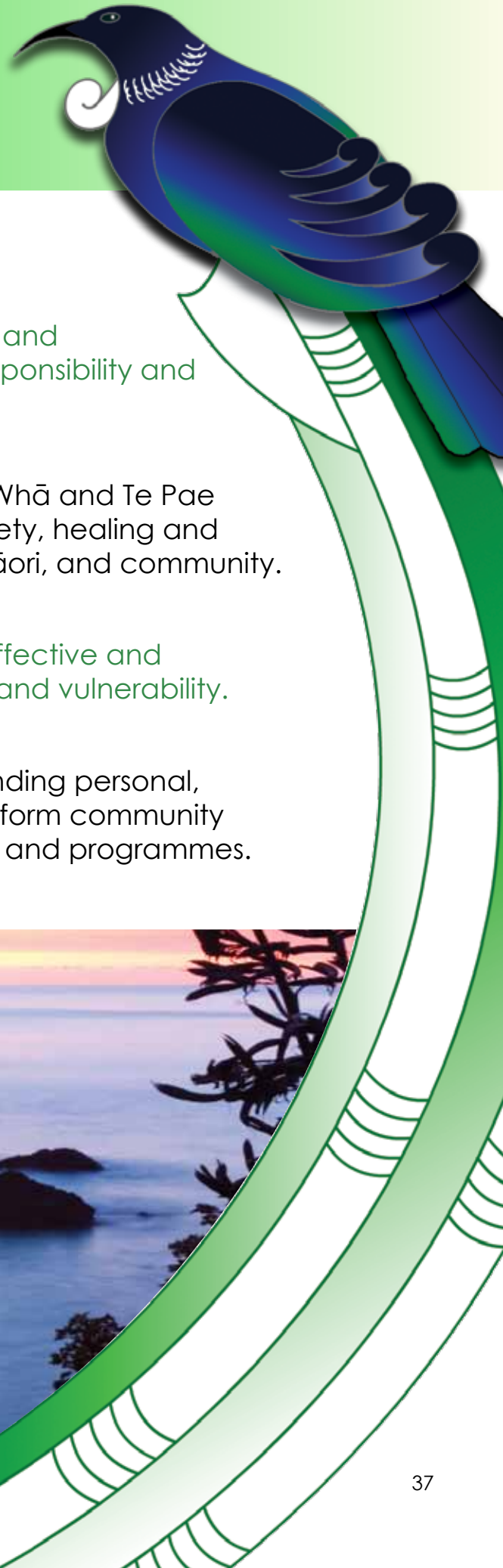
Key Messages

Māori traditional stories can engage Māori and inspire hope, self-advocacy, and teach responsibility and safety.

Māori frameworks such as Te Whare Tapa Whā and Te Pae Mahutonga promote practical help for safety, healing and well-being of whānau, hapū, iwi, hapori Māori, and community.

Resiliency and protective factors can be effective and insightful rather than solely focusing on risk and vulnerability.

Responsiveness to Māori involves understanding personal, cultural and clinical protective factors to inform community action focused suicide prevention projects and programmes.



Wāhanga Tuawhā

Ngā Pōreareatanga Developing a Knowledge of Key Issues

Kei Roto:

Ngā Take Tūpono

Myths and Attitudes

Stigma and Discrimination

Whaia te mātauranga hei oranga mō koutou

Pursue education to enhance your well-being

Ngā Pōreareatanga



To address the loss suffered by Māori, it is important to acknowledge the past, confront the present and strengthen the future to protect the continuation of whakapapa, hapū and iwi structures (MOH, 2006 p.20).

Ngā Take Tūpono (Risk Factors)

It is recognised that suicide is rarely the response to a single stress. International and New Zealand research has found that the overwhelming majority of those that die by suicide or make suicide attempts were experiencing mental health issues, which are often accompanied by other life stressors and difficulties.

Here are some of the contributing causes. Given that suicide is very complex, the pathway to suicide is more likely to involve many issues, for example:

Presence of poor mental and or physical health

Conflict about cultural identity

Disappointment or humiliation

Alcohol and drug misuse

Breakdown of an important relationship

Loss & grief issues

Negative impact of colonisation

Cultural alienation

Exposure to violence, trauma or abuse

Whānau pressures

Poor parent to child relationship

Peer pressure

Conflict about sexual identity

Educational disadvantage

Unemployment

Whakamomori

Breaches of tapu

Problem gambling

Stressful life events and circumstances.

Ngā Pōreareatanga Continued

The list on the previous page is not exhaustive.
For further information on suicide causes in New Zealand, see:

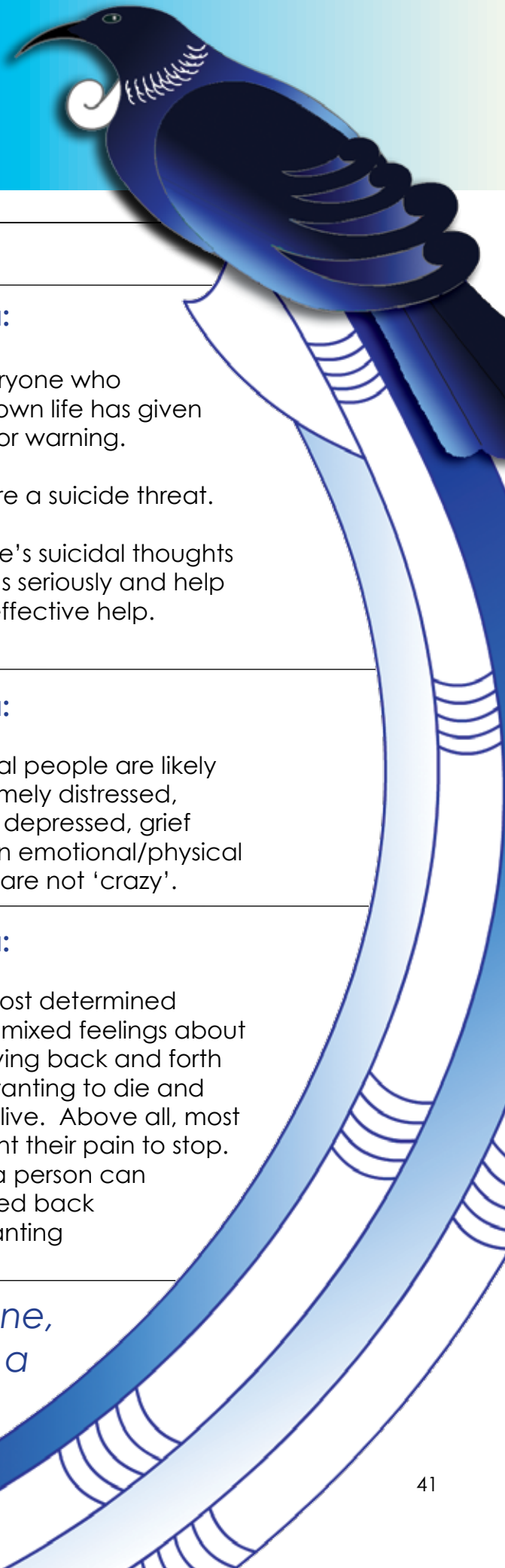
- Kia Piki te Ora o te Taitamariki: a review of the evidence (Lawson Te Aho, 1998b) and
- Suicide Prevention in New Zealand: A contemporary perspective (Collings and Beautrais, 2005).

NB: Ngā take whakamarumarū are in wāhanga tuatoru and are brought together with ngā take tūpono in wāhanga tuarima.

Kapiti Island



Myths and Attitudes



False	True
<p>Kei te hē:</p> <p>People who talk about suicide won't really do it</p>	<p>Kei te tika:</p> <p>Almost everyone who takes their own life has given some clue or warning.</p> <p>Never ignore a suicide threat.</p> <p>Take people's suicidal thoughts and feelings seriously and help them find effective help.</p>
<p>Kei te hē:</p> <p>Anyone who tries to end their life is 'crazy'</p>	<p>Kei te tika:</p> <p>Most suicidal people are likely to be extremely distressed, despairing, depressed, grief stricken or in emotional/physical pain – and are not 'crazy'.</p>
<p>Kei te hē:</p> <p>If a person is determined to take their own life it is because they want to die</p>	<p>Kei te tika:</p> <p>Even the most determined person has mixed feelings about death, moving back and forth between wanting to die and wanting to live. Above all, most people want their pain to stop. With help, a person can be supported back towards wanting to live.</p>

"I spent the whole night on the phone, talking to my moko, keeping her in a safe place till I got her on the plane and got her to me"

(Personal kōrero)

Myths and Attitudes

Kei te hē:

If you promise to keep someone's suicidal plan "a secret" you should always keep that promise.

Kei te tika:

No. This is one secret you cannot keep. You may lose a friendship temporarily, but you may save your friend's life.

Kei te hē:

Asking or talking about suicide with a suicidal person increases the risk of suicide.

Kei te tika:

Speaking openly about suicide to someone who can help and support them will likely reduce the risk of suicide rather than give them the idea to try it.

Kei te hē:

People who have previously attempted suicide have eliminated the idea from their system and are therefore less likely to attempt it again.

Kei te tika:

This is far from true. There is a proven link between past suicide attempts and subsequent completion of suicide.

Kei te hē:

People who think about suicide are just being selfish or attention seeking.

Kei te tika:

Although we may feel they are being selfish or attention seeking, mostly they are overwhelmed by what they are currently experiencing. They need help and all threats must be taken seriously.

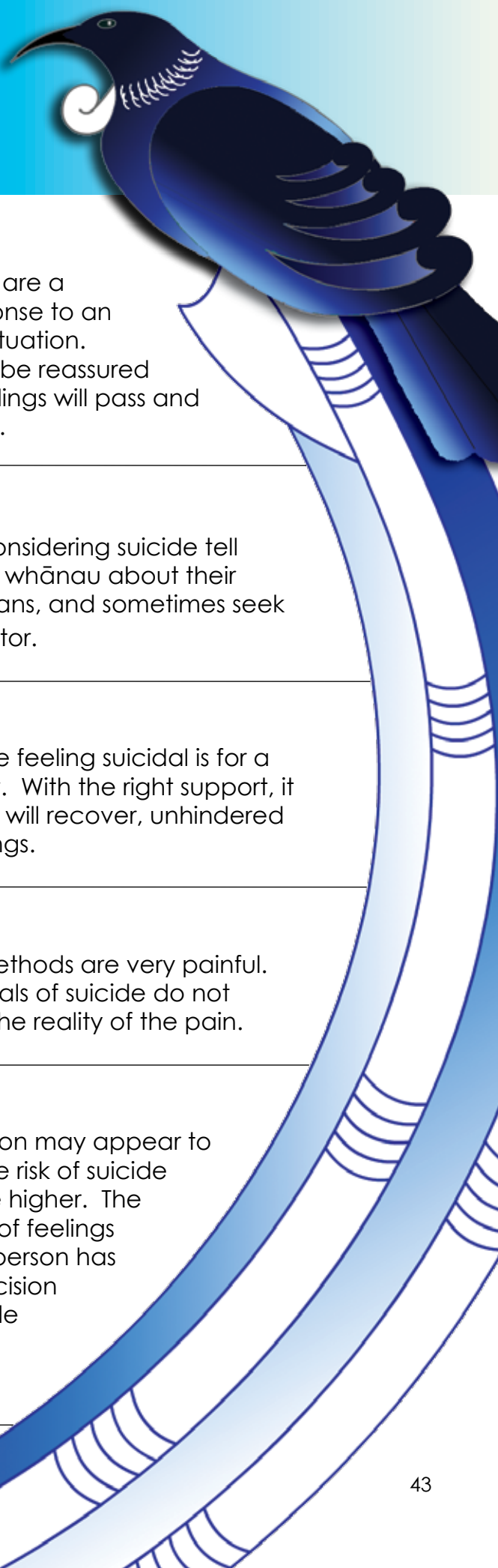
Kei te hē:

Feeling that whānau are angry with you because of the way you are feeling or acting out means they don't care.

Kei te tika:

Though the whānau may be expressing anger, often it is because they don't know how to help, where to go for help, and how to take away the pain and hurt you may be feeling.

Myths and Attitudes



<p>Kei te hē:</p> <p>Suicidal feelings are permanent.</p>	<p>Kei te tika:</p> <p>Suicidal feelings are a temporary response to an overwhelming situation. People need to be reassured that suicidal feelings will pass and help is available.</p>
<p>Kei te hē:</p> <p>Most suicidal people never seek or ask for help with their problems.</p>	<p>Kei te tika:</p> <p>Often people considering suicide tell their friends and whānau about their thoughts and plans, and sometimes seek help from a doctor.</p>
<p>Kei te hē:</p> <p>Once a person is suicidal, they will be suicidal forever.</p>	<p>Kei te tika:</p> <p>For many people feeling suicidal is for a limited time only. With the right support, it is likely that they will recover, unhindered by suicidal feelings.</p>
<p>Kei te hē:</p> <p>Suicide is painless.</p>	<p>Kei te tika:</p> <p>Many suicide methods are very painful. Fictional portrayals of suicide do not usually include the reality of the pain.</p>
<p>Kei te hē:</p> <p>Sudden improvement following a suicidal crisis means the risk is over.</p>	<p>Kei te tika:</p> <p>Though the person may appear to be “happier” the risk of suicide may actually be higher. The apparent lifting of feelings may mean the person has made a firm decision to commit suicide and feels better because of this.</p>

NB: These are just a few examples, for further information visit www.spinz.org.nz or <http://www.moh.govt.nz/moh.nsf/>

Stigma and Discrimination

“At the time I was empty, I felt alone, I thought I was a burden to everyone in my life and that I could do nothing right. I thought my family didn’t care about me. These feelings passed as I went to counselling, dealt with some distressing issues, resolved guilt that did not belong to me and built my self-esteem.

Slowly, with good support, life got better and more enjoyable. The feelings of suicide faded away and no longer prevent me from making the most of my life”.

(Personal kōrero)

Stigma and Discrimination

People experiencing feelings of whakamomori often feel whakamā, embarrassed or ashamed. If an individual experiences depression or any other mental illness as well as suicidal thoughts, their shame can sometimes be magnified.

Our attitude and behaviour is important. Stigma and discrimination can be a barrier to recovery and healing. Negative attitudes portrayed in society, media, film and literature misinform communities. This can in turn build a non-responsive society and influences communities to be less responsive to those that experience suicidal feelings and/or mental health issues (Mental Health Commission, 1998).

Stigma and Discrimination

Those who experience whakamomori and/or mental health issues require support and help. They have a right to be treated with respect and dignity. They belong to a whānau, a hapū, an iwi, and many have defined whānau for themselves and have varied support.

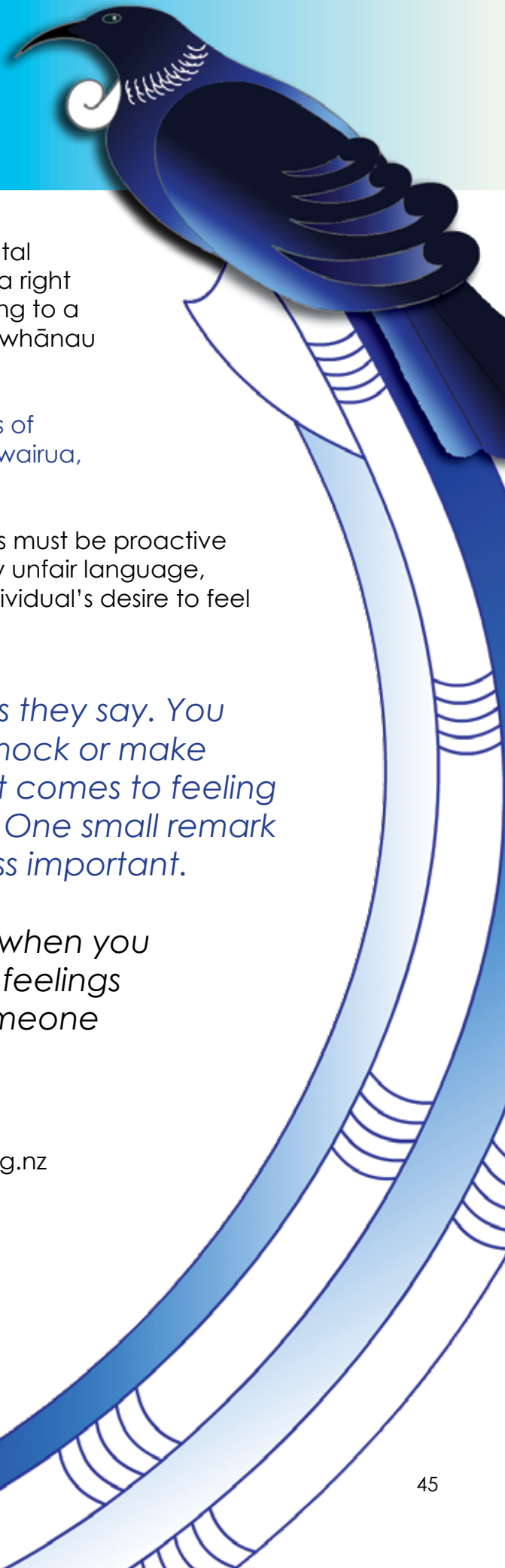
Stigma or 'the mark of shame' and negative forms of discrimination also have an impact on a person's wairua, whānau, hinengaro, and tinana.

Whānau, hapū, iwi, hapori Māori and communities must be proactive in eliminating stigma and discrimination, to identify unfair language, actions, behaviour and processes that stop an individual's desire to feel included and have a sense of belonging.

"People can be unaware of the things they say. You cringe inside when you hear people mock or make fun. Many lack understanding when it comes to feeling suicidal and mental illness in general. One small remark can make you feel less valued and less important.

I just want people to understand that when you experience a mental illness and have feelings of suicide, underneath is a person, someone seeking meaning in their life, and we matter! We all matter!" (Personal kōrero)

For further information visit <http://www.likeminds.org.nz>



Wāhanga Tuawhā

Key Messages:

- All threats of suicide must be taken seriously.
- There are many reasons why someone may feel whakamomori.
- Suicidal feelings do not need to be permanent.
- Stigma and discrimination is a social issue that needs to be proactively addressed by communities.
- A whānau, hapū, iwi, hapori Māori, and community's attitude and understanding do make a difference to someone needing and seeking help.

Paekakariki - Wellington, taken by Clayton Ward
(nō Ngāti Rereahu, 15 years old)

Wāhanga Tuarima

Tiaki Ora

Protecting Life Through Safe Practice in
Community

Kei Roto:

He Kete Rawa: Tool kits

Ngā Whāinga Whitu – Etahi Āwhina:

Some practical responses to the seven national suicide prevention goals

*Whaia i te waewae o Uenuku
Kia ora ai te tangata*

*Search and learn from Uenuku [the secrets of health,
personal safety and welfare] so all may be nurtured*

Wainuiomata - Wellington, taken by Clayton Ward
(nō Ngāti Rereahu, 15 years old)



Tiaki Ora

Protecting life through safe practice in Community Action

Tiaki Ora recognises that people are the most important priority. Suicide prevention activities and responses need to allow for the opportunity to realise Māori potential and ensure healthy whānau in upcoming and future generations.

Kawa Whakaruruhau Safe Practice in Community Action acknowledges hapū, iwi, hapori Māori, and community:

- Connecting whānau and whānau members to the right people at the right time for the right type of support
- Knowing their strengths and limitations when helping others
- Timely and effective access to help, together with a kotahitanga (unified) approach may save lives
- One size does not fit all. Therefore suicide prevention activities will consider the diversity in communities
- Best practice is supported by evidence-based information
- Māori and non-Māori community action focused projects and programmes effectively applied will value and promote the dignity and safety of the whānau member and the whānau.

He rei ngā niho he paraoa ngā kauae

*The whale's tooth for the
whale's jaw*

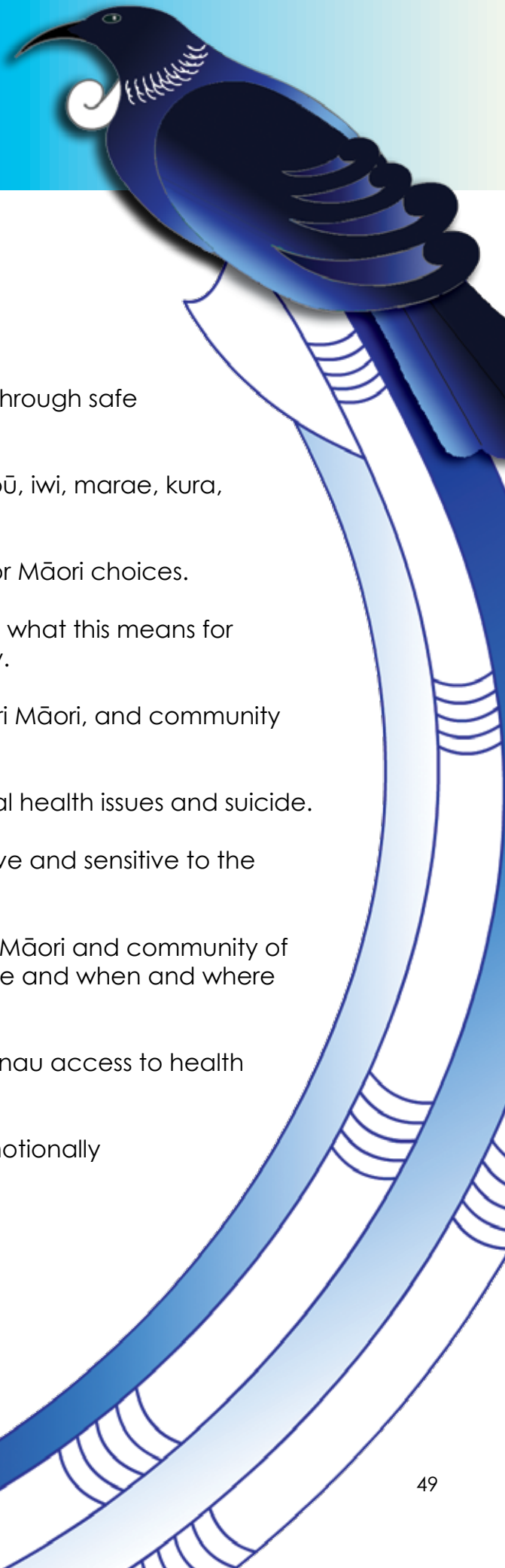
This wāhanga contains he kete rawa – suicide prevention toolkits and some ideas for practical suicide prevention responses by hapū, iwi, hapori Māori and communities aligned to the seven national suicide prevention goals.

He Kete Rawa

Māu e Arataki

Take the lead

- Take the lead in protecting and preserving life through safe practice in community action.
- Promote positive mental health in whānau, hapū, iwi, marae, kura, workplaces and the community.
- Provide access to cultural resources by Māori for Māori choices.
- Promote the awareness of mental health issues, what this means for Māori and how to deal with these appropriately.
- Meet the needs of Māori in the hapū, iwi, hapori Māori, and community from diverse cultural experience and lifestyles.
- Reduce stigma and discrimination about mental health issues and suicide.
- Advocate for services that are helpful, responsive and sensitive to the needs of those requiring help.
- Improve understanding in the hapū, iwi, hapori Māori and community of what to do when someone is considering suicide and when and where to find the right help.
- Increase support for whānau and improve whānau access to health services for early and effective intervention.
- Strengthen communities and whānau to be emotionally safe and nurturing.



He Kete Rawa

Ngā whakamarumaru me ngā take tūpono

Learn and understand the protective and risk factors for Māori

Personal Protective Factors

- Good self-care
- Access to health care and social services
- Access to support and help
- Self-esteem and a sense of belonging
- Having a secure identity
- Hopefulness
- Having a positive outlook on life
- Positive relationships and good social support
- Supportive whānau, hapū and iwi connections
- Positive community support
- Skills in problem solving, conflict resolution and positive ways of dealing with disputes and challenges
- Having responsibility for others
- Cultural/spiritual/religious beliefs that support self preservation.

Cultural Protective Factors

- Understanding Māori concepts, e.g., mana atua, mana tupuna, mana whenua, mana tangata
 - Strengthening of cultural identity
 - Access to cultural resources, e.g., tōhunga, kaumātua, rongoā, their marae
 - Re-connect and maintain those connections to whānau, hapū and iwi (whakapapa)
 - Add Māori perspectives into service delivery
 - Use outcome measures appropriate to the Māori world view and experiences.



Clinical Protective Factors

- Recognise suicidal behaviours/actions early and support whānau to get help early
- Access to services that are culturally relevant and appropriate
- Encourage whānau participation and value whānau members' contributions
- Therapeutic alliances
- Competent assessment processes
- Services that value and promote the dignity and safety of the whānau and the whānau member
- Evidence-based clinical interventions are effectively applied
- Ongoing education programmes are in place for whānau and their whānau member.

Risk Factors

Presence of poor mental and/or physical health

Disappointment or humiliation

Breakdown of an important relationship

Negative impact of colonisation

Exposure to violence, trauma or abuse

Poor parent-child relationship

Conflict about sexual identity

Unemployment

Breaches of tapu

Stressful life events and circumstances

Conflict about cultural identity

Alcohol and drug misuse

Loss and grief issues

Cultural alienation

Whānau pressures

Peer pressure

Educational disadvantage

Whakamomori

Problem gambling

He Kete Rawa

Whakamanahia ngā tāngata Empower the People


Kohanga Reo, Kura Kaupapa, Kura Reo Rua and schools are a central focal point for whānau and present opportunities to educate whānau alongside their mokopuna, tamariki and taiohi.

School-based competency promoting skill enhancing programmes may provide protection for vulnerable children and young people against adverse outcomes including suicidal behaviour (Beautrais et al., 2007).

A community action focus approach could involve promoting the following with kohanga reo, kura kaupapa, kura reo rua and schools to:

- Foster positive social and communication skills in the playground and classrooms
- Improve literacy and numeracy skills to support Māori learning achievements
- Provide an opportunity for mokopuna, tamariki, and taiohi to participate in activities that develop coping and problem-solving skills in their relationships
 - Foster positive and encouraging relationships with mokopuna, tamariki and taiohi
 - Staff and teacher training and awareness
 - Involve parents, caregivers and whānau in programmes that encourage positive whānau relationships
 - Promote parents and grandparents to be positive role models by attending school events, teacher interviews, helping on kura committees to support tamariki me ngā mokopuna.

(National Māori Resource Development
Advisory Group, 2008)

- 
- Have a whole kura/school approach, have 'themes' or 'virtues' embedded into the curriculum and teaching year, e.g., anti-bullying or tuakana/teina
 - Extend Te Whāriki (bicultural holistic early childcare sector) and implement complementary approaches
 - Promote resiliency, belonging and emotional well-being in the teaching and learning environment
 - Life skills and development initiatives in all educational settings
 - Engage in positive community events that build self-awareness and self-esteem, e.g., local and regional events, such as kapa haka, waka ama, tākarō hākinakina.

(National Māori Resource Development Advisory Group, 2008)



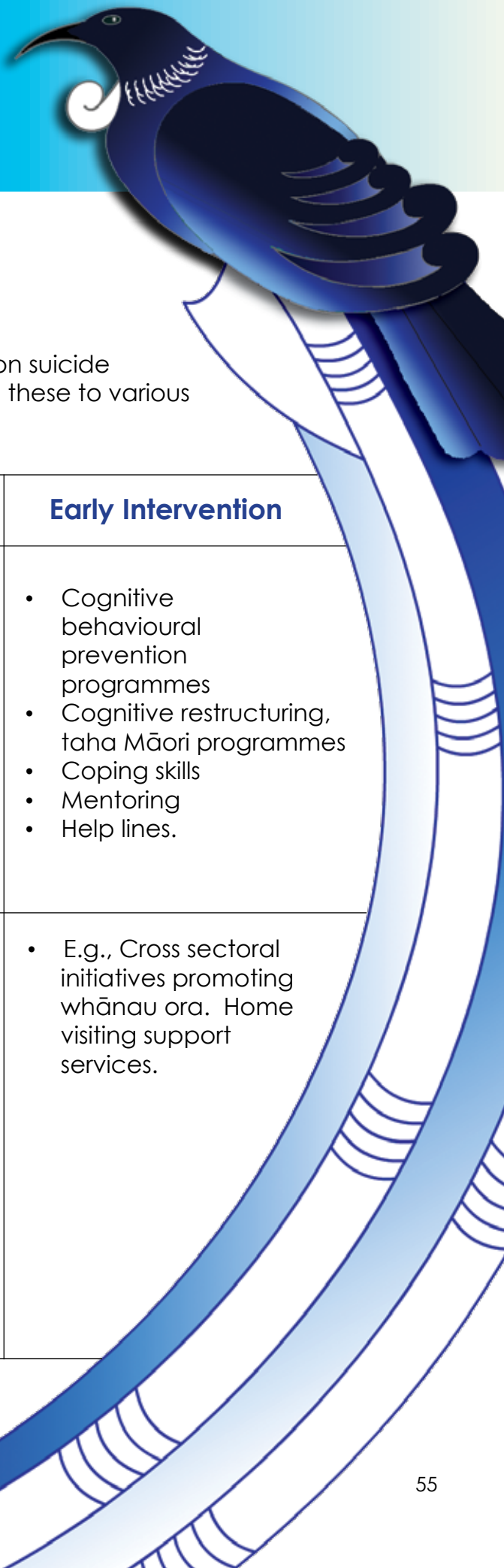
Manawatu

He Kete Rawa

He Anga Āraitanga A Prevention Framework

The chart below shows a working framework that could be considered by all levels of whānau, hapū, iwi, hapori Māori, and community.

Settings	Risk Factors	Protective Factors
Individual	<ul style="list-style-type: none"> • Suicidal behaviours • Depression • Alcohol and other drugs • Antisocial behaviour • Identity and cultural issues. 	<ul style="list-style-type: none"> • Ability to solve problems • Self-control/responsibility • Belonging • Having at least one key person to keep you safe.
Whānau	<ul style="list-style-type: none"> • History of mental health • History of suicidal death • Makutu • Loss of significant whānau and friends • Family abuse issues • Conflict, social & cultural alienation, rejection • Modelling of negative behaviour • Rejection. 	<ul style="list-style-type: none"> • Whānau are nurturing and safe, whānau have a secure identity and confidence, positive role models of coping • Whānau who can identify one person to keep the person safe until other resources are accessed • Whānau that have confidence that they have skills, resources and support when facing a crisis



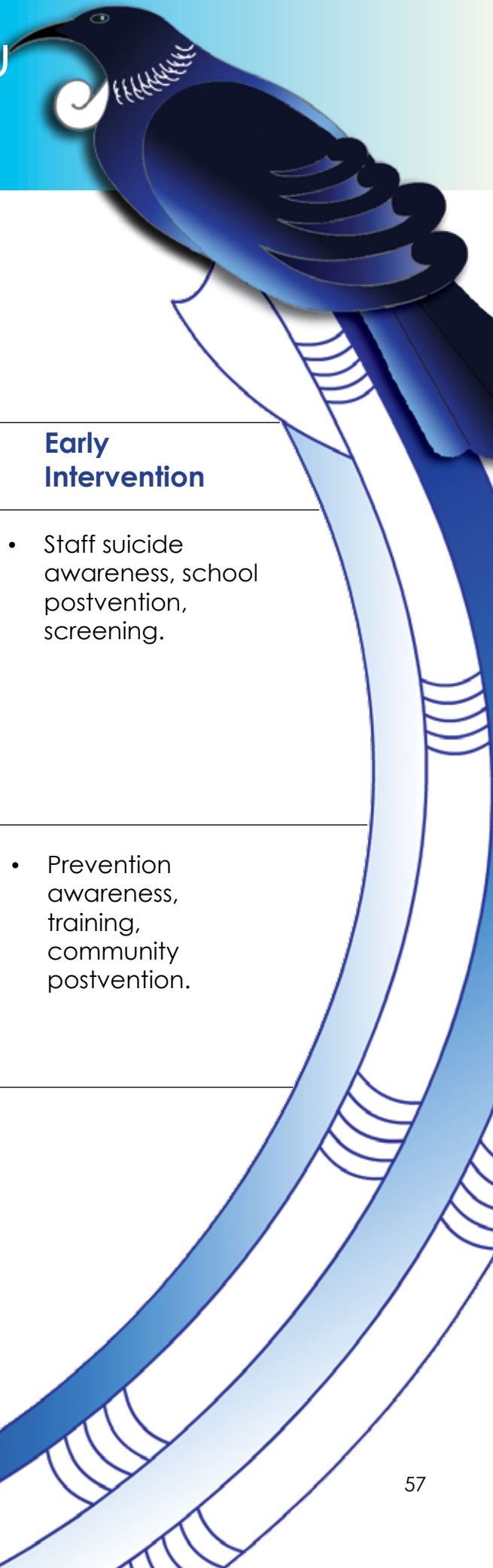
The prevention model developed from evidence on suicide prevention, risk and protective factors; then linking these to various settings (Mrazek and Haggerty, 1994).

Primary Intervention	Prevention Approches	Early Intervention
<ul style="list-style-type: none"> Public education, health promotion, depression awareness and prevention programmes, developing life skills promoting resilience. 	<ul style="list-style-type: none"> Parenting skills Child behaviour management Whānau therapy. 	<ul style="list-style-type: none"> Cognitive behavioural prevention programmes Cognitive restructuring, taha Māori programmes Coping skills Mentoring Help lines.
<ul style="list-style-type: none"> Parenting skills, promoting positive Matua – tamariki, taiohi, rangatahi relationships whānau have control over their lives. 	<ul style="list-style-type: none"> E.g., Parent and family support programmes, tamariki ora services. Additional community-based support services. 	<ul style="list-style-type: none"> E.g., Cross sectoral initiatives promoting whānau ora. Home visiting support services.

Prevention Approaches

Settings	Risk Factors	Protective Factors
<p>Hapū, iwi, hapori and other Māori communities</p>	<ul style="list-style-type: none"> • Media reporting, high unemployment, disadvantaged, marginalised communities, isolation, colonisation, community, inter generational abuse response to suicide. 	<ul style="list-style-type: none"> • Capacity building, Participation • Empowered.
<p>Kohanga Reo, Kura Kaupapa, Kura reo rua and Schools</p>	<ul style="list-style-type: none"> • Negative school experiences, academic failure • Bullying, peer pressure, response to suicide. 	<ul style="list-style-type: none"> • Positive and encouraging relationships with teachers, parent involvement, whānau involvement, participation.

Ngā Whainga e Whitu Etahi Awhina



Primary Intervention	Prevention Approches	Early Intervention
<ul style="list-style-type: none"> Positive kura activities, change in kura whakaaro, climate, promoting positive attitude & resilience. 	<ul style="list-style-type: none"> Transition programmes. 	<ul style="list-style-type: none"> Staff suicide awareness, school postvention, screening.
<ul style="list-style-type: none"> Restrict access to highly lethal methods, media education and health promotion, community approaches. 	<ul style="list-style-type: none"> Belonging, connectedness Community ownership and empowerment. 	<ul style="list-style-type: none"> Prevention awareness, training, community postvention.

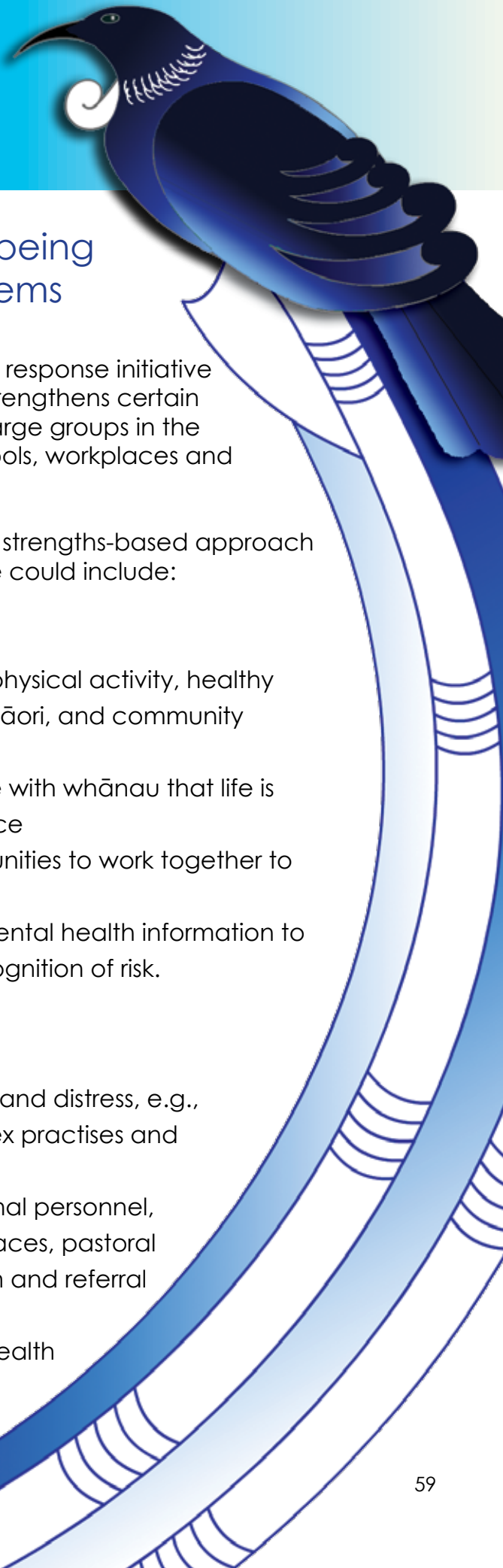
Some practical responses to the seven National Suicide Prevention Goals

1. Promote mental health and well-being, and prevent mental health problems
2. Improve the care of people who are experiencing mental disorders associated with suicidal behaviours
3. Improve the care of people who make non-fatal suicide attempts
4. Reduce access to the means of suicide
5. Promote the safe reporting and portrayal of suicidal behaviour by the media
6. Support families/whanau, friends and others affected by a suicide attempt
7. Expand the evidence about rates, causes and effective interventions.



Suicide Prevention

Goal 1 Whāinga Tuatahi



Promote mental health and well-being and prevent mental health problems

Available evidence to date suggests that a strong response initiative in reducing suicidal behaviour is education that strengthens certain occupational roles that, generally has access to large groups in the hapū, iwi, hapori Māori and community, e.g., schools, workplaces and churches (Beautrais et al., 2007).

A community action focus with an evidence- and strengths-based approach that aligns to national suicide prevention goal one could include:

Community level responses:

- Promote healthy lifestyles that include regular physical activity, healthy eating and participation in hapū, iwi, hapori Māori, and community activities
- Celebrate the preservation of life and reinforce with whānau that life is valuable and living can be a positive experience
- Strengthen hapū, iwi, hapori Māori and communities to work together to support whānau ora
- Raise community awareness education and mental health information to influence attitudinal change and increase recognition of risk.

Education that focuses on programmes to:

- Deliver strategies to address indicators of stress and distress, e.g., domestic violence, substance abuse, unsafe sex practises and problem gambling
- Upskill community, organisational and institutional personnel, e.g., those who work in schools, prisons, workplaces, pastoral and spiritual care, to improve early recognition and referral of people at risk of suicidal behaviour
- Promote help seeking, destigmatising mental health issues, improving coping skills, and increasing protective factors.

Suicide Prevention

Goal 2 Whāinga Tuarua

Improve the care of people who are experiencing mental disorders associated with suicidal behaviours

Development of a Community Suicide Prevention Plan would provide the foundation for guiding community action and initiatives. Here are some of the initiatives that may be used on a local and regional level and adjusted according to your community suicide prevention plan goals, objectives and priorities:

- Advocate for a choice of services to be available and appropriate for whānau to access help when required.
- Advocate for establishment of clear processes of referral from the community to a health service and vice versa.
- Advocate for screening programmes for suicide risk, or for depression or substance abuse.
- Compile a community directory of key agencies, health services, local councils, schools, etc., that can provide support for your community suicide prevention plan actions/initiatives and needs (Beautrais et al., 2007.)

Plan and organise a series of workshops on kaupapa (topics) such as:

- What to expect when attending health services
- Rights and responsibilities when receiving health services
- Meet the hapū, iwi, hapori Māori and community support
- Raising awareness of what to look for, how and when to take action, how to provide support and learning 'safe' ways to help.

(National Māori Resource Development Advisory Group, 2008)

Suicide Prevention

Goal 3 Whāinga Tuatoru

Improve the care of people who make non-fatal suicide attempts

Local community action responses could include:

- Remembering most Māori respond better kanohi ki te kanohi (face to face), rangatira ki te rangatira (manager to manager) kaumātua ki te kaumātua (respected elder to respected elder) interventions
- Advocating and supporting health services to put in place similar interventions as those illustrated
- Holding education seminars for hapū, iwi, hapori Māori, and community
- Providing information leaflets with referral options to the hapū, iwi, hapori Māori, and community, and
- Promoting access to the services offered by Postvention Support Services.

(National Māori Resource Development Advisory Group, 2008)

A small number of interventions that focus on enhancing treatment and support after a non-fatal suicide attempt have been shown to reduce the risk of repeated suicidal behaviour. These interventions include:

- Sending follow-up letters to people after discharge
- Providing an open pathway (green card) for emergency access to mental health services
- Employing an appropriate clinical/cultural/community worker to coordinate follow-up services to the person and their whānau
- Being responsive to whānau and, as appropriate, ensuring they help to develop a follow-up plan and are provided with a copy of that plan (Beautrais et al., 2007).

Suicide Prevention

Goal 4 Whāinga Tuawhā

Reduce access to the means of suicide. Tapu, noa me te rāhui

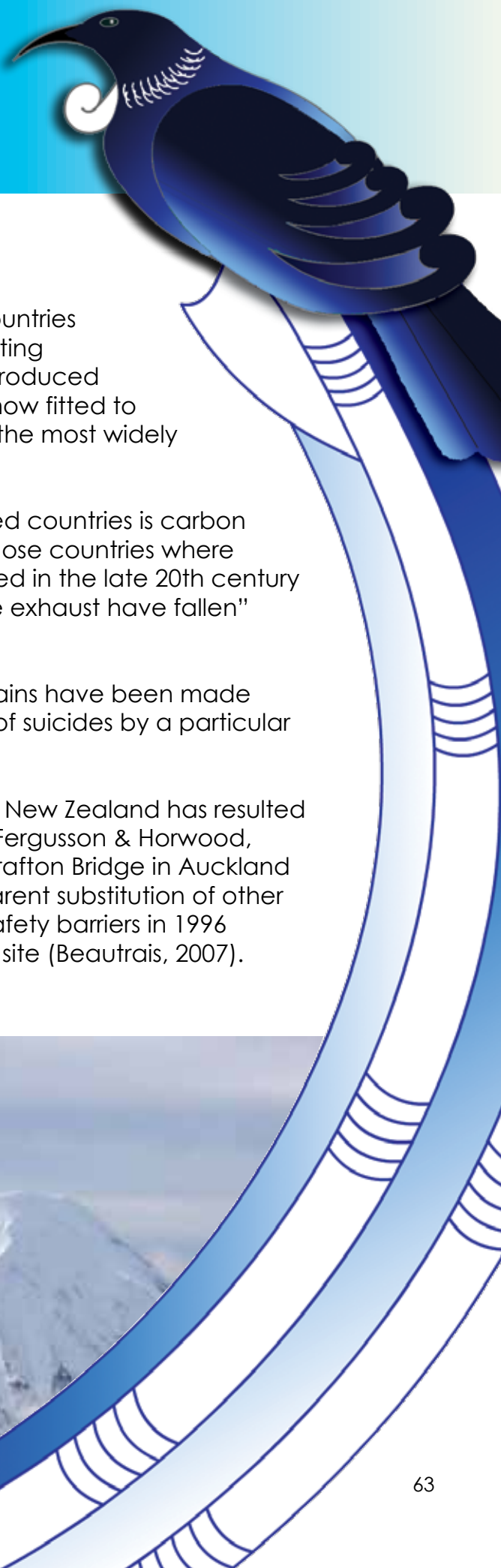
Whānau lived by a code of social and environmental responsibility guided by the principles of tapu, noa and rāhui. This created a law for survival where people learnt what was safe (noa), risky (tapu) and what should be avoided at all costs for a period of time (rāhui) until deemed safe again (Durie, 2001).

Restriction of lethal means of suicide is viewed as evidence-based *strong response initiative* (Beautrais et al., 2007). Reducing access to a particular method of suicide that might be used in a hapū, iwi, hapori Māori and community could involve implementing a collaborative campaign that will make the local environment safe.

Some suggestions are:

- Advocate for safe (noa) practices in storing of firearms and the removal of access to means that could assist suicide by hanging
- Promote firearm safety and control, e.g., advocating licensing of firearms by placing a rāhui on the use of unlicensed firearms
- Place a rāhui on particular landmarks in a rohe (local area) where a suicide has occurred by installing barriers at sites that become popular for suicide
- Provide choice and access to tohunga, Māori healers to address incidents of mate Māori
- Promote a local campaign to dispose of unwanted medications safely
- Advocate to local and regional councils for initiatives such as the offer of catalytic converter subsidies as an incentive to reduce carbon monoxide emissions from vehicles.

(National Māori Resource Development Advisory Group, 2008)



It is reported (Beautrais, 2007) that a number of countries have mandated and offered incentives for retrofitting catalytic converters while other countries have introduced scrapping of older cars. Catalytic converters are now fitted to about 90% of all new vehicles worldwide and are the most widely used devices.

A common method of suicide in many industrialised countries is carbon monoxide poisoning by vehicle exhaust gas. "In those countries where mandatory emissions standards have been imposed in the late 20th century for environmental reasons, suicide rates by vehicle exhaust have fallen" (Beautrais, 2007, p.2).

Recent New Zealand studies suggest that some gains have been made nationally and regionally in reducing the number of suicides by a particular method.

The introduction of restrictive firearms legislation in New Zealand has resulted in a halving of the firearm suicide rate (Beautrais, Fergusson & Horwood, 2006). Also the reinstatement of safety barriers at Grafton Bridge in Auckland appears to have eliminated suicides with no apparent substitution of other sites compared with the removal of the Bridge's safety barriers in 1996 that led to a five-fold increase in suicides from this site (Beautrais, 2007).

Suicide Prevention

Goal 5 Whāinga Tuarima

Promote the safe reporting and portrayal of suicidal behaviour by the media

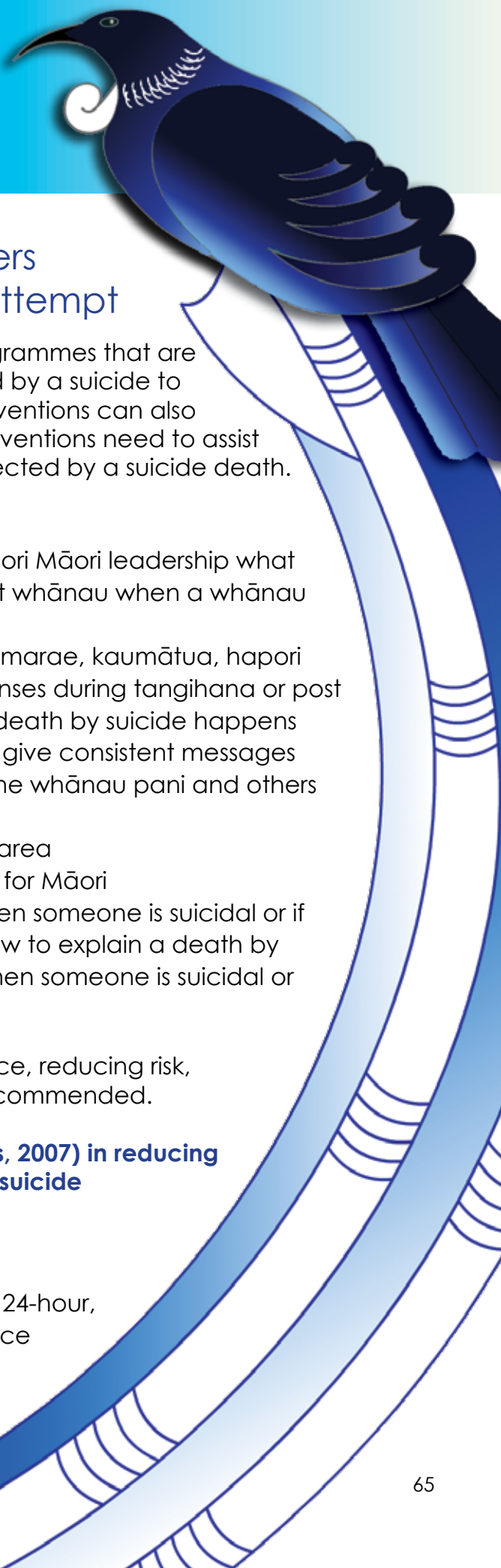
Media can play a powerful role in educating the public about suicide prevention. Ill-informed and careless reporting can lead to increased risk. Therefore encouragement of responsible and respectful media coverage of suicide may mean hapū, iwi, hapori Māori, and communities:

- Find ways of working collaboratively with media to disseminate factual and accurate evidence and information about means of suicide and mental health issues in a non-stigmatising manner.
- Work alongside the media to promote knowledge and information about suicide prevention.
- Educate themselves about the Ministry of Health national media guidelines and develop and implement a local guideline 'safe practice' response.

(National Māori Resource Development Advisory Group, 2008)

Suicide Prevention

Goal 6 Whāinga Tuano



Support whānau, friends and others affected by a suicide or suicide attempt

Postvention is the term given to activities and programmes that are intended to assist those who have been bereaved by a suicide to cope with what has happened. Post-suicide interventions can also prevent further deaths occurring. Postvention interventions need to assist individuals, whānau, friends and organisations affected by a suicide death.

Local responses can include:

- Check with kaumātua and local hapū, iwi, hapori Māori leadership what the tangihanga kawa and tikanga is to support whānau when a whānau member has committed suicide
- Encourage proactive engagement with hapū, marae, kaumātua, hapori Māori to discuss appropriate postvention responses during tangihana or post nehunga to have a response strategy ready if death by suicide happens
- Hold wānanga to develop response plans that give consistent messages from the paepae and a safe environment for the whānau pani and others connected to the tupapaku (deceased)
- Find out what postvention services exist in your area
- Advocate for appropriate postvention services for Māori
- Provide information sessions on 'what to do when someone is suicidal or if you find someone who has taken their life', 'how to explain a death by suicide to loved ones' and 'who to contact when someone is suicidal or has completed a suicide'.

Postvention programmes focus on building resilience, reducing risk, dealing with shock and grief, and counselling if recommended.

Promising evidence-based interventions (Beautrais, 2007) in reducing the risk for those people greatly affected in a post suicide situation include:

Psychosocial support which may involve:

- Intensive care plus outreach services such as a 24-hour, 7-day-a-week crisis response and ongoing service
- Psycho-educational whānau programmes delivered with other whānau with similar experience
- Setting up crisis centres and crisis counselling.

Suicide Prevention Goal 6 Cont.. Whāinga Tuano

Grief itself is a normal and natural response to loss, and each person reacts differently. Acknowledging grief aids the healing process.

A Suicide Bereavement Support Service project funded by the Ministry of Health is currently in its establishment phases in the Auckland region (Central, North Shore and Waitakere), the Eastern region of the North Island (Eastcape, Gisborne and Hawke's Bay), and the Canterbury region.

This comprehensive initiative is being jointly delivered by Victim Support and Clinical Advisory Services Aotearoa (CASA). This service will include ongoing practical and emotional support and aims to provide a first response within 45 minutes of notification to Victim Support.

For more information refer to the Ministry's website: www.moh.govt.nz/suicide-prevention.

On a local level advocate that Suicide Bereavement Support Services:

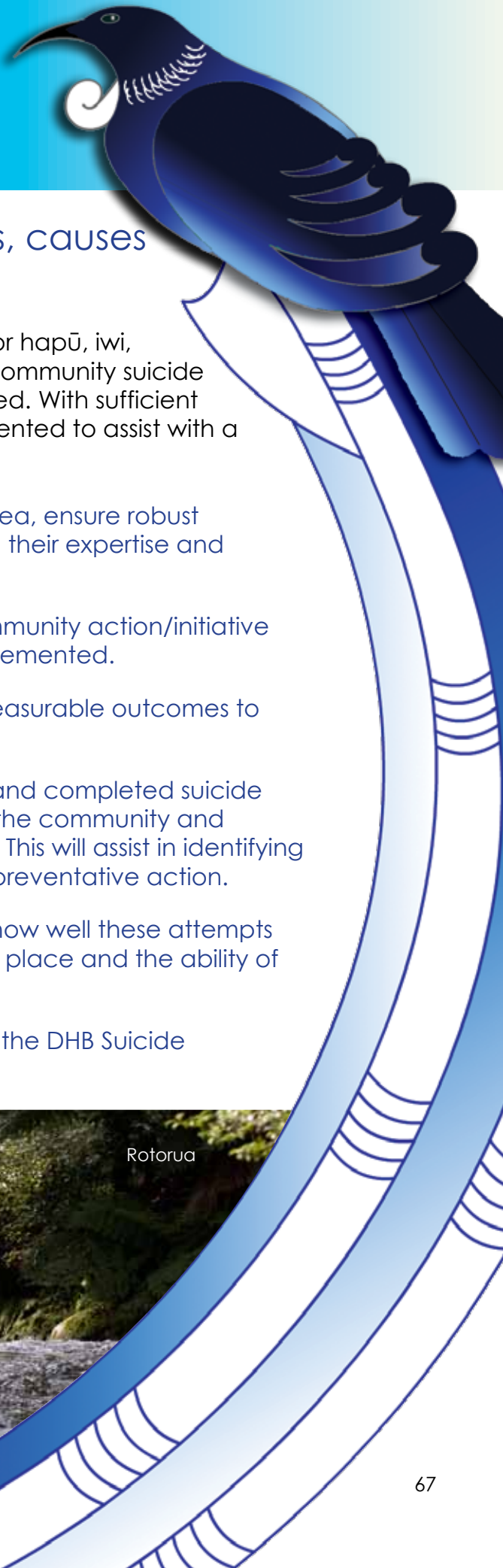
- understand Māori grieving processes
- deliver services that are culturally relevant and safe; and
- develop and implement outcome measures that are appropriate to Māori world views and experiences.

(National Māori Resource Development Advisory Group, 2008)



Suicide Prevention

Goal 7 Whāinga Tuawhitu



Expand the evidence about rates, causes and effective interventions

Gathering local statistical information is essential for hapū, iwi, hapori Māori and community to enable a robust community suicide prevention plan to be developed and implemented. With sufficient resourcing the following measures can be implemented to assist with a local suicide prevention plan:

- Where a Kia Piki te Ora programme is in your area, ensure robust and collaborative relationships are formed and their expertise and experience are appropriately engaged.
- Regularly monitor, review and evaluate all community action/initiative projects and programmes that have been implemented.
- Ensure evaluation processes and tools have measurable outcomes to increase evidence-based information.
- Take regular stock takes of attempted suicide and completed suicide trends in whānau, hapū, iwi, hapori Māori and the community and observe and record any changes in the trends. This will assist in identifying priority groups who may need specific suicide preventative action.
- Keep clear records of non-fatal attempts and how well these attempts were addressed, including the safety actions in place and the ability of people to move on.
- Where the role is in place, access support from the DHB Suicide Prevention coordinator in your area.



Rotorua

Wāhanga Tuaono

He Whakaūtanga Anga Māori

Strengthening and growing communities through a rarangahia te taurawhiri tangata approach

Kei Roto:

He Kaupapa Whakahaere – Mā Māori Mō Māori

Key considerations for community population-based responses

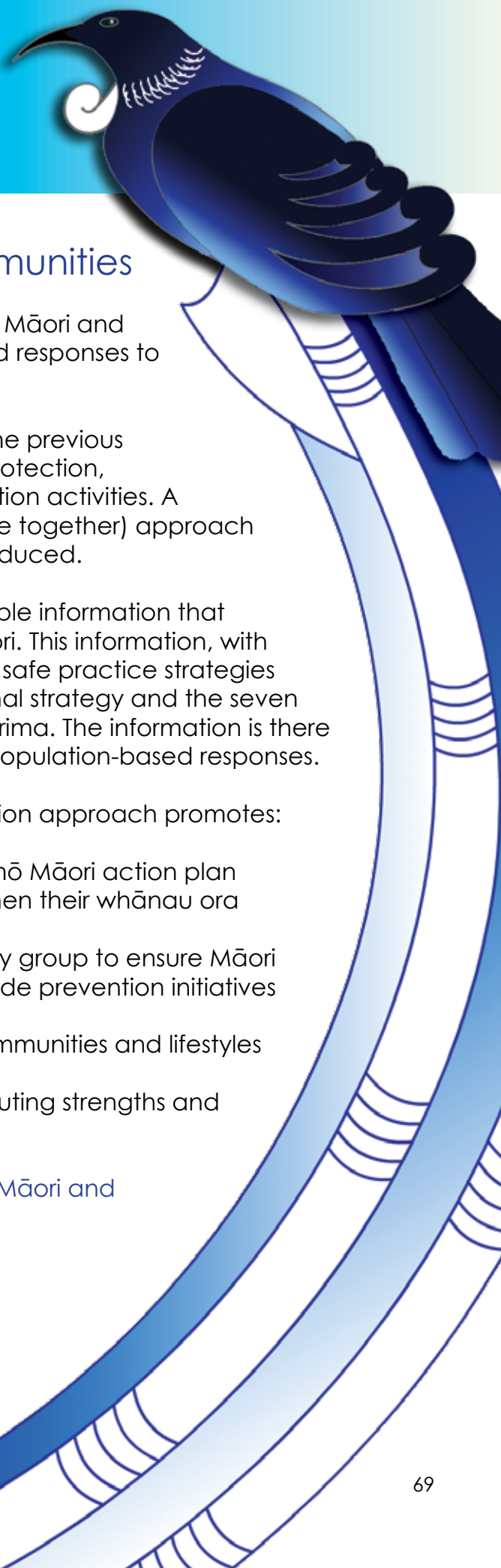
*Rarangahia te taurawhiri tangata
kia hua ai te marama*

*Weaving people together so enlightenment
comes to fruition, i.e., bringing people together
to make a positive difference for Māori*

(Kaumatua personal kōrero)



He Whakaūtanga Anga Māori



Strengthening and growing communities

It is paramount to assist whānau, hapū, iwi, hapori Māori and communities to establish and build safe and sound responses to suicide prevention and postvention.

This wāhanga reinforces the continuing focus of the previous wāhanga in Te Whakauruora to promote Māori protection, participation and partnership in all suicide prevention activities. A rarangahia te taurawhiri tangata (weaving people together) approach to support suicide prevention activities is also introduced.

Each of the previous five wāhanga provide valuable information that gives context to the aspirations and needs of Māori. This information, with its accompanying Māori whaakaro, perspectives, safe practice strategies and practical responses, is aligned with the national strategy and the seven national suicide prevention goals in wāhanga tuarima. The information is there for those utilising the recommended community population-based responses.


Rarangahia te taurawhiri tangata suicide prevention approach promotes:

- utilising He Kaupapa Whakahaere: mā Māori mō Māori action plan template to work with and for Māori to strengthen their whānau ora
- engaging effectively with Māori as a key priority group to ensure Māori aspirations and needs are at the centre of suicide prevention initiatives
- recognising the diversity that exists in Māori communities and lifestyles
- bringing people together with different contributing strengths and views to make a positive difference for Māori.

Key priority groups are whānau, hapū, iwi, hapori Māori and community members that make up a community.

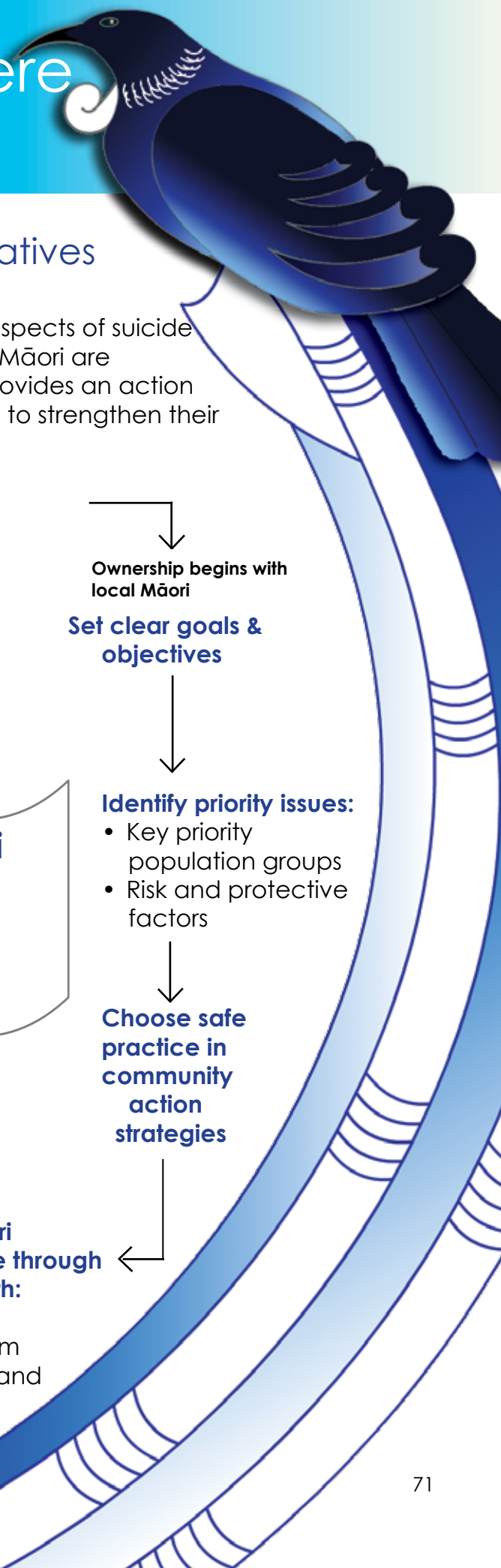
Key aims for these rōpū can include:

- Knowing the importance of whānau
- Realising their potential
- Making decisions
- Maximising choices

- 
- Being part of the consultation process
 - Changing behaviour
 - Becoming self determining
 - Increasing their understanding about what is needed to address local need
 - Changing attitudes towards certain aspects of suicide prevention
 - Determining and promoting consistent use of key suicide prevention and postvention messages on the marae, in the homes, to whānau, hapū, iwi, hapori Māori, and communities in a safe and appropriate way
 - Raising awareness amongst themselves about their local need
 - Maintaining the positive attitude and behaviour changes, and
 - Taking ownership of suicide prevention in the whānau, hapū, iwi, hapori Māori, and community.

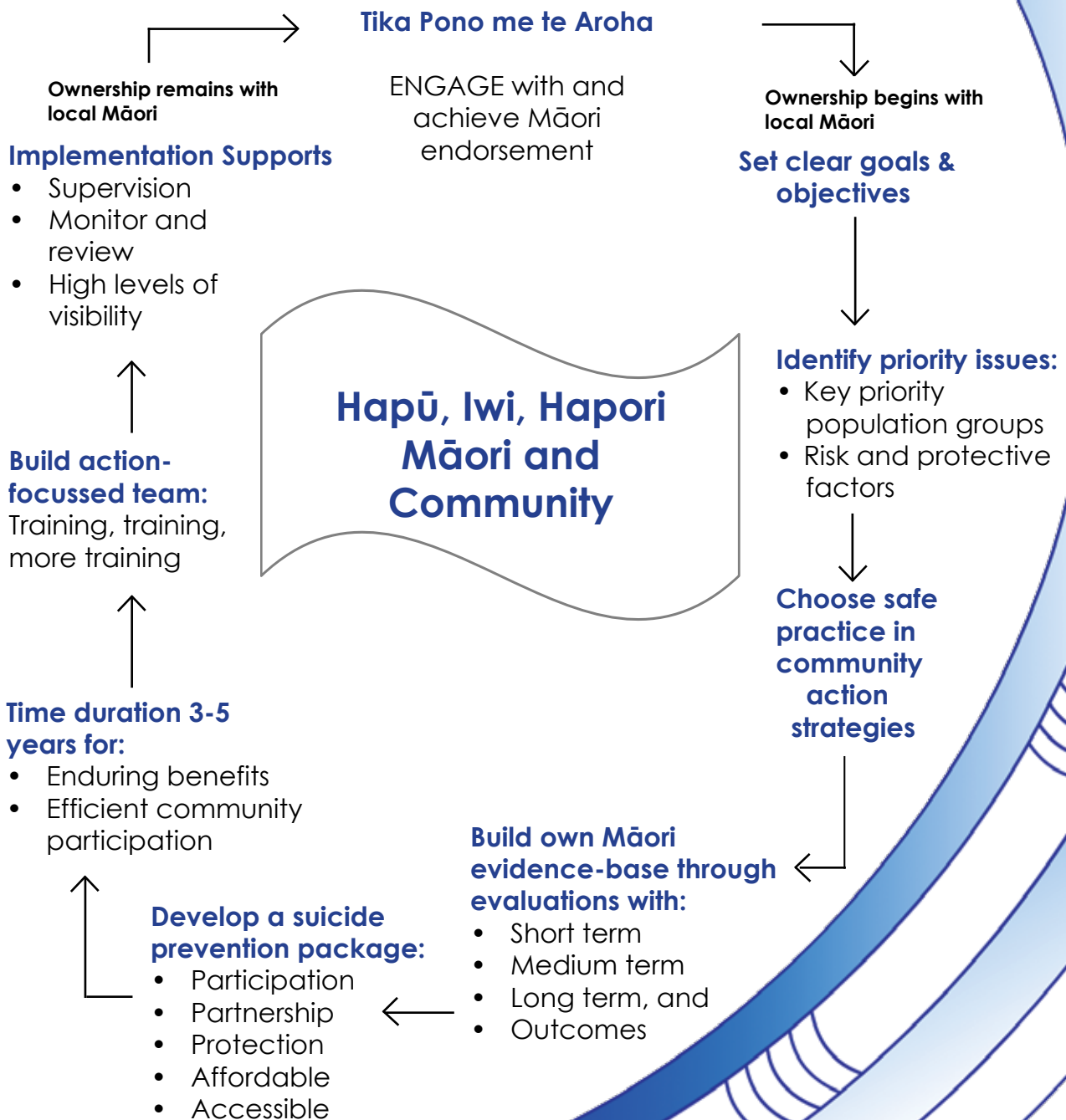
Adapted from *Kia Piki te Ora o te taitamariki Health Promotion Module IV, Te Kahui Tautoko (2002)* and *Kia Whai te Māramatanga, Ropiha (1994)*.

Kaupapa Whakahaere Mā Māori Mō Māori



Supporting by Māori for Māori initiatives

Rarangahia te taurawhiri tangata processes and aspects of suicide prevention and postvention initiatives with and for Māori are illustrated here in the flowchart. The explanation provides an action plan template for those working with and for Māori to strengthen their whānau ora.



Ngā Kōrero mō He Kaupapa Whakahaere:

Mā Māori Mō Māori

Tika, pono me te aroha

- Effective engagement with the key priority Māori group(s) is essential
- The action plan activities need to be confirmed by the local Māori leadership

Set clear goals and objectives

- Undertake regular communication and consultation about the action plan and activities with the key priority Māori group(s) to develop the goals and objectives

Identify the key priority issues

- Identify the key priority population group(s) and
- The risk and protective factors relevant to the priority group

Choose your safe practice strategies

- Ensure they take into account the unique features of the whānau, hapū, iwi, hāpori Māori and community. Consideration be given to strategies and practises that have been shown to be effective

Build own Māori evidence-base through evaluations

- Develop a local framework that will build on, and show evidence of, effective suicide prevention strategies and practices for Māori
 - Consider short-term, medium-term and long-term outcomes of success
 - Short-term outcomes might be an increase in whānau, hapū, iwi, hāpori Māori and community members' knowledge about available suicide prevention services
 - Medium-term outcomes might be increased uptake of services
 - Long-term outcomes might be a reduction in suicidal behaviours and suicides.



Develop a suicide prevention package

- Involve those who will be implementing the activities
- Where possible link with existing activities in the community
- Be visible and transparent – work with other regional/ local agencies and organisations
- Keep the activity affordable and accessible
- Keep up to date with appropriate information and evidence-based examples of safe practice and successful suicide prevention project initiatives.

Time duration of Suicide Prevention Programme:

- Allow 3–5 years to foster enduring benefits
- A one-year timeframe does not usually allow enough time for the sound development of high-quality activities
- Time is required to have efficient community participation.

Build an action-focused team through training, training and more training:

- Cultural support is essential when training locally
- Where external expertise may need to be brought in, ensure local leadership are supportive and in agreement with this.

Implementation of Kaupapa Whakahaere requires the following supports:

- Regular project supervision and monitoring
- Problem-solving skills
- Ongoing learning development
- Competent project management
- Sharing knowledge, information and other resources
- Effective and sustainable prevention efforts
- High levels of public visibility for the suicide prevention action plan
- Ownership of project remains with the whānau, hapū, iwi, hapori Māori, and community.

Key Considerations for Community

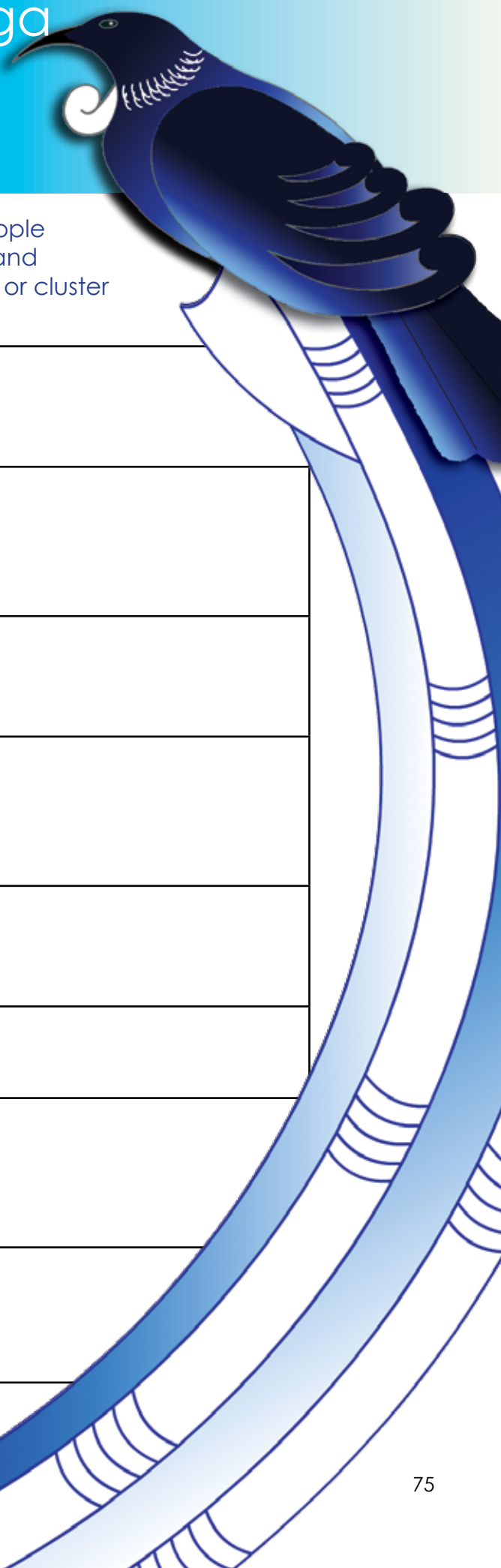
Population-Based responses include:

1. **Effective engagement** with Māori encourages:

- working with the right person or people who can provide sound advice and the right cultural support to lead the engagement process
- Māori guidance to develop a process that keeps the consultation respectful of the key priority group(s) and culturally safe for all concerned, i.e., use the Kaupapa Whakahaere - Mā Māori Mō Māori kōrero to assist planning
- learning and understanding the tikanga and kawa of the local area (s) and the key priority group(s)
- recognition of the diverse lifestyles of Māori
- appropriate consultation with whānau, hapū, iwi, hapori Māori, and community leadership occurs
- inclusion of groups such as gangs and gay, bisexual, lesbian, and transgender communities
- opportunities for participation of community members and a sense of ownership developed among the whānau, hapū, iwi, hapori Māori, and community.

Whakawhanaungatanga

Getting to know whānau, hapū, iwi, hapori Māori and community and recognising diverse lifestyles



Collecting this information is to assist in bringing people together in the community, to respond in a timely and effective manner to suicide attempts of individuals or cluster groups.

Who are the leaders/champions who will endorse a rarangahia te taurawhiri tangata approach?	
Who are our whānau, hapū, iwi, hapori Māori and community and what numbers (%) make up our rohe?	
What type of roopū do we identify as (whānau, hapū, iwi, hapori Māori, community-based)?	
Are we rural, semi-rural, urban or city based? What does that mean for us?	
How many access cultural resources, e.g., the marae, kura kaupapa, kaumātua, tohunga, rūnanga and iwi?	
How many speakers of te reo Māori are there?	
What is impacting on our community that signals 'mental health risks' to tangata, whānau, hapū, iwi, hapori Māori and community?	
What is happening right now in our community to address the risks?	

Whakawhanaungatanga Continued

What important lifestyle issues do we need to be aware of (e.g., drug and alcohol abuse, family violence, disabilities)?	
What groups seem to be most at risk? Are we equipped to effectively engage marginalised groups?	
What services are in our community that are able to help?	
How often do people in our community go to health services? If they don't, why not?	
Is there a Who's Who database with names, contact details and 'how they are able to help' of all roopū in the community, e.g., City Council Community Services Directory (located from Citizen Advice Bureaus)?	



Māuao - Mt Maunganui



2. **Establish** a local suicide prevention group as this can:

- assess preparedness in order to have effective suicide prevention responses
- build preparedness for the development and implementation of successful suicide prevention activities
- bring people together with different contributing strengths and views to make a positive difference
- provide a strong voice for suicide prevention
- promote leadership of initiatives
- ensure the coordination of activities
- provide opportunities to collect and share key information
- establish links and partnerships across agencies.

The benefit of a Postvention/ Prevention Suicide Support Team (PVST) is that by working collaboratively with key service providers, we are able to share our resources and knowledge to provide more effective suicide prevention promotion within our community. A communication strategy is in place to ensure a more coordinated response particularly in crisis situations. One of the main priorities is to confirm that the information is accurate, before notifying appropriate services, initiating referrals, monitoring and reporting feedback to the PVST.

(Personal Kōrero, Kia Piki Te Ora, Whanganui, 2009).

Hapū, iwi, hapori Māori and community roopū (groups) can contribute in assisting communities to be 'prepared' by acknowledging that:

- suicide is a problem and that it exists in whānau, hapū, iwi, hapori Māori and community. Where suicide is a local problem an increase in awareness can be achieved by:
 - becoming involved in local suicide prevention activities
 - participating in training and education
 - visiting existing and established small groups in the community to share and inform them on the community suicide prevention plan
 - engaging with local education and health promotion programmes
 - safely presenting information to large community groups
 - using up-to-date information on suicide fact and trends, risk and protective factors
 - sharing examples of how other communities have successful suicide prevention activities.

Adapted and sourced from Community Life Framework (2005).

Aromatawai

Assessing your community's

Rarangahia te taurawhiri tangata recognises that a pooling of community resources is required to meet the complex needs of priority groups.

What's needed	Getting started	How to achieve it
Confirm leadership/ champions and potential leaders	Identify the strengths and gaps in leadership within key priority Māori groups, local agencies and organisations	Develop and promote local leadership/ mentoring programmes
Lists of organisations and community groups and the skills they offer	Prepare promotional information about a rarangahia te taurawhiri tangata suicide prevention approach and request their participation and support	Collate information from all the groups and the skills they offer
Identify government agencies, private businesses, and community organisations and the assets they may be able to share	Develop an asset survey with local leadership buy-in	Have them fill in an asset survey re: programmes and services, venues, equipment, supplies, communication links, and staffing

strengths and assets

These tables provide practical ideas to assess strengths and assets in your community.



What's needed	Getting started	How to achieve it
<p>Sustainable funding (3-5 years) to ensure ongoing community suicide prevention and postvention plans will achieve positive health gains</p>	<p>List of local, regional and national funding sources. Consider businesses, local agencies, government and charities, etc.,.</p> <p>Prioritise and reconfiguration resources and services to best meet the needs of the community This may mean amalgamation or redirection of funds</p>	<p>Identify funding sources</p> <p>Involve all local agencies, businesses and community leaders</p> <p>Encourage better use of resources</p>
<p>Community effectiveness evaluation strategy that demonstrates positive suicide prevention activities outcomes</p>	<p>Identify effective community suicide prevention programmes' evaluation tools</p> <p>What works and what does not work?</p>	<p>Develop a local evaluation framework that will support buy-in from local community and government organisations</p>

3. Consider setting up an inter-agency planning group to coordinate prevention efforts that have been designed for implementation across an array of settings. An inter-agency group may include health providers, civil defence, the police, social services, and local government agencies.

4. Identify key people and organisations. The list below is a guide:

- whānau, hapū, iwi, hapori Māori, and community leadership
- mental health and other health professionals
- DHB suicide prevention coordinators
- child, youth, family and elderly services
- public health units
- schools and educational facilities
- local government agencies
- interested community members
- crisis/counselling agencies
- charity organisations
- community elders and influential community members
- volunteer service organisations
 - hospital
 - doctors
 - emergency services personnel
 - churches
 - youth and youth organisation
 - consumers/ tangata whaiora/service users of mental health services
 - police and justice organisations
 - community associations
 - those affected by suicide/suicidal behaviours, including those bereaved by the loss of a loved one
 - recreation groups and sports organisations
 - local businesses.

Adapted and sourced from Community Life Framework (2005).

Te Hononga Tangata

Participation and ongoing engagement of the *whole* community



Rarangahia te taurawhiri tangata encourages coordination and collaboration of people and communities, their skills, and resources to develop effective suicide prevention responses.

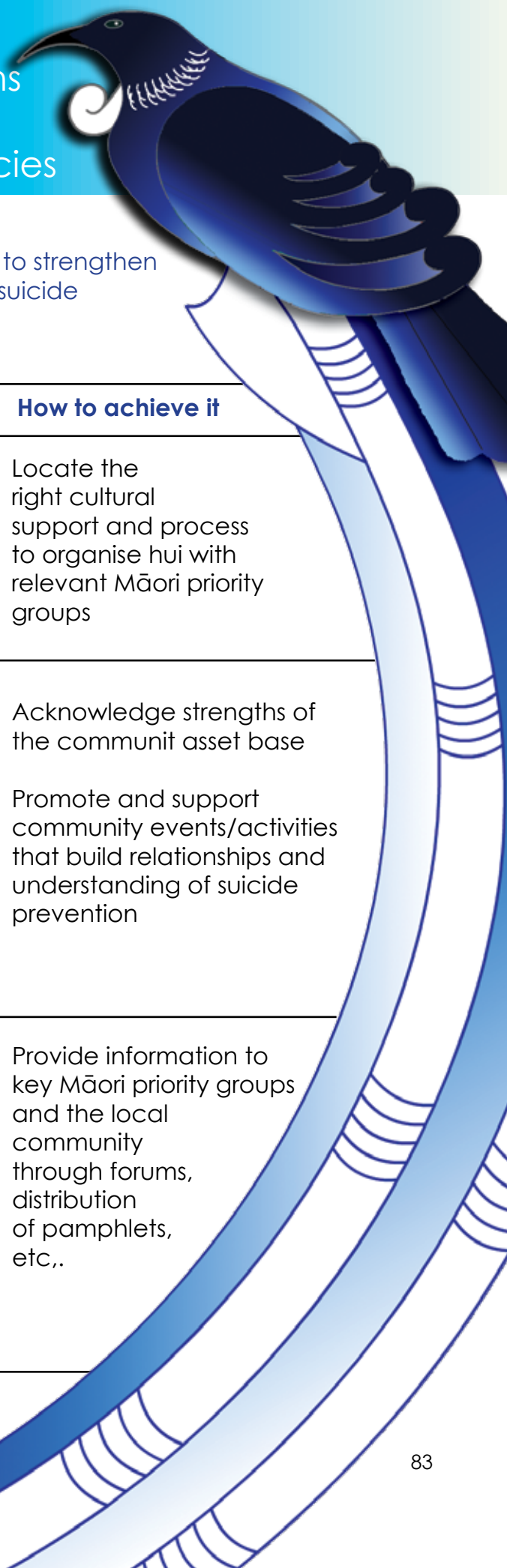
How do we inform the rest of the whānau, hapū, iwi, hapori Māori, and community about the rarangahia te taurawhiri tangata approach and progress?	
Besides the leaders/champions, who else do we need to know/contact who represents the different groups in the community?	
Who will be the takawaenga between the local leaders and the community suicide prevention roopū to ensure effective communication occurs?	
Who will represent the whānau, hapū, iwi, hapori Māori and the community interests in this kaupapa?	
Who else can we involve?	
Where do we hold our hui?	
What information do we need to have ready at the first hui and at subsequent hui?	

Te Hononga Tangata Continued

What safety considerations do we need to put in place when discussing suicide prevention and postvention?	
What is the history of suicide acts and completed suicides in our whānau, hapū, iwi, hapori Māori, community?	
What do we know about suicide, suicide prevention and postvention?	
When and how will we come together when there is a suicide attempt or completed suicide?	
What do we do when this happens?	
How do we come together quickly?	
What safety precautions need to already be in place?	
<i>Who is the back-up for ourselves as a rarangahia te taurawhiri tangata action roopū that coordinates suicide prevention?</i>	

Whakatohatoha

Building preparedness and strengths to address needs of community members, organisations and agencies

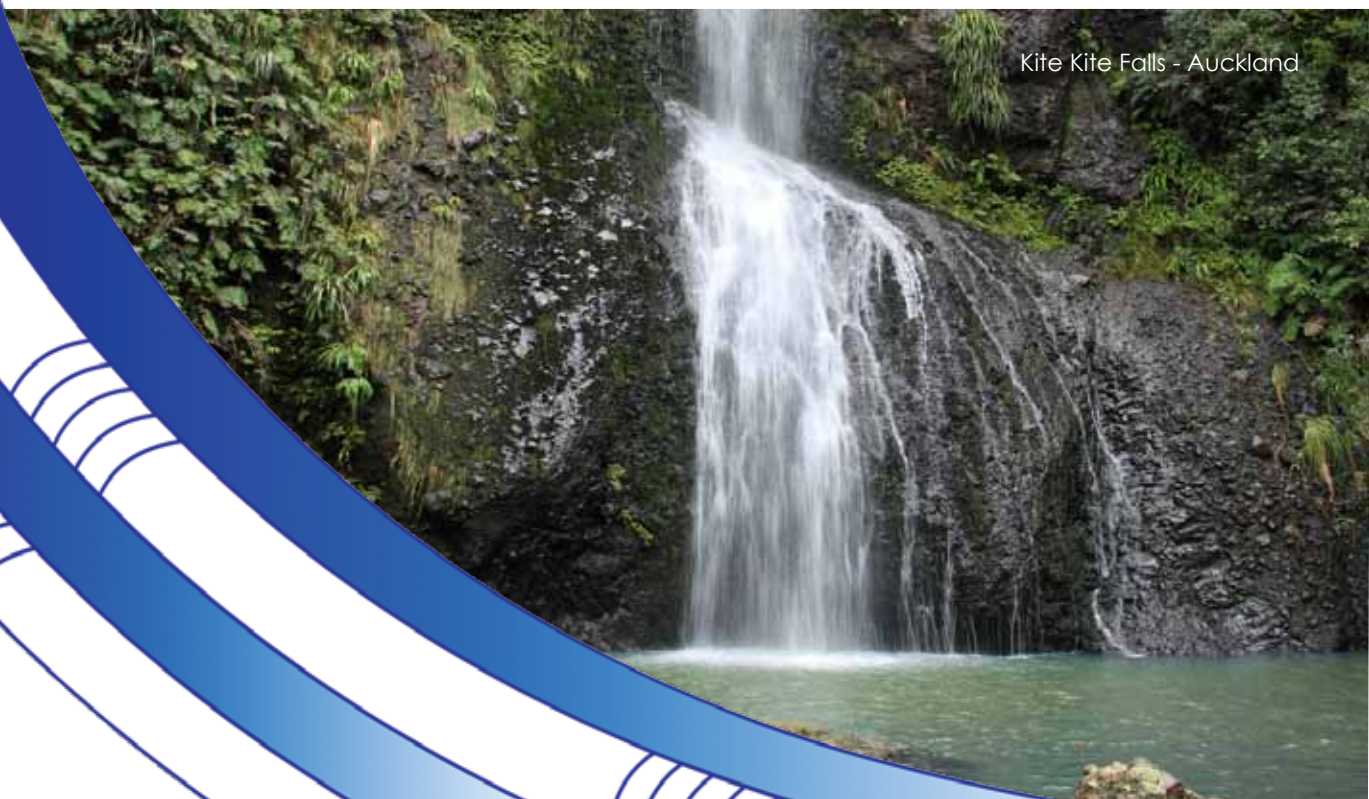


These tables (pages 83-84) provide practical ideas to strengthen community preparedness to develop appropriate suicide prevention plans.

What's needed	Getting started	How to achieve it
Effective engagement with Māori	Consulting with Māori for appropriate access to the priority groups and to source requirements of priority groups and the effect of health issues	Locate the right cultural support and process to organise hui with relevant Māori priority groups
Build relationships to promote ongoing caring, trust, connectedness and belonging	Identify community strengths Identify who wants to participate Identify what rarangahia te taurawhiri tangata activities may enhance community involvement	Acknowledge strengths of the community asset base Promote and support community events/activities that build relationships and understanding of suicide prevention
Develop awareness of historical issues for key Māori priority groups and the local community	Utilise resources such as community members, archival materials, newspapers, books and whānau, hapū, iwi stories – DHB and local community plans to identify complex issues that impact on suicide prevention in the local area	Provide information to key Māori priority groups and the local community through forums, distribution of pamphlets, etc.,

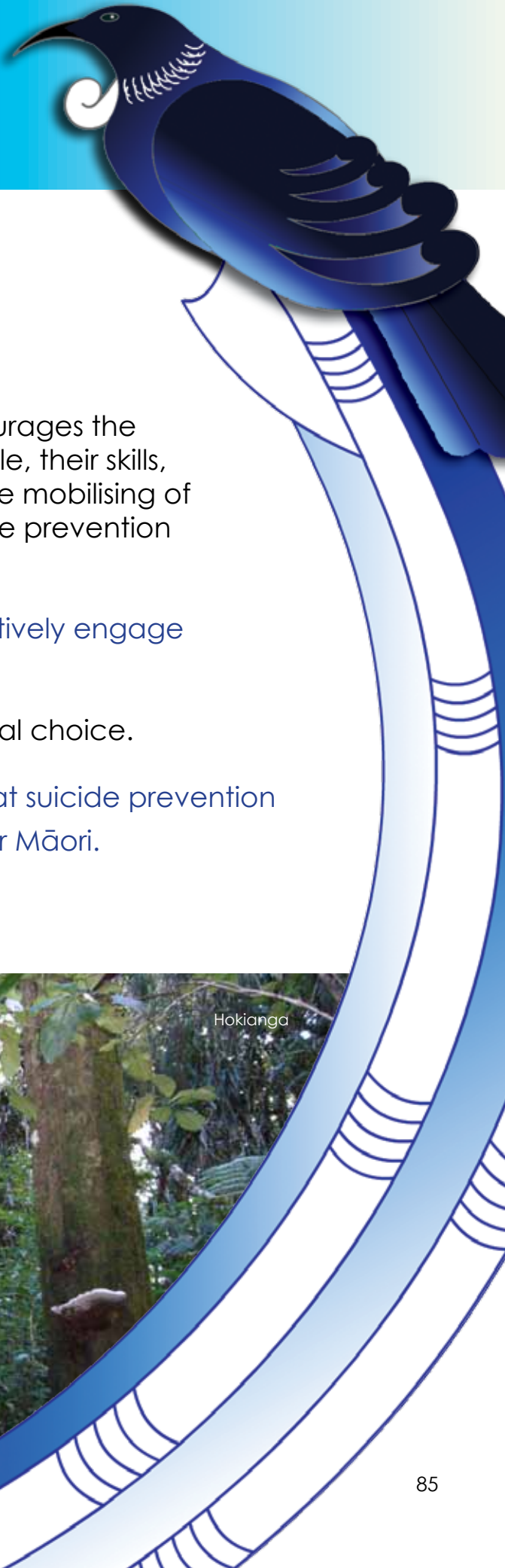
Whakatohatoha Continued

What's needed	Getting started	How to achieve it
<p>Strengthen communication and develop a shared vision that incorporates tangata whenua views</p>	<p>Utilise open forums to respectfully share views and perspectives.</p> <p>Set up an advisory group</p>	<p>Develop a suicide prevention plan that is guided by Māori whakaaro and core principles of a Māori framework</p>
<p>Build skills, knowledge and resources to enable successful suicide prevention activities</p>	<p>Use information from community inventories to identify level of skills, knowledge and resources available.</p> <p>Identify available training programmes</p>	<p>Work with an advisory community group and local leaders to develop a skill/knowledge enhancement plan.</p> <p>Promote resource access to knowledge and skill enhancement</p>



Kite Kite Falls - Auckland

Wāhanga Tuaono



Key Messages:

- Rarangahia te taurawhiri tangata encourages the coordination and collaboration of people, their skills, their resources and, most importantly, the mobilising of communities to develop effective suicide prevention responses.
- Relationship building is essential to effectively engage Māori.
- By Māori for Māori solutions must be a real choice.
- It is vital to provide evidence to show that suicide prevention strategies and practices are effective for Māori.



Hokianga

Wāhanga Tuawhitu

*Nāu te rourou
Nāku te rourou
Ka ora ai te tangata*

With your basket (contributions) and with my basket (contributions) the well-being of people is assured

Provided in this wāhanga are some of the support services, Māori and communities can access for information, support, guest speakers, and presentations to raise awareness of what is available. All can play a vital role to assist in suicide prevention and postvention activities.

Kia Piki Te Ora Providers and Locations

Auckland	Raukura Hauora o Tainui Trust
Bay of Plenty	Te Ao Hou Primary Health Organisation
Christchurch	He Oranga Pounamu Charitable Trust
Hawke's Bay	Te Kupenga Hauora Ahuriri
Nelson Marlborough	To be advised
Lakes	Te Rūnanga o Ngāti Pikiao Trust
Northland	Ngāti Hine Health Trust Board, Te Rūnanga o te Rarawa
Wanganui	Nga Tai o te Awa Trust Board

Suicide Postvention Support Services

The suicide postvention support initiative is funded by the Ministry of Health and jointly delivered by Clinical Advisory Services Aotearoa (CASA) and Victim Support Services. The aim of the initiative is to develop models of best practice for services for individuals, families, whānau and communities who are affected by suicide or suicide attempts.

CASA specifically provides, a Community Postvention Response Service, Specialist Counselling services (free & confidential) and workforce skills training in suicide prevention and suicide postvention services.

Victim Support, in collaboration with CASA provides a Suicide Bereavement Service.

For more detailed information contact

0800-448 353 or email scs@casa.org.nz

Rawa Ā Hapori Māori Community Resources

Victim Support

This organisation provides 24-hour practical and emotional support, personal advocacy and information to all people affected by trauma throughout Aotearoa. Contact the local police station and ask for Victim Support, phone **0800 VICTIM (0800 842 846)** or visit www.victimsupport.org.nz. A request can be made for a Māori Liaison Officer to be involved.

DHB Suicide Prevention Coordinators

The Suicide Prevention Coordinator pilot involves five DHBs; Wairarapa, Counties Manukau, Nelson Marlborough, Lakes and Auckland. The objectives are to:

- contribute to the reduction of suicide and suicidal behaviours rates in local communities
- support DHBs involved in the pilot to implement the programme of action in the national Suicide Prevention Action Plan
- ensure the specific needs of Māori within local communities are adequately addressed
- build relationships and structures to strengthen collaboration across local agencies involved in suicide prevention
- improve access to safety and effectiveness of local services for people at risk of suicide and their families/significant others
- evaluate the effectiveness of the coordinator role.

ACC

If a whānau member is lost as a result of suicide, ACC may be able to provide assistance. ACC can support by offering a funeral grant, a survivor's grant, childcare payments and weekly compensation. For detailed information refer to the booklet "Getting help after someone dies from an injury" available from ACC. For details of the nearest ACC office listed in the government listings of the local phone book or visit www.acc.govt.nz.

Work And Income NZ

After an accidental death, whānau can be very financially pressured. WINZ provides income support to people who need it. In addition, a Funeral Grant may be available to the partner, child, parent or guardian of someone who has died, to help towards the cost of the funeral. This grant is income and asset tested. For further information contact **0800 559 009** or visit www.winz.govt.nz.

For local Health Services refer to the green pages in front of the local telephone book

Ētahi Atu Rauemi Additional Resources

Ministry of Health: *After a Suicide: Practical Information for People Bereaved by Suicide.* (2005). Ministry of Youth Development.

NZ Youth Suicide Prevention Strategy, *Youth Suicide Prevention in Schools: A Practical Guide.*

Ministry of Youth Affairs. (1998) *Helping Troubled Young People – A guide for parents.*

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Mental Health Foundation. (1999) *A practical guide to coping with suicide.*

Hirsh ,T. (2003). *After the Suicide of Someone You Know.* Skylight.

When someone dies: a guide to the coronial services of New Zealand (2007).

Websites

www.spinz.org.nz

www.headspace.org.nz

www.nzgg.org.nz

www.skylight.org.nz

www.victimsupport.co.nz

www.mentalhealth.org.nz

www.mhc.govt.nz

www.justice.govt.nz/coroners

www.outoftheblue.org.nz

www.thelowdown.co.nz

www.depression.org.nz

www.lifeline.co.nz



Training Programmes

Anamata Whakatane, are NZQA registered and accredited to deliver iwi practitioner level 4 suicide intervention and prevention training. Te Pū Wānanga o Anamata. Tel: 07 307 0498.

ASIST Workshop Living Works Programmes
Applied Suicide Intervention Skills Training
www.livingworks.org.nz

QPR 'Question Persuade Refer'. This teaches people how to ask questions to find out if someone is at risk of suicide and link them with the help they need. This training is available on-line, visit www.qpr.org.nz

Skylight provides professional development and training opportunities throughout NZ covering a broad range of issues including the impact of change, loss, trauma, and grief.
www.skylight.org.nz

Tertiary Education Commission offers Te Kaiawhina Ahumahi Social Services Training with Suicide Intervention modules.
www.tec.govt.nz

SPINZ Suicide Prevention Information Workshops.
www.spinz.org.nz

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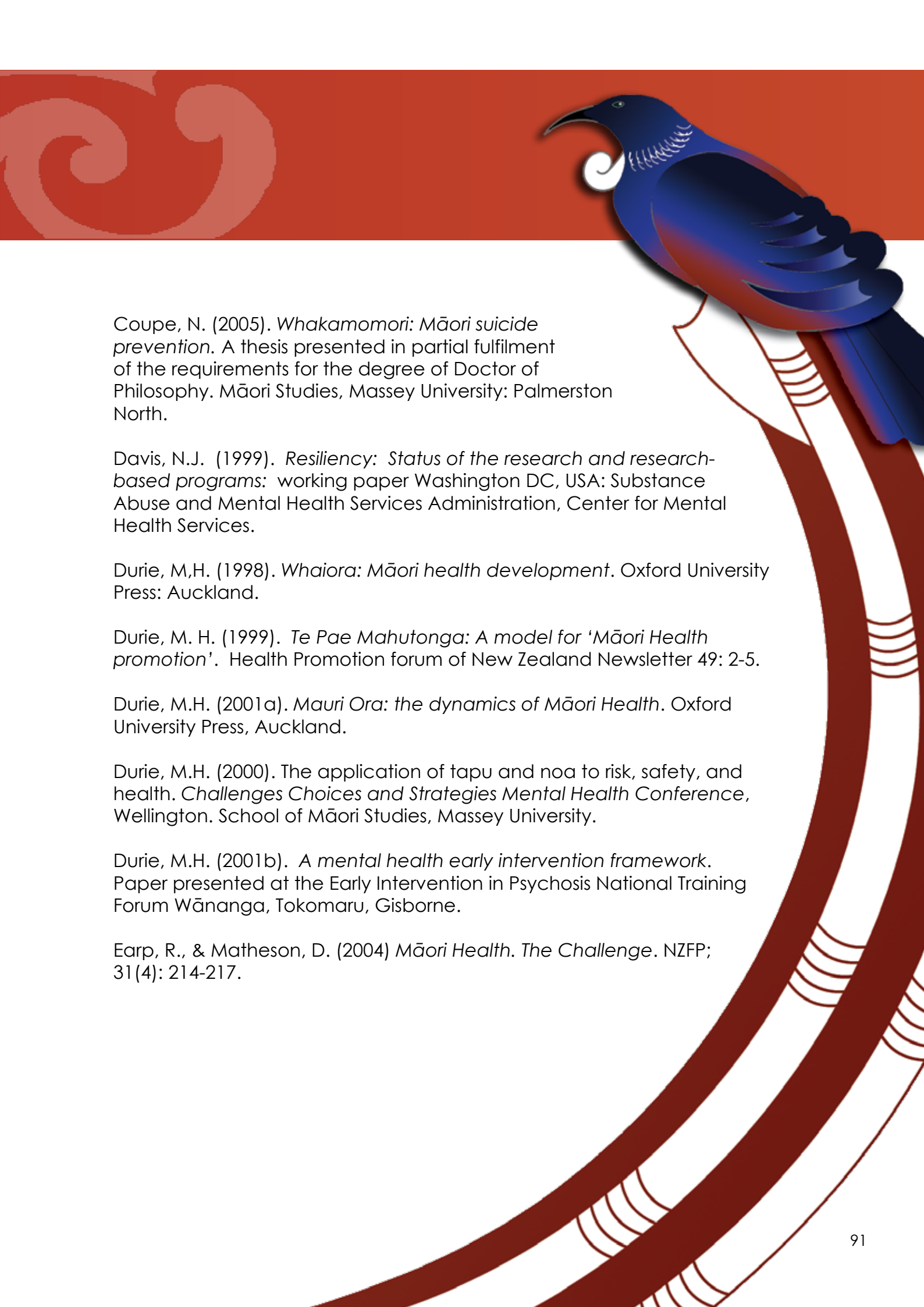
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Electronic Resources

Health and Disability Commission – <http://www.hdc.org.nz>

Like Minds Like Mine – <http://www.likeminds.org.nz>

SPINZ – <http://www.spinz.org.nz>

State Services Commission: www.govt.nz/upload/downloadable_files/health_report_on_suicide_prevention_programme.pdf

Te Ao Hou – <http://teahou.natlib.govt.nz/teahou/issue/Mao13TeA/c21.html>

The Forster Collection Pacific Pathways – http://projects.prm.ox.ac.uk:8080/pacs/noteshow_public.php?num=4&pid=287&id=22

Victim Support – <http://www.victimsupport.org.nz>

Raranga Whakamārama: Glossary

Āhua tuku iho, nō mai rānō	Time-honoured tradition
Āhuru mōwai	Calm, sheltered haven
Ancestry	Lineage, whakapapa, family or ancestral descent
Aotearoa	New Zealand, Land of the long white cloud
Aroha	Benevolent, compassion, love
Awhi	Help
Awhi mai awhi atu	Helping one another
Catalyst	Something that starts change
Diversity	Different lifestyles and upbringing in regards to being regarded as Māori
Hāhi	Religion
Hapori Māori	Māori community with diverse relationships
Hara	Crime, sin, felony
He Ara Oranga	Wellness Approach
He Kete Rawa	Tool kit
He Whakaaro Māori	A te ao Māori view
He Whakapapa	Genealogical (bloodlines) ties
He Whakapapa Tino Whakanui	The importance of whakapapa
He Whakarāpopotanga	A summary
Hoa rangatira	Spouse
Ihiihi	Fear, jitters, shudders
Inoi	Prayer
Kaimahi	Workers
Kapa haka	Cultural action songs and dances
Karakia	Incantation, ancient prayers
Kaumātua	Respected elders
Kei te hē	Wrong
Kei roto	Inside [this section]
Koroua me ngā kuia	Elderly Māori men and women
Kohanga Reo	Learning nests for children under 5 years
Kotahitanga	Unity/unified approach
Kura kaupapa	Māori Language School
Kura Reo Rua	Bilingual Language School
Mākutu	To inflict physical and psychological harm

Mana atua from atua
Mana motuhake
Mana tangata
Matakite
Maungarongo
Mauri
Mokemoke
Mokopuna
Muru
Ngā take tūpono
Ngā take whakamarumarū
Ngā tāngata katoa
Ngā tohutohu
Ngā whakahua
Ngā whārangi
Noa
Pakeke
Pepeha

Primal

Puuihi
Ranginui & Papatūānuku
Rapport

Ratatanga Ki Te Taha
Resilience
Rongoā

Stigma

Taha Māori
Tākaro hākinakina
Takawaenga
Tangihanga
Taitamariki/Taiohi
Tamariki
Taonga
Tapa
Tapu

Sacred spiritual power
Right to control one's destiny
Rights of the people
One who sees in to the future
Peace
Life force, life essence
Lonely, solitary
Grandchild/ren
To wipe out
Risk factors
Protective factors
All people
Signs
Images
Pages
Generic, in common
Adult
Ancestral connections to tribal, sub tribal and family land, water, mountain and bush
Belonging to stages of history, earliest or original stage
Shy, wild
Sky father and Earth mother
Connection, harmonious or sympathetic relation, mutual trust
Māori responsiveness to Māori
Ability to recover readily
Traditional Māori healing remedies, Traditional healer
A mental or physical mark characteristic of a defect, a mark of disgrace
Māori knowledge
Sports, games
Liaison person
Māori grieving ceremonies, wake
Youth
Children
Gift
Walls, sides
Divine, hallowed, holy, off limits



Tautoko
Te ao hurihuri
Te ao Māori
Te ao Māori tawhito
Teina

Te taha hinengaro
Te taha tinana
Te taha wairua
Te taha whānau

Te Rōpū Kaitohutohu

Tika me te pono me te aroha
Tipuna, tupuna
Tohunga
Tuakana

Urupā
Wāhanga
Wairua ora
Wairua poke
Waka Ama
Whānau, hapū, iwi
Whakaaro
Whakakaha te Tūāpapa
Whakaoranga
Wairua
Whakaihi
Whakamā
Whakaritenga
Whakatohatoha
Whakawhānaungatanga

Support
Today's world
The Māori world
The old Māori world
Younger sibling, younger in terms of knowledge
Emotional aspects of well-being/person
Physical aspects of well-being/person
Spiritual aspects of well-being/person
Family aspects of well-being/family members
The Advisory Group (for this resource development)
Be truthful, have integrity and compassion
Ancestor
An expert with specific skills
Elder sibling, elder in terms of knowledge
Burial place, cemetery, graveyard
Section
Positive spiritual influences
Negative spiritual influences
Māori traditional canoe training
Family, sub-tribe, tribe
Thoughts, a stream of thought
Strengthen the foundations
Well-being
Spirit, spirituality
Detract, debase
Shy, abashed, shame
Being prepared
Build capacity
Relations, relationships

Appendix One: Suicide Facts And Trends



Statistics and Key Research for Māori Suicide and Suicide Attempts

Suicide Death Data

Although there was a slight increase in the number of people dying by suicide between 2004 and 2005, three-year moving average rates (which are a more robust measure of changes over time) have remained stable over the last few years.

Unfortunately the data is concerning with regard to Māori. Although the number of Māori dying by suicide decreased between 2004 and 2005, Māori three-year moving average rates have increased over the last few years, meaning that the disparity between Māori and non-Māori has grown.


Māori have the highest rate of suicide, followed by European/Other, Pacific and Asian. Although the Māori rate has decreased by 14 percent since the peak in the late 1990s, this decline is less than that of non-Māori, whose rate decreased by 21 percent during the same period. In 2003–2005 the average suicide rate for Māori was 17.9 per 100,000 people, compared with the non-Māori rate of 12.0 per 100,000. The overwhelming majority of Māori suicides are in the age range of 15-35 years.

Like previous years, most Māori who died by suicide were under 35 years old, which is a rather different pattern from non-Māori.

Other groups with high rates are those who live in the most deprived areas of New Zealand aged 15-44 and men (Ministry of Health, 2007).

Hospitalisation for Intentional Self-harm

Māori has the highest rate of hospitalisation for intentional self-harm (209.6 per 100,000 people in 2006), followed by European/Other (145.4 per 100,000), Pacific (90.4 per 100,000) and Asian (54.4 per 100,000). Overall, the Māori hospitalisation rate was one-and-a-half times that of non-Māori (141.3 per 100,000) (Ministry of Health, 2007).



Like previous years, groups with higher rates of hospitalisation for intentional self-harm are Māori women, those aged 15-24, and those living in the most deprived areas of NZ. Māori women aged 15-24 years have the highest rate compared to any other ethnicity, gender, and age breakdown (Ministry of Health, 2006; 2007).

The rates of hospitalisation for intentional self-harm have increased. However, we don't know whether this is an absolute indication of more people self-harming, or whether it is at least partially because DHBs are getting better at recording it (e.g., an outcome of the Whakawhānaungatanga: Suicide and Self-Harm Collaborative initiative).

Some Contributing Factors

The higher suicide rates for these groups reflect the general patterns of health inequalities within the New Zealand population. Māori health status is demonstrably poorer than other New Zealanders in all dimensions of health. Likewise, gender and geographic location of residence are important factors in health inequalities (Ministry of Health, 2002).

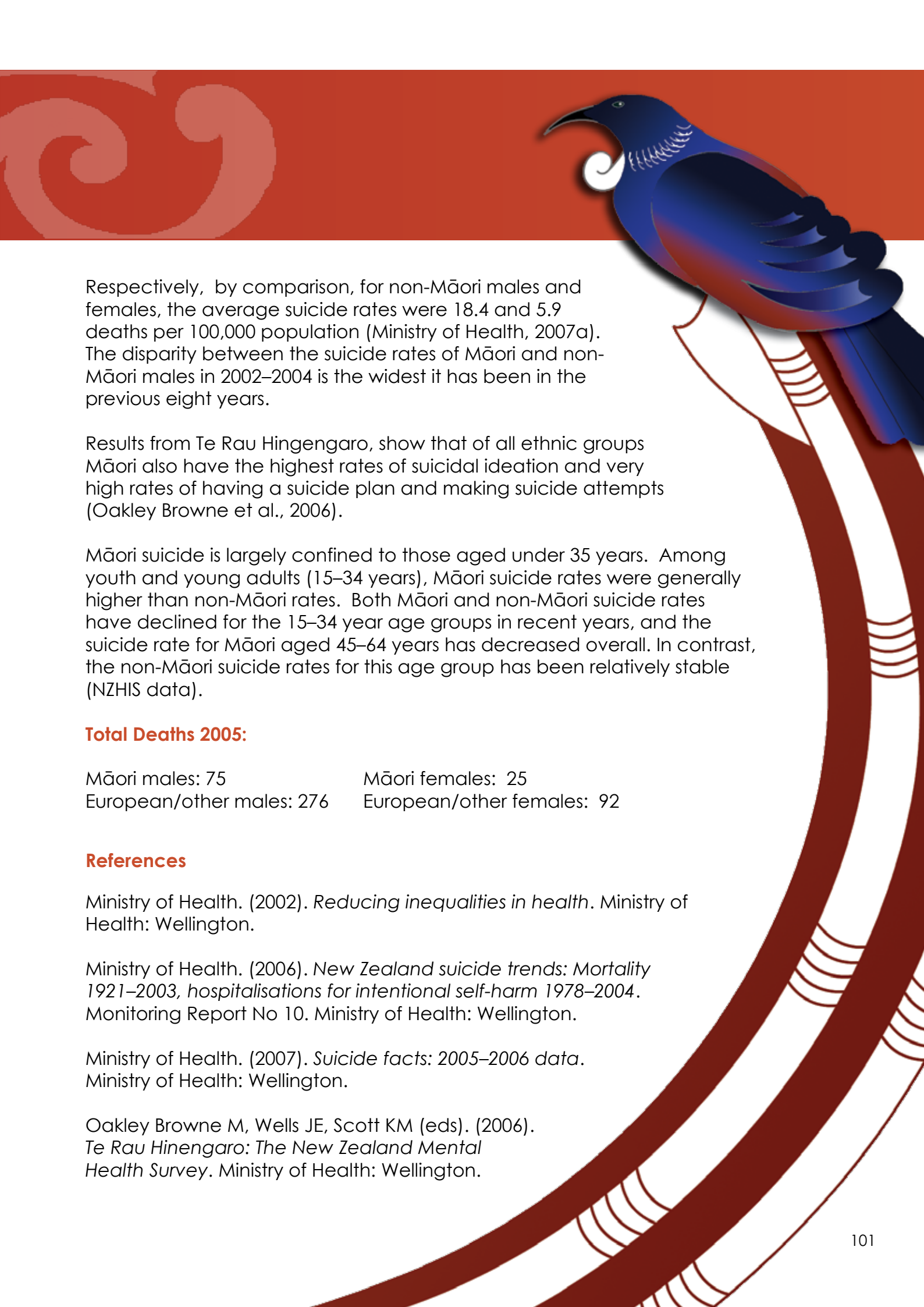
Once age, sex and socio-economic status is taken into account Māori rates of most mental disorders are not significantly different from other ethnic groups. However, the exception is Māori rates of substance use disorders, which are about twice those of non-Māori (Oakley et al., 2006).

Prevalence

Prevalence of serious disorder is higher in Māori than in non-Māori. However, Māori with serious mental disorders are less likely to have contact with health services than non-Māori and non-Pacific ethnic groups (Oakley Browne et al., 2006).

In Context

Since 2000, when trends in mortality by ethnicity for the total population were first presented, the ethnic group with the highest suicide rate has been Māori (Ministry of Health 2006a). For Māori males and females, the average suicide rates in 2003–2005 were 28.4 and 8.3 deaths per 100,000 population.



Respectively, by comparison, for non-Māori males and females, the average suicide rates were 18.4 and 5.9 deaths per 100,000 population (Ministry of Health, 2007a). The disparity between the suicide rates of Māori and non-Māori males in 2002–2004 is the widest it has been in the previous eight years.

Results from Te Rau Hingengaro, show that of all ethnic groups Māori also have the highest rates of suicidal ideation and very high rates of having a suicide plan and making suicide attempts (Oakley Browne et al., 2006).

Māori suicide is largely confined to those aged under 35 years. Among youth and young adults (15–34 years), Māori suicide rates were generally higher than non-Māori rates. Both Māori and non-Māori suicide rates have declined for the 15–34 year age groups in recent years, and the suicide rate for Māori aged 45–64 years has decreased overall. In contrast, the non-Māori suicide rates for this age group has been relatively stable (NZHIS data).

Total Deaths 2005:

Māori males: 75	Māori females: 25
European/other males: 276	European/other females: 92

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He Karakia me he Inoi Whakamutunga

E Ko rangi turutua
Ko rangi tamoa
E tū te rangi take waiho
Ko te pou o te whakafīna
Ko te pou o te whakatoke
Ko te pou o te parapara
E Rongo hikitia! Ūe!

E Ihowa, he whakamoemiti tēnei ki a koe
Mo tāu manaaki awhi mai i tō mātou
kaupapa nei
Nāu ake te tika te pono
Hei korowai mō ō mātou pokohiwi
Hei whāriki mō ō mātou rekereke
Kia tino aroha ki te tangata me tōna whānau
Kokoe tō mātou kaiwhakaora

