Te Hiku Hauora

Ki Te Ao Marama

KI TE AO MARAMA

A REDESIGN OF MĀORI SUICIDE PREVENTION SERVICES IN MURIWHENUA

REPORT WRITTEN BY DR MARIA BAKER (PHD) TE RARAWA,
NGĀPUHI (CEO) TE HIKU HAUORA, KAITAIA

AUGUST 2023

Haere, e Whanaunga, e hoa
Haere ngā mahuri oriwa, ngā Puawai putiputi, o te mara o koutou matua, uru atu ki te kororia ki te rangatiratanga o Atua.

Farewell our whānau and friend
Farewell the olive branches, the rich blossoms of the beautifying garden of your parents. Enter into the glory and kingdom of Atua.

TE HIKU O TE IKA COLLABORATIVE LEADERSHIP GROUP

Vanessa Kite (CEO) Rakau Ora
Errol Murray (CEO) Whakawhitiora Pai
Katie Murray (Chair) Te Rūnanga o Te Rarawa and (CEO) Waitomo Papakainga
Neta Smith (Operations) Te Whatu Ora (Kaitaia Hospital, Far North and Mid North Mental Health Services)
Dr Maria Baker (CEO) Te Hiku Hauora

Reference: Baker, M (2023). Ki te Ao Marama: A Redesign of Māori Suicide Prevention Services in Muriwhenua. Te Hiku Hauora. Kaitaia, Aotearoa.

NGĀ MIHI KI NGA KAI TAUTOKO O TENEI KAUPAPA

Unuhia te rito o te harakeke Kei hei te komako e ko? Ki mai ki au He aha te mea nui o ao?
Maku e ki atu He tangata, he tangata, he tangata

Pluck out the heart of the flax bush and where will the bellbird sing? Ask me,
What is the most important thing in this world? I would reply
It is people, it is people, it is people
Meri Ngāroto no Muriwhenua

He mihi nui tenei ki a koutou e manaaki mai i a matou i te wa e mahi ana matou i ngā Kōrero i roto i te kaupapa nei

Te Hiku o te Ika Collaborative acknowledges the aroha and tautoko of whānau, hapū, Iwi and communities of Muriwhenua who enabled the completion of this kaupapa and report.

Foremost among these are the kuia and kaumatua who provided us wisdom, the whānau with lived experience who provided us insights of loss and hope and the many Rangatahi who give us inspiration for a flourishing future.

KUIA AND KAUMATUA

Victoria Brown	Rupene Mare	Grace Kaaka	Aggie Brown	Heta Conrad
Angela Subritzky	Betsy Young	Rapata Kaaka	Kerrie Ruruku	Tony Munroe

IWI REPRESENTATIVES: MURIWHENUA

Ngāti Kuri Iwi Trust Board Sheridan Waitai (Strategic Lead)	**Te Rūnanga Nui o Te Aupōuri** Mariameno Kapa Kingi (CEO)	**Te Rūnanga a Iwi o Ngāti Kahu** Deeann Wolverstan (CEO)
Te Rūnanga o Te Rarawa Katie Murray (Chair)		**Te Rūnanga o Ngāi Takoto** Mere Henry, Bert Henry, Aggie Brown, Rose Vazey Roberts, Angela Hobson

KIA PIKI TE ORA PROVIDER: TE RŪNANGA O TE RARAWA

Paulette Montino (General Manager) Social Services, Tony Cook (Pou Mua), Katie Murray (Chair)

RANGATAHI AND TUHIATA MAHI ORA TRUST– Cera James & Corey James and Ngā Rangatahi ma

WAHINE: WHARE TIMATANGA HOU ORA & RONGOPAI HOUSE COMMUNITY TRUST: Roberta Kaio, Waimaria Veza and Ngā Wahine ma

HAUORA AND SOCIAL SERVICES

HAUORA HOKIANGA Margareth Broodkoorn (CEO) Mark Inglis Priscilla Van Oorschot Chris Finn	**RAKAU ORA** Vanessa Kite (CEO)	**WHAKAWHITIORA PAI** Rueban Murray (Kaumatua) Anaru Rieper Reno Tahitahi Matiu Charlotte Tahitahi Matiu Bridget Ruane Angela Lazarus Josephine Nathan Rosie Conrad
WAITOMO PAPAKAINGA Mervyn Rawiri Dayna Murray Ellie Rupapera Trinity Busby Helen Mark Eric Edmonds DJ Kuvarji	**TUHIATA MAHI ORA TRUST** Cera James Corey James	**TE HIKU HAUORA** Jo Clark Fairclough Danielle Matiu Denham Pivac
TE RŪNANGA O WHAINGAROA Rima Witanga	**TE WHATU ORA SUICIDE POST-VENTION** Korotangi Kapa Kingi	**TE WHATU ORA MENTAL HEALTH SERVICES** Joan Norman Teina Piripi Maurece Ngawaka-Nathan Zabe Hassan Tracey Robson
NGĀTI KAHU HEALTH AND SOCIAL SERVICES Haare Te Wehi		

MĀORI HEALERS Atarangi Murupaenga	**WHĀNAU WHANUI**

TABLE OF CONTENTS

TE KŌRERO TUATAHI (FOREWORD)

KIA PIKI TE ORA

In the late 1990's the Government established a New Zealand Youth Suicide Prevention Strategy and called it 'Kia Piki Te Ora o Te Taitamariki'. To support this strategy the Ministry of Health funded a programme called Kia Piki te Ora o Te Taitamariki in a range of Māori communities to address Māori youth suicide. In 2005, following consultation on the New Zealand Suicide Prevention Strategy, this programme was broadened to an all age suicide prevention programme and renamed Kia Piki te Ora. The concept was to support a Kaupapa Māori programme that would be grounded in tikanga Māori, focused on services by Māori and for Māori. Its activities would include indigenous approaches based on identified cultural best practice models relevant to Māori suicide prevention and the programme's delivery would focus on whānau ora (whānau wellbeing).

The goals of Kia Piki te Ora were to:

- promote mental health and wellbeing for all Māori
- include engagement with all communities
- reduce access to the means of suicide
- contribute to reducing the harmful effects and impacts associated with suicide and suicidal behaviour on families, whānau, friends and the wider community.

The Ministry of Health funded nine Māori providers to deliver the revised 'all-age' Kia Piki te Ora Suicide Prevention Programme. For the Far North, Te Rūnanga o te Rarawa were the successful provider, and the main provider of Kia Piki te Ora Services for over 20 years.

Tēnā koutou ngā Rangatira o Te Rūnanga o te Rarawa, mo te whakapau kaha ki te Kia Piki te Ora

In 2023, the newly formed Te Aka Whaiora sought to redesign Kia Piki te Ora Māori Suicide Prevention Services across Aotearoa. For Muriwhenua this first report – Kia Te Ao Marama is the start of that redesign process.

HE KŌRERO

Often when there is kōrero about Māori health, it is too common to slip into a deficit view about Māori which can mask the diversity of responses to the challenges we face as tangata whenua in our own land. In Muriwhenua there are many stories of the struggles and the resilience that are needed to overcome life's problems – yet it's the negative statistics that get the most attention.

The rates of suicide among Māori in Aotearoa have been higher than the general population for decades. It has been well documented that Māori do not enjoy the same levels of health, education, income, employment, secure housing, social opportunities, or rights to community self-determination as non-Māori. What is not well known or shared openly is how Māori are dealing with these situations and working through their challenges.

It is indisputable that systemic racism, the impacts from colonisation, structural discrimination have contributed to high numbers of whānau who have been disrupted from being well connected to their Turangawaewae, te reo and whānau – all of which have contributed to Māori health inequities, self-harm and suicide.

Suicide has a major impact upon whānau, hapū, Iwi and communities of Muriwhenua and has done so for generations. The suicide death statistical information utilised to indicate the health need for the Te Tai Tokerau region has varied in comparison to larger populations. What isn't counted are the numbers of whānau who take their lives outside of our geographical region, who whakapapa to Muriwhenua. Over the years, it is this number that has increased. For some of these whānau, they have been repatriated back home to lie in their final resting place on their whenua in Muriwhenua.

It is all too real to whānau with the numbers of losses to suicide have not relinquished, but are continual. The data to indicate the amount of whānau who are self-harming is poor in Muriwhenua, as it requires access to health services to capture the data. Yet we understand that for each whanaunga we lose to suicide, there will be others who will attempt to take their lives.

The impacts from suicide upon whānau and communities is far reaching, and has long lasting impacts across current and future generations when whānau have taken their own lives. This final fact was evident amongst a large proportion of the people who contributed to this redesign of Māori suicide prevention services who knew someone that they lost to suicide

WHĀNAU LOSSES TO SUICIDE

Muriwhenua has a history of losses and hurts caused from suicide. We heard from mothers who lost their sons and daughters, we heard from whānau who lost siblings, cousins, mokopuna, parents and friends.

"A spate of youth suicides occurred between Whangape and Whaingaroa"
"I have had six suicides in my whānau "
"Five beautiful kids took their lives"
"12 completed suicides with the youngest [who was] nine years old"
"My cousins girl took her life"
"My son died to suicide"

It was felt whānau in Muriwhenua had their fair share of trauma over the years across individual and whānau levels of our communities. There were concerns whānau and communities did not necessarily have the tools to deal directly with lived experience of trauma, and there was constant exposure to harm, violation and loss. In some cases, there were whānau with continual losses with generation after generation of trauma, violation and loss.

A call has been made to have resources and supports to better empower whānau Māori.

Examples suggested by participants have included Healing Wānanga and Te Ao Māori approaches to loss rather than common clinical or government service responses to suicide and trauma, such as Mokopapa and Wānanga.

There are desires to better appreciate the healing powers of Waiata, Karakia and rongoā Māori as methods to recognise grief in differing ways and to work through these in stages that are comfortable for whānau and led by whānau.

EXECUTIVE SUMMARY

This report is an analysis of the information gathered during a Redesign of Kia Piki te Ora Māori Suicide Prevention Services in Muriwhenua. Supported by a Collaborative of Māori Leaders called Te Hiku o te Ika Collaborative Leadership Group, Vanessa Kite (CEO) Rakau Ora, Errol Murray (CEO) Whakawhitiora Pai, Katie Murray (Chair) Te Rūnanga o Te Rarawa and (CEO) Waitomo Papakainga, Neta Smith (Operations) Te Whatu Ora (Kaitaia Hospital, Far North and Mid North Mental Health Services) and Dr Maria Baker (CEO) Te Hiku Hauora.

The name of the report 'Ki te Ao Marama' is drawn from a Muriwhenua whakatauki and hopes to bring wisdom and understanding about this kaupapa of Māori Suicide Prevention Services in Muriwhenua:

Hei ahau koe e whai piringa taku ukaipo? Hei a koe ranei taua e pahuahua ai? Kahore, hei a taua tonu, paringa tai moana, tumunga tai tangata te purapura e ruia ai, te reanga tangata e puta ai, puta ki te whei ao, **ki te ao marama.**
Is it through me that you will gain a place at my mother's breast? Is it through you that we will be replete? No, it's only together as a single ebbing tide, a flooding tide of people that the seed can be properly sown and the new generation can emerge. **Muriwhenua whakatauki**

During the engagement process in the redesign of Kia Piki te Ora in Muriwhenua, there were a number of responses about the term 'suicide', the stigma the term provokes amongst people and the frustrations that are caused by the mental health sector and the societal medicalising approaches to it. The issue with the description suicide prevention also places people into a foreign domain of western medicine where the mental health paradigm is unhelpful on its own.

There is no exact word for Suicide in te reo Māori, though often the term whakamomori has been used for it. It was amongst the views of those from Muriwhenua that the term whakamomori did not adequately describe suicide nor should the term be used for it.

> When we think about Māori -its pouritanga, we want to end the mamae – its deep emotional stuff (Ngāi Takoto).
>
> When Mahimaru Marae used the term Whakamomori for their wharenui – it wasn't focused on suicide – it was about deep grief (Ngāi Takoto).
>
> Whakamomori means to act in desperation (Te Aupōuri)
>
> Mate Whakamomori means to die in desperation (Te Aupōuri)

In appreciation of providing hope and support to whānau so they can get beyond the darkness of the present "Ki tua i te pōuri." A Muriwhenua perspective was given in one of their old waiata "Māku rāpea" which was written by Manihera Paneere from Te Hapua and his wife Nau Enoka from Te Kao (Anaru Rieper, Te Aupōuri)

Māku rāpea, māku rāpea
Māku koe e awhi e
I te ara, ara tupu
Māku koe e awhi e

Then I will, yes I will
I will embrace and support you
On your journey, of growth and learning
I will embrace and support you

In order to address the stigma that is associated with self-harm and suicide, it will be important that tangata whenua o Muriwhenua have time together to Kōrero about their views and preferences regarding the language best utilised about suicide and its prevention going forward.

REPORT OVERVIEW

This report is presented in four sections, the first section describes the region of Muriwhenua and includes our five Iwi. It introduces Pūrākau ki te kainga. Section two discusses the approach taken in the redesign and engagement process and provides information about the methodology and methods used to engage people in Muriwhenua and to gather data. Section three presents a summary of the findings amongst Iwi Leaders, Taitamariki (Under 18 years of age), Rangatahi (18-24 years of age), Pakeke from 25 years of age through to 64 years of age, Wahine (23 to 70 years of age) and Kaimahi and Māori Practitioner Views. The last section provides a list of recommendations formulated from the kōrero of 215 participants and describes seven categories of Muriwhenua Led, Taonga Tuku Iho, Ako, Kia Piki te Ora, Whānau, Oranga and Whakanekeneke. It ends with a proposed framework for the revised Muriwhenua Kia Piki te Ora Māori Suicide Prevention Services and a summary.

SECTION ONE: OUR ROHE O MURIWHENUA

The name Muriwhenua comes from Pohurihanga of the traditional Kurahaupo Waka. Upon his voyage Pohurihanga saw the tip of the very Far North of Te Tai Tokerau as the ' lands end'. Also referred to as te Hiku o te Ika, the tail of the great fish, as caught by Maui. Of most whakapapa held by Māori across Aotearoa, many traditional Waka landed or traversed through the rohe o Muriwhenua and its this geographical location which has continued to have wider connections to other Iwi and people.

In the journey of Tōhe, a Muriwhenua Tupuna, there are names to many places that are stored in Pūrākau ki te kainga and across Iwi, which engender the drawing together of people across this rohe. Ancestral connections with the whenua, whakapapa, tupuna and Pūrākau are important for descendants of Muriwhenua.

The southern end of Muriwhenua is fixed by a line from Whangape Harbour in the west to north of Whangaroa in the east following the Maungataniwha Ranges. Its Northern most point is Te Rerenga Wairua and Cape Reinga. Traditionally, Māori and specifically Hapū were not defined by whenua boundaries, they were mobile, and with customary interests would traverse across geographical areas. The boundary of Te Hiku o te Ika or Muriwhenua is selected for geographical reasons only.

Our region is rural and remote. Its spread commences in the East as far as Kaeo, as West to Broadwood (reaching into North Hokianga) and far north to Cape Reinga (inclusive of all its communities). The reach of this geographical region is over 2500km of roads where only 35% of these roads are sealed . Major land slips and climate impacts (e.g. floods, coastal erosion) are common occurrences in the Far North, causing detours around main routes of travel, further impeded by delays in road repairs that invoke constant challenges for whānau with gaining easy access to public amenities including health and social care services.

The five principal Iwi in respect to Muriwhenua are Ngāti Kurī, Te Aupōuri, Ngāi Takoto, Ngāti Kahu and Te Rarawa. Amongst them, is an estimated 45,500 Māori who have registered to their Iwi Rūnanga through their whakapapa to these Iwi and 44 Marae in the area.

Figure. 1 Muriwhenua Map

Retrieved from Far North District Council https://www.fndc.govt.nz/Our-services/Transport/Roads/Road-maintēnānce#section

Ngā Iwi	Ngāti Kurī	Te Aupōuri	Ngāi Takoto	Ngāti Kahu	Te Rarawa
Estimated # Uri	6500	11500	1500	9000	17,000
Marae	Te Reo Mihi, Te Hāpua Waiora, Ngātaki	Pōtahi, Te Kao	Mahimaru, Awanui Te Pā a Parore, Paparore Waimanoni, Awanui	Mangataiore, Victoria Valley Te Paatu, Kaitaia Takahue, Kaitaia Oturu, Kaitaia Ko te Ahua, Kaitaia Kareponia, Awanui Parapara, Parapara Werowero, Lake Ohia Karikari, Karikari Haiti-tai-marangai – Whatuwhiwhi Karepori, Taipa Te Kauhanga, Peria Aputerewa, Back River Kenana, Kenana Waitetoki, Hihi	Te Uri o Hina & Te Rarawa, Pukepoto Korou Kore, Roma & Wainui -Ahipara Whakamaharatanga, Manukau Rangikohu, Herekino Ōwhata, Ōwhata Te Kotahitanga, Whāngāpe Waihou, Ngāti Manawa & Waipuna, Panguru Morehu, Ōhaki & Taiao, - Pawarenga Te Arohanui Mangataipa Tauteihiihi, Pikipāria & Pateoro – Kohukohu Waiparera, Rangi Point Mātihetihe Marae, Mitimiti Motutī, Motutī Ngāi Tūpoto, Motukaraka
Iwi Entities	Ngāti Kurī Iwi Trust Board	Rūnanga Nui O Te Aupōuri	Te Rūnanga o Ngāi Takoto	Te Rūnanga a Iwi o Ngāti Kahu	Te Rūnanga o Te Rarawa

The coordination of the affairs and the influence of these Iwi occur under formal structures which for four Iwi are post-Treaty settlement governance entities, yet all are Iwi governing authorities, also informed by representatives from their Marae. These organisations are Ngāti Kurī Iwi Trust Board, Rūnanga Nui O Te Aupōuri, Te Rūnanga o Ngāi Takoto, Te Rūnanga a Iwi o Ngāti Kahu and Te Rūnanga o Te Rarawa.

PŪRĀKAU KI TE KAINGA

Implicit in kupu whakaari or prophetic sayings are the generational experiences amongst tangata whenua of Muriwhenua, which not only include mana and triumph they include loss, pain, conflict and grief. Pūrākau ki Muriwhenua, whakatauki and proverbial sayings from this region are highlighted through this report and will be important motivators in the future of suicide prevention in Muriwhenua.

As is well known in Muriwhenua, there are considerable accounts of first-hand knowledge of vast experiences, and of challenges especially since the Crowns colonial transactions in settlements which have included suffering and injustices.

Historically, Muriwhenua land loss was greater, and earlier than most colonised nations across Aotearoa, reducing hapū to powerlessness and for many a disconnection from their whenua and culture which have resulted in various issues across generations of Māori and for many the dependence upon Crown agencies for survival (Waitangi Tribunal, 1997).

For Muriwhenua, it is recognised that suicide, mental illness, substance use and social challenges (such as limited education, employment and housing) are symptomatic of the long history of colonisation and intergenerational disadvantages that have kept whānau in adverse conditions.

Today the rohe of Muriwhenua is one of the most challenging in Māori social, economic and hauora disadvantages. Yet it is its people who are the most talented, strong and resilient, and it is here where there is the most potential.

TOHE'S LAMENT

There is one Pūrākau where Tōhe, when he lived at Kapowairua had a vision that his daughter Raninikura was in danger. With his pononga Ariki, they travelled south, reciting karakia to ensure the safety of Raninikura. On his way he named many places including Te Oneroa a Tohe (The Long Beach of Tohe- Ninety Mile Beach), Maunganui Bluff (because of its resemblance to the Maunganui at Muriwhenua). When they reached a peak from which he could look back upon Te Oneroa a Tohe, he was totally overwhelmed by homesickness and uncontrollable weeping – and that place was named Maringinoa (Incessant Weeping).

When they came to Ahipara he instructed Ariki to stretch out his arms to measure how far the tide had receded since they had left Kapowairua. It was two arms; hence he gave to Ahipara the name Wharo (to stretch forth) which was its original name. It was at Wharo, where Tohe realised he would never see his home again and he sang this waiata of homesickness.

He Tangi a Tohe Mo Tana Kainga - A Lament of Tohe for His Home.

Taku Turanga ake ki runga
Whakaiwi kore rawa I aku Iwi
Taku taumata kei te kakawa a Toi
Kia marama au te Titiro
Ki te kotai e rere mai rea
Ra runga tonu mai o Waihi
Te ata kitea atu koe
I te wai ra, kei aku Kamo
E hua tau nei
Tuku noa koe, tira haere noa
Nau nei ra e Hine
Whakangaro ana nga tai hekenga
Tukua noa ai
(Florence Keane, 1963 Version Sang at Ninety Mile Beach Case in 1957)

TOHE'S LAMENT

As I stood up at Wharo, my body was overcome with fatigue. I realised I must lift my thoughts higher to obtain a broader vision. In my vision I could see a messenger like a bird. Coming from the land of my fathers of long ago. I saw in my vision the messenger approaching Waihi winging in towards me. The tears ran down my cheeks. A great longing for my people, I had left behind swept over me. I felt I was a lonely traveller, on a mission to find my daughter. Even the ebbing tide was going from me leaving my loneliness more acute, overcome with emotion I sank to the ground.

Florence Keene (1963).

SECTION TWO: OUR APPROACH IN THE REDESIGN PROCESS

It is important to note that this is not a research study, Te Hiku o te Ika Collaborative wanted to provide as many opportunities for whānau across Muriwhenua to have their say on this important kaupapa.

KAUPAPA MĀORI QUALITATIVE METHODS

A short timeframe was provided to engage whānau with the redesign of Māori Suicide Prevention Services in Muriwhenua. The Collaborative were concerned we would not have the ability to reach across whānau, hapū, Iwi and Māori communities. So the team supported a mixed methods approach. Our intent was to seek out amongst Muriwhenua as many people we could Kōrero with, and to gather as much whakaaro about Māori suicide prevention, and Kia Piki te Ora Redesign provided the mechanism to do so. Our overall desire was to hear the Kōrero so that Muriwhenua would have the opportunity for a collective effort to address the issue of suicide, in preventing it and this redesign could inform the needed work with our whānau.

Dr Maria Baker (PhD) CEO of Te Hiku Hauora, led out the engagement phase which was exploratory, utilising a range of methods such as open interviews that were conducted in person and virtually, an online survey and focus groups which were conducted in person, with some that were led and supported by Māori frontline professional colleagues.

INFORMATION RESOURCE

We created an information resource about the Redesign of Kia Piki te Ora Māori Suicide Prevention Services to inform individuals, whānau, hapū, iwi, hapori and communities about the process. This included a brief about Kia Piki te Ora, what was expected in the redesign process, what people could expect in the engagement phase, who they could make contact with and information if anyone needed professional assistance. The resource was used as a guide to share information and to initiate Kōrero with individuals, groups and organisations interested in contributing to the design and kaupapa of Māori Suicide Prevention in Muriwhenua. The resource included the engagement phase which commenced on the 8th May 2023 and proposed to end 2nd June 2023. Information also included that the overall design would be complete by 31st July 2023

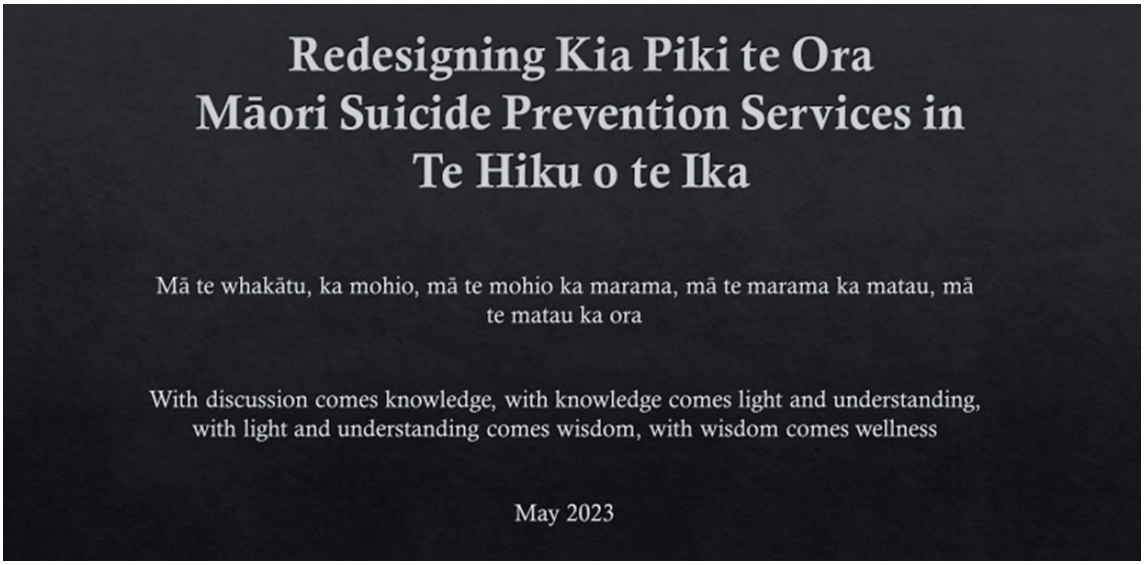

Figure 2. Cover of the Information Resource

PROCESS

We launched our redesign process on the 8th May 2023, with a Zoom session, and then distributed the information resource and sent Kōrero out to our networks about Kia Piki te Ora redesign via email and facebook. We sent out letters of invitation to all Iwi, Māori organisations and key groups in Muriwhenua to engage their interest in this redesign. It included contact details for people to initiate Kōrero , via an interview with the project lead and included the online survey as well – in case whānau were unable to meet for a Kōrero . There were three workshops that were led by other Māori frontline practitioners with support of our lead. We closed the engagement phase 9th June to enable the input of two workshops.

ONLINE SURVEY

An online Survey Monkey was created with Te Hiku o te Ika Collaborative which included 13 questions:

1. Demographics: Name and contact detail was optional, Age, Ethnicity and Iwi
2. I feel confident about talking about suicide against a rating of Strongly Agree, Agree, Neither Agree or Disagree, Disagree and Strongly Disagree
3. I feel confident about knowing where to seek help against a rating of Strongly Agree, Agree, Neither Agree or Disagree, Disagree and Strongly Disagree
4. I feel confident about knowing how to help others against a rating of Strongly Agree, Agree, Neither Agree or Disagree, Disagree and Strongly Disagree
5. Open Question: What do you think are some of the issues in our community that have not helped with Suicide Prevention?
6. Do you think there is adequate information in our community about Suicide Awareness? Yes or No
7. Open Question: What needs to be done to reduce suicide in Te Hiku o te Ika?
8. Open Question: What do you see as strengths in our communities in Te Hiku o te Ika?
9. Against a list tick the box – What do you think are the barriers to suicide prevention?
10. Against a list tick the box – Do we need to ?
11. Open Question: What do we need to do differently for Māori in suicide prevention from a Māori perspective?
12. Open Question: What resources do we need in Te Hiku o te Ika for Māori suicide prevention?
13. Open Question: Would you like to add any other views?

The intent of the Online Survey was to provide an option for whānau to contribute if they were unable to hui or to Kōrero.

INTERVIEWS & FOCUS GROUPS

A run sheet for facilitators, supported by virtual and email Kōrero were provided to three Māori practitioners who facilitated workshops with kuia, kaumatua, wahine, rangatahi and a hauora provider. Other interviews and focus groups were conducted by the project lead in person and on Zoom. The focus of the interviews and focus groups included eliciting their views - concerns and aspirations about Māori suicide prevention services in the Far North, and their ideas about what would improve Māori suicide prevention services.

PARTICIPANTS

Overall 215 participants contributed to the Muriwhenua Redesign of Kia Piki te Ora Māori Suicide Prevention Services. Within this group 108 completed the online survey, the other 107 participants included 35 Rangatahi, 10 Kuia and Kaumatua, 21 Wahine, 15 Māori Practitioners who participated in facilitated workshops; 10 Iwi Leaders and 16 from Hauora and Social Services who completed in person and virtual Interviews.

Forty percent of participants were under 18 years of age, 20 percent were aged 25 to 34 years of age, 15 percent were 35 to 44 years of age, 10 percent were 45 to 54 years of age, Five percent were 18 to 24 years of age, also 55 to 64 years of age and over 65 years of age.

The majority of the participants main Iwi whakapapa to Te Rarawa (30%), Te Aupōuri (22%), Ngāti Kuri (14 %), Ngāti Kahu (10%),Ngāpuhi (10%), Ngāi Takoto (5%) and matawaka (9%)

1. Forty eight percent of participants agreed they felt confident about talking about suicide, and 22 percent strongly agreed. Twenty one percent neither agreed or disagreed and seven percent disagreed and strongly disagreed.
2. Thirty nine percent of participants agreed they were confident about knowing where to seek help and 31 percent strongly agreed. Fifteen percent neither agreed or disagreed. Nine percent disagreed and six percent strongly disagreed.
3. Forty one percent of participants felt confident about knowing how to help others and 26 percent strongly agreed. Twenty percent neither agreed or disagreed. Nine percent disagreed and three percent strongly disagreed.
4. Seventy six percent of participants did not think there was adequate information in their community about Suicide Awareness.

The responses to the online survey findings are distributed across sections of this report according to each age group. The writer developed three matrix's identifying the strengths, challenges in Muriwhenua and the aspirations for new services, resources and responses. These were shaped by the analysed data and presented as easily extractable information.

Turuturu taku manu ki te taha uta
Turuturu taku manu ki te taha wairua
Koia atu Rutua
Koia atu Rehua
Turuturu taku manu

Let my bird settle
May it bridge the gulf between earth and heavens
There at the horizon stands Rutua
There at the horizon stands Rehua
Let my bird settle at the place of joining

'The Joining of Peoples' : Muriwhenua Karakia - Ross Gregory (Waitangi Tribunal, 1997)

SECTION THREE: FINDINGS

3.1 WHAT ARE THE STRENGTHS IN MURIWHENUA?

A range of strengths were identified by the participants which are thematically identified in the following table:

Sense of community	Whanaungatanga	Friendly & Supportive people	Our culture	Everyone knows each other
All Five Iwi Ngāti Kurī, Te Aupōuri, Ngāi Takoto, Ngāti Kahu and Te Rarawa	Connections	We are all whānau	Aroha in our community	Sports
Kapa Haka	Outdoors – hunting, fishing, diving	Networks	Te Ao Māori	We stick together
Access to Marae	Hauora Services	Social Services	Manaakitanga	Our Pūrākau
Kuia & Kaumatua	Our Relationships	Whakapapa	Sense of Unity	Our People
Our location	Whenua	Our Identity	Spiritual Support	Muriwhenua

3.2 WHAT ARE THE CHALLENGES IN MURIWHENUA?

A range of challenges were identified by the participants which are thematically identified in the following table:

Drug and Alcohol Use	Stigma associated with mental distress & suicide	A lack of public education and awareness about suicide prevention	Medicalised and mental illness responses to distress and suicide	Lack of easy access to mental health and addiction services
Isolation & Disconnection	Limited supports for Men	A lack of people to talk to	Type of support available is short term & dependent on funding	Exposure to trauma, violation and loss
Bullying, Cyberbullying, Gossip, Rumours	Unsupportive whānau & communities	Homelessness	Small Communities with little resource	Unresolved issues and strained relationships
Myth: Males need to be tough all the time	Services not tailored to women yet they experience higher rates of violation	Lack of support for whānau and carers of loved ones with mental distress, addiction and trauma	Limited respite, and healing spaces or places	No suicide prevention or postvention groups
Socioeconomic challenges with limited housing ,education & employment options	Impacts of colonisation and racism in government systems	A lack of trust	Lack of confidentiality	Limited community based primary mental health support groups
Limited counselling and talking therapies	Reliance on western clinical models and delivery of care	Siloéd health and social services	Distance to specialist services	Negative attitudes amongst people who don't care

3.3 WHAT ARE THE ASPIRATIONS FOR NEW SERVICES, RESOURCES & RESPONSES IN MURIWHENUA?

There were many aspirations for new services and resources identified by the participants which are thematically identified in the following table:

Community Hubs for walk in's	24-hour helpline for whānau living in Muriwhenua	Mentor Groups to provide kanohi ki te kanohi support & responses	Better supports and resources for whānau who need help with their mental wellbeing	Community involvement in the planning of services
Taitamariki tailored suicide prevention programmes & initiatives in school, whānau & community	Suicide awareness campaigns in schools and kura kaupapa	Sports Clubs as venues to promote positive mental health messages and suicide prevention awareness	Specific attention on eliminating bullying (incl. cyberbullying)	Better support for Tamariki, Taitamariki and Rangatahi More Safe Places
Early intervention and prevention strategies targeted to Māori	Normalising suicide prevention so people can talk about suicide and be heard without judgement	Having more people in the community who are trusted, confidential and supportive of others	Building and mobilising initiatives into small communities so there is increased reach of help and support	Increased engagement events in the community
More Māori healing options – with the ability to learn about these	Embracing Māori cultural values, te reo me ona tikanga	More trained Māori kaimahi and role models in communities	Create and promote Hauora Māori (in awareness & training)	Deliver life skills and helpful tools & courses
Better support for vulnerable whānau , those with lived experience of self-harm, suicidality and trauma	Wellbeing Wānanga for Parents and whānau	Muriwhenua model of wellbeing and prevention A Muriwhenua Suicide Prevention Strategy	Training youth & whānau Eliminating Bullying & Gossip	Connecting hauora and social providers to work collaboratively
Whānau centred and based services	Better support and safe spaces through the communities	Community Events, Hui and Wānanga	Mobile outreach and wellness service	Promote strengths based, Te Ao Māori whakaaro to inspire our people
Specialised workforces capable of providing full cares locally	Improved Māori mental health and crisis service responses	One stop Wellness Centre for Wahine	Cultural services with Kuia, Kaumatua and Peer Support workforces	Increase Muriwhenua cultural approaches and Pūrākau

3.4 How Māori Leaders of five Iwi Authorities in Muriwhenua view suicide

Ngāti Kurī Iwi Trust Board, Te Rūnanga Nui O Te Aupōuri, Te Rūnanga o Ngāi Takoto, Te Rūnanga a Iwi o Ngāti Kahu and Te Rūnanga o Te Rarawa.

Te Puawaitanga: Highlights

- A unique and opportune position resided in Muriwhenua at the time of this redesign process where ALL Iwi Leaders across the five Iwi governed authorities have professional experience in Māori suicide prevention and postvention.
- There is interest in establishing a Muriwhenua Suicide Prevention Strategy or Action plan supported by Mana Motuhake - Muriwhenua Governing group of Iwi leaders.
- The request is for a Muriwhenua Suicide Prevention Service specific to Muriwhenua that is comprehensive with aspects of prevention, awareness, education, intervention and postvention, with community and government action towards suicide prevention.

Each Iwi leader from the Iwi Authorities in Muriwhenua who contributed to this kaupapa were aware of whānau experiences with addressing suicide directly and indirectly through social, economic, cultural and hauora focused kaupapa for their people.

The current Iwi Leaders across the local Iwi Authorities have to be the most experienced Māori leaders with regard to suicide prevention who are in their current roles in one rohe at any one time. They each have in-depth knowledge of suicide prevention and postvention, trauma and have been involved across sectors in their professional careers that have driven strategies to address suicide.

- **Ngāti Kuri Iwi Trust Board:** Sheridan Waitai led the first Kia Piki te Ora pilot, she was employed in the first National Māori Suicide Prevention role, she led out Kia Piki te Ora Suicide Prevention Strategy, National Wānanga to establish best practice and worked with Māori on developing Te Whakaururoa Māori Suicide Prevention Resource.
- **Rūnanga Nui O Te Aupōuri:** CEO Mariameno Kapa Kingi heralded Te Tai Tokerau RAID (led by Rangatahi),she was involved in Fusion (Te Tai Tokerau Postvention and Data Analyses) and she has experience in facilitating wānanga to foster matauranga Māori focused solutions amongst whānau to prevent suicide.
- **Te Rūnanga o Ngāi Takoto:** Board Representative Craig Hobson led out Kai Hapai – Far North grassroots Māori suicide prevention and postvention response that interlinked with Māori communities and mental health services. Craig continues to weave this knowledge into his work across communities.
- **Te Rūnanga a Iwi o Ngāti Kahu:** CEO Deeann Wolverstan led social services, where whānau experience with violation from sexual and family violence required healing strategies and whānau ora supports.
- **Te Rūnanga o Te Rarawa:** Chair Katie Murray led social services where whānau experience with Crown agencies and trauma. Her organisation created a Rangatahi Suicide Prevention programme and resource. Te Rūnanga o Te Rarawa has a twenty-year history of holding Kia Piki te Ora Contract, they were involved in Kia Piki te Ora Taitamariki Strategy development, and the first contract which focused on Rangatahi.

It is a changing era with multiple Government reforms, especially in the health and social care sector. These Iwi leaders argue that we are entering an era with a priority on the need to aggressively address the inequities of Māori with a priority on Māori empowerment, prevention and healing.

The implications of this Māori leadership is the explicit intent in this rohe to address the social determinants of health that are in need for improvement for their whānau. There is implicit knowledge and a cultural value base informed by past generations where they understand that everything is connected to everything. These Māori Leaders and their Iwi authorities understand the conditions amongst their people and do not shy away from the areas that need attention. They are responding to areas that they have not seen before with curiosity and innovation.

Each Māori Leader shared of their Iwi kaupapa, they were clear about not wanting to be captured by someone else's constructs. It is important for people to understand that Iwi will lead out their own Iwi identity and will focus on how they want to be and not what others tell them who they should be.

Keeping their people alive, raising kaupapa that are contributing to thriving whānau included strategies such as building new whare in their rohe, providing jobs, enhancing te reo Māori, supporting their Marae, bringing whānau home to connect with whenua, whānau and Taiao, fostering aroha, connection and belonging.

Most of these Iwi Authorities are not health and social service providers, and most of these Māori Leaders expressed that they did not want to become a health or social service provider. Their kaupapa is bigger, their portfolios are broader and longer term.

> Ngāti Kuri's Fourth Gen. is a Rangatahi kaupapa that Sheridan Waitai call's 'her kia piki te ora' where Ngāti Kuri are strengthening the connections between their whenua, taonga and their whānau . Sheridans role has been to bring as many whānau home to Ngāti Kuri, to connect them and to bind the ties to their place of belonging. It is this focus where there is an obligation that conditions will be better for the next generation, with a continuum of matauranga Māori and Kōrero mo te kainga are constant.
>
> Te Aupōuri are building capability and capacity that will be long term for Te Aupōuri . Mariameno Kapa Kingi is building new homes that are warm, that foster love, connection and belonging, installing water tanks, and creating new jobs with new investments that are going back into their people with a team working across their rohe.

Te Rūnanga o Te Rarawa whakapapa of Kia Piki te Ora extended back to the origins of Kia Piki te Ora Taitamariki Strategy with the author Dr Keri Te Aho Lawson. It was an era where the focus on Rangatahi was preferred. When the strategy broadened to all ages, it made the suicide prevention approach more challenging to manage. It remains the preference of Te Rarawa to focus specifically on groups such as Kia Piki te Ora wahine, Kia Piki te Ora Taitamariki and so forth.

Māori Leaders understood the broader historical and socio-political needs of their people, all Māori leaders were focused and active in a range of kaupapa to strengthen their people. All of these Māori leaders are contributing to a strong tribal identity, critical consciousness and drivers for wellbeing. There were multiple

strategies and Iwi wide approaches that were actively engaging individuals, whānau and Iwi, including the development of their own structures to reposition their people as drivers of change rather than recipients of programmes with the Crown. It was thought that the original principles of 'Kia Piki te Ora' and the aspirations amongst these Māori leaders were more about the principle of being in the pursuit of Wellbeing and Life.

There currently is no Muriwhenua Suicide Prevention Strategy or Action plan. Māori Leaders promoted the need for a Muriwhenua approach, with some suggesting a governing group of Iwi leaders who could provide a tribal mandate would foster relational and accountable principles for an overall kaupapa of Māori suicide prevention through to postvention in Muriwhenua.

A Muriwhenua driven suicide prevention response would involve goals and actions to prevention and address suicide in Muriwhenua. It would reflect the diverse priorities and needs of tangata whenua both at home and living away from the region. The karanga is for a Muriwhenua Māori Suicide Prevention approach

3.5 HOW TAITAMARIKI (UNDER 18- YEARS OF AGE) VIEW SUICIDE IN MURIWHENUA

Te Puawaitanga: Highlights

- Taitamariki (Under 18 years of age) acknowledge the strengths of Muriwhenua where there can be a strong sense of community, whanaungatanga and kotahitanga.
- Taitamariki (Under 18 years of age) identify the challenges for their age group as bullying, lack of youth tailored supports, people and lack of youth tailored spaces and services.
- Taitamariki (Under 18 years of age) identify that a medicalising - mental health service response to distress will impede young people from being honest about their feelings and thoughts and will impact their help seeking behaviours.

With the support of Tuhiata Mahi Ora, the perspectives of Taitamariki as a Rōpū (#80) was the largest contribution to this Kia Piki te Ora redesign process. Sixty four percent of this Taitamariki Rōpū felt confident with talking about suicide and 36 percent did not. Seventy five percent of Taitamariki knew how to help others whereas 25 percent dd not, and similarly the same amounts affirmed with where to seek help if needed. Sixty percent of Taitamariki said that suicide awareness needed to be improved in the community whereas 40 percent felt there was enough information available about suicide prevention.

This Taitamariki Rōpū identified the strengths in Muriwhenua that included a strong sense of community and whanaungatanga with features of a supportive and caring environment. Where small towns fostered close knit communities with whānau who know each other, and when times get tough, there are people available to support each other. Some Taitamariki identified there was an ability to group activities and services locally to offer help when needed and that the awareness of differing issues in the community could be achieved. There was also an appreciation of sport activities locally.

The major issues these Taitamariki highlighted related to bullying, cyberbullying, gossip and rumours as common barriers to suicide prevention. They included issues such as the negative dynamics in the home or not being in supportive environments for young people to flourish. In addition to expectations being placed on young people by whānau and schools without the right kind of supports that are tailored to young people.

This Rōpū identified issues with drug and alcohol use, violation, a lack of trust, a breakdown in relationships, stigma around suicide and a lack of confidentiality. Physical abuse, sexual violation, gang violence and childhood trauma were raised as particular challenges for this Rōpū. Followed by concerns that some parents and whānau who did not understand young people and with a lack of awareness and education about mental distress and suicide tailored to young people and whānau.

A striking Kōrero from this Rōpū highlighted the issue with low mood, thoughts of self-harm and suicidality being medicalised by medical professionals as the dominant response to youth mental distress and suicide prevention. For fear of being medicalised and a mental illness approach with mental health hospitalisation, and medication as the dominant response – it was viewed that Taitamariki could be fearful about expressing

themselves let alone wanting to tell anyone they are feeling suicidal for fear of being diagnosed with a mental illness. There are limited specific suicide prevention supports in Muriwhenua and though there are a range of digital tools and online help supports now available – it can be difficult for a young person to express their lack of will to live without being forced into mental health services or Oranga Tamariki.

Taitamariki prioritised a range of actions and approaches with raising the awareness about suicide in whānau, part of this included eliminating bullying and gossip; by improving the understanding and awareness of communication and relationships with people; increasing the opportunities to talk about suicide and how to address it; by holding community events for whānau. Creating programmes for Te Tai Tokerau schools and developing suicide awareness programmes for young people inclusive of a range of spaces where young people can sit and Kōrero with others so they know they are not struggling on their own and can learn healthy coping strategies.

Taitamariki recommended better support for whānau with lived experience of self-harm, by creating opportunities for people to safely tell their stories in an open discussion, with a solutions focus for young people to learn from and actions to reduce stigma surrounding mental distress.

Taitamariki recommended the improvement of community supports by increasing access to a range of helping services, including trained therapists who know how to work with young people, more counselling and healing options, specific supports for young people who have lived with violation and initiatives to address whānau violence.

Reducing harmful use of alcohol and drug use in the community and developing more Māori services were also included as priorities for Taitamariki. Suggestions included the development of Taitamariki resources, Māori therapists, Māori wānanga for Taitamariki, Activity based events in the community and the access to Māori role models. Whilst the main call to action for this group was for more support and people to be available, trained, focused and willing to support young people.

3.6 How Rangatahi (18- 24 years of age) view suicide in Muriwhenua

Te Puawaitanga: Highlights
• Rangatahi (aged 18- 24 years of age) emphasise the impact drugs and alcohol have on whānau and communities within a context with limited resources that add to the challenge of living in Muriwhenua. • Rangatahi (aged 18-24 years of age) recommend a mobilisation of suicide awareness events that go into smaller communities on a regular basis so whānau can have ready access to help and support

In the rōpū of Rangatahi aged between 18 to 24 years of age who contributed to this Kia Piki te Ora redesign process were reasonably confident in talking about suicide, they were confident with where they could seek help and to help others. They agreed that more needed to be done to improve the amount of information in the community about suicide awareness.

The major issues these Rangatahi highlighted related to unsupportive whānau and communities, the amount of drug and alcohol use amongst whānau and the antisocial behaviours caused with substance use with fighting, assaults and violation. They highlighted the lack of resources and low decile communities as adding to the context for many whānau who struggle with life and mental distress. They also identified a lack of trust, stigma around suicide and a lack of services as further barriers to suicide prevention in Muriwhenua.

This Rangatahi Rōpū recommended the need for a suicide awareness campaign with incentives for suicide prevention activities, community fun days, places where tamariki and rangatahi can attend for free or have after school activities where everyone can join in. This Rōpū also recommended differing activities could occur monthly where isolated communities could host events so each community has exposure to suicide prevention approaches.

Improving community supports, reducing harmful use of drug and alcohol and developing more Māori services were also recommended encouraging better access to support for the whole of Muriwhenua, so those living in the smaller communities can also have better access to help.

3.7 How Pakeke (25-34 years of age) view suicide in Muriwhenua

Te Puawaitanga: Highlights
• Pakeke (25- 34 years of age) highlighted the issues with drug and alcohol use, especially methamphetamine use and its harms upon whānau and communities in Muriwhenua. • Pakeke (25-34 years of age) recognised the stigma associated with suicide prevention and mental distress warranting a suicide awareness campaign to encourage people to talk, and to prepare the right type of environments where people will listen and not judge. • Pakeke (25-34 years of age) want places that point whānau in the right direction for getting support and would value to see Māori suicide prevention programmes that engage kuia, kaumatua with rangatahi, on Marae and encourage connections with Te Taiao, Moana and Te Reo Māori

In the Rōpū of Pakeke aged between 25 to 34 years of age who contributed to this Kia Piki te Ora redesign process, most (72%) were confident in talking about suicide, and 28 percent were uncertain. A good proportion (63%) of this Rōpū were confident with where they could seek help, whereas 37 percent were not. Over 65% of the Rōpū felt confident with helping others and 30 % were not. Most (86%) of this Rōpū felt there was not enough information in the community about suicide awareness.

These Pakeke emphasised the main issues with drug and alcohol use in the community and issues with violation as the main barriers to suicide prevention. This Rōpū went into detail about the drug and alcohol culture in Muriwhenua including the high use of methamphetamine and its impacts upon whānau and communities in regard to the harms it causes such as the break down in relationships, financial impacts, whānau crises and unhealthy behaviours in the community.

These Pakeke highlighted the local stigma around suicide where people will feel ashamed and embarrassed about their situations, where they will not speak out for fear of judgement by others. Living in smaller communities added to this sense of stigma, with people gossiping about people and not having access to the right people who would take care of their concerns confidentially. Further issues included a lack of trust, homelessness and a lack of Māori therapies and programmes.

This Rōpū prioritised actions and approaches that included increasing the awareness about suicide in whānau, examples included community events to encourage people to come together, suicide awareness campaigns that promote help and support agency contacts, tailored awareness and wellbeing responses in schools and workplaces, with more community-based spaces people can attend as need.

Reducing harmful use of drug and alcohol use in the community and increasing Rangatahi mental health and wellbeing programmes were other priorities. These highlighted the need for more facilities and services tailored to people with drug and alcohol issues and mental distress, including respite centres, more therapeutic initiatives – more Māori counsellors, psychologists and mental health professionals and local support groups in the community.

Strategies for Māori suicide prevention consisted of Marae based hui or events to bring whānau closer, fostering kaupapa that facilitated Kuia and Kaumatua to engage with Rangatahi, the access to Māori role models in communities, Whānaungatanga hui, Māori mental health and addiction approaches, more kaimahi Māori being available in the community and connecting with whenua, Te Taiao, Moana and Te Reo.

3.8 How Pakeke (35-44 years of age) view suicide in Muriwhenua

Te Puawaitanga: Highlights
• Pakeke (35- 44 years of age) highlight the need for prevention and health promotion activities to help create communities where people feel confident to talk, to share their feelings and thoughts and to know there are people who will listen without judgement. • Pakeke (35 -44 years of age) identified the need for a' healing tour' to better understand who the healers are in the community, to appreciate and experience what they offer, and to explore if these methods are suitable to a person's therapeutic preferenc • Pakeke (35- 44 years of age) acknowledge stigma associated with alcohol and other drugs (AoD), those who live with AoD use and mental health who are alienated in the community.

In the Rōpū of Pakeke aged between 35 to 44 years of age who contributed to this Kia Piki te Ora redesign process, most (75%) were confident in talking about suicide, and 25 percent were uncertain. A good proportion (58%) of this Rōpū were confident with where they could seek help, whereas 42 percent were not. Over 50% of the Rōpū felt confident with helping others and 30 % were not. Most (91%) of this Rōpū felt there was not enough information in the community about suicide awareness.

These Pakeke highlighted the lack of general knowledge in the community with how to help, where to access help, having safe places for help and understanding what help looks like in the form of prevention and self-help. There were aspirations to resolve these through programmes that fostered life skills, broad hauora and wellbeing programmes that would regularly feature in communities and in schools.

Being able to talk to someone that understands, knowing how to share ones feelings and emotions in principle was appreciated, yet it was thought that the environment was not always conducive to supporting people well enough for them to talk freely, without judgement or to ensure there are the right people available to listen.

These Pakeke prioritised a lack of trust and consequences from violation as the two main barriers to suicide prevention. In addition to whānau being disconnected from whānau , whenua and Marae. Followed by issues with alcohol and other drug use, a breakdown in relationships, financial issues, a lack of Māori therapies and programmes, a lack of services in the rohe.

Addressing alcohol and other drugs was raised often by this Rōpū, with concerns of whānau with lived experience being alienated to whānau and tamariki being exposed to dangerous and damaging environments.

Further Kōrero was offered about the need for wellbeing tools so that people could heal based on their own rangatiratanga, aroha and were able to Kōrero about wellbeing solutions. Te Whare Tapa Wha was one tool proposed, another was for mana enhancing interactions to address suicide specifically.

Pakeke highlighted there were various healers in the community, but they were uncertain which one to contact or if they would value from the therapeutic approaches offered. The suggestion is to propose ' healing tours' of local opportunities so people can investigate, explore and experience the range of healing options in the community – to better understand what methods would work for them.

This Rōpū prioritised actions and approaches that included increasing Rangatahi mental health and wellbeing programmes with examples such as, training Rangatahi mentors to be able to talk and listen to their peers, more Rangatahi centred wellness services, tailored support for young parents, more Rangatahi courses and spaces. Other areas promoted by these Pakeke included Hauora Māori strategies, mapping out support services so people know what's available in their communities, reducing harmful use of alcohol and other drugs, improving community supports and increasing trained Māori staff.

3.9 How Pakeke (45-64 years of age) view suicide in Muriwhenua

Te Puawaitanga: Highlights

- Pakeke (45- 64 years of age) recommend whānau who have lived experience and have triumphed from self-harm and suicide should be enabled to provide advice and support to others about how they coped and got through their challenges.
- Pakeke recommend early intervention and prevention strategies that are collaborated with Iwi, hauora and social services, kura kaupapa.
- Pakeke promote the need for Te Ao Māori strategies such as rongoā Māori , mirimiri, karakia, Pūrākau whilst promoting Māori cultural values, te reo me ona tikanga.

In the Rōpū of Pakeke aged between 45 to 64 years of age who contributed to this Kia Piki te Ora redesign process, most were confident in talking about suicide, and 20 percent were uncertain. A good proportion of this Rōpū were confident with where they could seek help, whereas 40 percent were not. Over 70% of the Rōpū felt confident with helping others and 30 % were not. Eighty five percent of this Rōpū felt there was not enough information in the community about suicide awareness.

These Pakeke prioritised a lack of trust and limited Māori therapies and programmes in the rohe as their top two barriers to suicide prevention. Followed by issues experienced by whānau of violation, alcohol and other drug use and a lack of timely services – with whānau not knowing where to get support. Further Kōrero was offered about the stigma associated with mental health, depression and suicide with whānau not knowing the signs or what to do to approach these issues with whānau . These Pakeke also acknowledged the impacts with a breakdown in relationships, financial issues, and cultural alienation.

Some Pakeke shared about good intentions in the community with a range of suicide support groups and events, however when the funds were exhausted, these tended to cease to be available long term in the community. Providing better supports for whānau with lived experience of self-harm was a priority for this Rōpū. They considered that talking to survivors about their triumphs about what worked could help others. They suggested more support systems, ongoing support for Rangatahi at risk of self-harm and wrap around services for whānau . Strategies to overcome the barriers included reducing stigma associated with mental distress and suicide so people with lived experience could share their feelings with others. They recommended having local people available who are trained, trusted and confidential so people can trust that their issues will not be shared amongst the community. A Suicide awareness campaign with Muriwhenua relevant messages was suggested, with tag lines to encourage people to seek help, and support. This Rōpū recommended sharing more information at kura kaupapa with rangatahi to prepare them and to counter the effects of bullying. Sports clubs, Games, Marae Kapa Haka and iwi events were suggested for engagement.

To improve community supports – local resources are to be mapped out so there is better knowledge on how to access the available resources and services. Other priorities this Pakeke Rōpū recommended included increasing Rangatahi mental health and wellbeing programmes that fostered rangatahi

inclusiveness; they raising suicide awareness in the community, increasing Māori workforces and increasing Māori postvention services and resources.

These Pakeke recommended talking to people with lived experience to share what has worked for people so others who are vulnerable could learn from their triumphs. Early intervention and prevention strategies that are collaborative with Iwi, Hauora and Social Services and mental health and Māori professionals. As well as incorporating Māori healing practices such as rongoā, mirimiri, karakia, Pūrākau, whilst embracing and promoting Māori cultural values, te reo and tikanga.

3.10 HOW WAHINE VIEW SUICIDE IN MURIWHENUA

Te Puawaitanga: Highlights

- Wahine (23 to 70 years of age) experience the most trauma, yet there are limited services and resources tailored to Wahine preferences and their complex needs.
- Wahine (23 to 70 years of age) identified a range of barriers which included lack of access to help for themselves and others, the lack of support, unsupportive whānau, stigma and discrimination, being judged, a lack of empathy, the repetition of client information, a lack of resources, a lack of education, unfair and ineffective treatment from services, alcohol and drug use, interpersonal challenges, isolation and racism.
- Wahine (23 to 70 years of age) recognised five helpful strategies with whānau, cultural elements, services, being self-reflective and having networks and supports.
- Wahine (23 to 70 years of age) recommended new services, areas for improvement in current services. As well the need to increase awareness and education and processes to enhance access.

Two groups of wahine participated in workshops facilitated by Roberta Kaio (Māori Registered Nurse). This Rōpū of Wahine identified key barriers to receiving help when they or others they knew had experienced low mood, mental distress or suicidality. These included a lack of support amongst their own whānau who didn't have the knowledge or understanding about self-harm and the symptoms to suicide. Unsupportive or unavailable whānau support, stigma and discrimination associated with mental distress, being judged by Whānau, peers and services were common for 80 percent of the wahine. A lack of empathy and listening where Wahine experiences were minimised, not taken seriously, listened to or validated by whānau, health professionals and services. The repetition of client information by services where wahine had to repeat their story over and over again was frustrating. A lack of resources and the diverse skills of frontline professionals were an issue as there is a lack of specialised support for Wahine, especially for Wahine who have complex trauma. The challenge also with initiatives alike primary mental health, packages of care sessions are their limited supply which do not meet the needs of Wahine when they need more sessions and awhi. There is no Wahine or Maternal mental health, respite services, no home help for Mama and Pepi when the Mama is struggling with her mood. There is a lack of consideration for Wahine and their whānau in the Far North – lack of physical and safe spaces to support Wahine and their whānau and no suicide prevention resources. There is a lack of education and awareness about mental distress, and the available services in the community. Other barriers included unfair and ineffective treatment from services such as mainstream mental health services in their dominant western approaches that are unhelpful and almost traumatic. The use of alcohol and drugs, Interpersonal challenges, isolation and racism were other challenges identified by these Wahine.

The Ropu Wahine identified a range of helpful aspects when they or their whānau had experienced low mood, mental distress and suicidality which were categorised into five core themes of whānau, cultural, services, being self-reflective and social networks and supports. These included having supportive whānau when they needed them the most and gaining strength from whānau so that they could reach out for help. Being able to participate in activities that connected them to their culture. Services that provided pragmatic and immediate support to escape a violent relationship and to seek safety. Interpersonal strengths were integral in times of stress and strategies such as self-talking, holding onto hope, speaking their truth and

having courage. Self-validation and not judging themselves was important as well as keeping organised and being goal oriented. Having supportive people, groups and a sense of community were important especially when there was stress, grief and loss. Being able to socialise with others in a range of ways such as in person, online or in groups with liked minded people was helpful to provide forum to talk and to be heard. Community gatherings are also beneficial for providing connections with others.

When asked what Wahine would recommend for suicide prevention services they provided a raft of aspirations which have been thematically analysed into four categories: New Services, Improving Current Services, Increased awareness and information and processes to enable easy access.

Wahine want new services such as a One Stop Shop that provides diverse counselling, mental health promotion and prevention, a continuum of supports from suicide prevention, mental health promotion through to serious mental distress. Including cultural services, Rainbow supports. Wahine want Wellbeing Centres and Places specifically focused upon Wahine, some wanted respite services for Wahine or Mama and Pepi (respite offered in the home to enable wahine, Mama to recover, rest whilst kaimahi monitors wahine and takes care of tamariki). These need to include Rongoa and a diversity of healing and support methods and approaches. Outreach and drop in facilities, with cultural services that include Kaumatua, Kuia and Peer support workers with lived experience. In addition to culturally appropriate tools, teachings and education from the Māori world e.g. Pūrākau, Mahi a Atua, Te Whare Tapa Wha.

Other recommendations for new services included Residential Rehab in Kaitaia, Far North Crisis Line, places to vent without judgement and fear of being punished. Services that prioritise every whānau and their situation as important. Free holistic health services including all dimensions of wellbeing and not just primarily on mental health e.g. physical, wairua and whānau.

Wahine recommended that current services in Muriwhenua needed more staffing, the Far North mental health services and crisis team needed improvement, there needed to be more open sessions to counselling with Primary Mental Health Services and an increase in diversity of counselling and psychology to be offered. They also recommended Māori specific modes of treatment offering Māori models of care to promote suicide prevention – karakia, Te Reo, Kapa Haka, Waiata, Wānanga , Pūrākau, Mirimiri, Rongoa. As well as Nurse Practitioners and Prescribing Nurses for pharmacology, Couples therapy, relationship counselling, Family therapy.

To increase awareness and information in Muriwhenua Wahine recommended more information being available on how to prevent suicide, and to raise awareness from a Māori worldview and to normalise this via Marae in Muriwhenua. This could include campaigns to raise awareness and remove stigma and discrimination, or local and national initiatives to destigmatise mental health and suicide. Wahine felt that there needed to be more education for those in supporting roles e.g. whānau supporting whānau with mental distress, and to have free and increased access to specialised education groups such as Wānanga on Suicide Prevention, Health Promotion and Prevention – in community and on Marae. With Marketing on Billboards advertising and raising awareness of suicide and suicide prevention, Community Events to raise awareness of suicide prevention and general education to learn signs and symptoms of suicide, mental distress.

Finally Wahine recommended processes that would enable easy access could include Walk in Clinics, Walk in Therapy, Reduced waiting times with access to health professionals, with a view of no waiting times and an Open-Door Policy for the ability to talk to health professionals across the spectrum of services.

3.11 HOW KUIA AND KAUMATUA VIEW SUICIDE IN MURIWHENUA

Te Puawaitanga: Highlights

- Kuia and Kaumatua in Muriwhenua can bring lived experiences of life's challenges to help whānau who are struggling with insights, support and learning.
- Kuia and Kaumatua want to be part of the planning process with community services
- There are various Kuia and Kaumatua Rōpū and forum which can be leveraged for Māori suicide prevention.

In the Rōpū of Kuia and Kaumatua who contributed to this Kia Piki te Ora redesign process, most were confident in talking about suicide, they were confident with where they could seek help and how they could help others. All Kuia and Kaumatua felt there was not enough information in the community about suicide awareness.

Suicide wasn't something that was talked about by these older generations when they were growing up- many Kuia and Kaumatua shared that suicide was a tapu subject to talk about, and in some cases when it was discussed it tended to be in a negative context. Impacts of Christianity and its approach to suicide were evident in this Rōpū with examples of how whānau were ill-treated and at times whānau ostracised following a suicide death.

Ko te Atua ki te rangi - Ko Muriwhenua kei te whenua

(Adapted: Rev Herepo Harawira, in Keene,1963)

Many cases, Kuia and Kaumatua had to learn how best to support whānau following a suicide death, in their roles on Marae and during tangihanga. It has been this current generation of whānau that have also helped inform Kuia and Kaumatua of how best to support whānau in stressful situations.

Kuia and Kaumatua identified a lack of trust and lack of confidentiality as being two main barriers for whānau in regard to preventing suicide. They acknowledged that there are community issues with alcohol, drug use, self-isolation, stigma around suicide and a lack of education and resources.

Muriwhenua has a range of Kuia and Kaumatua who are willing to support others, and regularly contribute to a range of Rōpū and forum. Given many of their mokopuna and tamariki have or are going through challenges, it is with their lived experience of life's challenges that Kuia and Kaumatua are asking to be included in matters to 'help improve whānau wellbeing and to address suicide.

In Te Kao, Kuia and Kaumatua meet monthly, this forum is important for any kaupapa proposed or currently underway in this rohe (Whakawhitiora Pai, 2023).

Kuia and Kaumatua shared there needs to be more awareness for whānau and their wider communities of who they can contact to seek pragmatic help from, and to have the type of help that is immediate and

focused on awhi. Kuia and Kaumatua recommended the development of mentor groups so there could be approaches to upskill whānau to learn coping strategies when stressed and to involve other community groups. In many of the communities Kuia and Kaumatua reside, there is a need for creative human and material supports and resources to be easily available for the community. They recommended a suicide awareness campaign spread across the year, supported by Kōrero with whānau and events on the Marae as some of the suggestions offered.

Kuia and Kaumatua are requesting their involvement in the planning of community services. They understand the need of having people locally who understand their environment is key to providing access to free support.

There was also a call for support and education of Kuia and Kaumatua so they could understand the strategies to awhi their mokopuna and whānau . They could be better as the listening ear, with no judgement, and be available locally to provide kanohi ki te kanohi responses to those in need, for the whole whānau.

3.12 How kaimahi and Māori practitioners view suicide in Muriwhenua

Te Puawaitanga: Highlights
• There is a high number of Māori kaimahi and frontline practitioners in Muriwhenua. • Māori with lived and whānau experience of suicide want to inform and shape suicide prevention services • Western medicalised responses to suicide limit holistic hauora approaches to Māori • There is a need to privilege matauranga Māori in the response to Māori suicide prevention and postvention.

The delivery of hauora and social services presents some challenges in rural communities alike Muriwhenua where many whānau do not have easy access to a General Practitioner and little access to a broad range of support services.

There tends to be a privileging of clinical spaces yet the skills and knowledge from the matauranga Māori space is needed in Māori Suicide Prevention. There is a call for Māori frontline workforces who are confident within Te Ao Māori who understand what is needed for whānau Māori and a knowledge of the systems to make it possible.

There are numbers of kaimahi Māori employed across a range of hauora and social services in Muriwhenua. As highlighted by other groups during this redesign process, the responses in terms of prevention, awareness, intervention and postvention highlight the importance of Kaimahi Māori based in the community as the best first points of contact and for ongoing support.

Māori practitioners who are part of their communities become trusted professionals who whānau will seek out for help. Relationships are important for Kaimahi Māori and living in smaller communities can be both enlightening and challenging especially when people are isolated and do not have the supports available.

For some, the hauora and social service resources are limited and in many situations participants talked about service contracts in these organisations limiting their reach, and provoking a sense of placing their organisations 'out of scope' for the intensive support, therapeutic approaches and longevity of care that is seriously needed by whānau. This prompts the call to reset the way in which all local services work together, and ensure holistic and comprehensive care across hauora and social services are delivered in Muriwhenua.

At the same time, there is a need to ensure all organisations who provide frontline public services to people to have the capacity and ability to either direct or provide a range of supports that whānau need to address issues including suicidal risk and to work in ways that promote healing as and when whānau need them.

Often participants talked about the Muriwhenua 'kumara vine' that provides a direct contact line to people in this region where there is an access to skill, wisdom and trusted Māori for advice, healing support and pathways in crises, trauma and resolving challenging situations at the whānau level. There are kaimahi Māori working in critical roles such as victim support, Police, in mental health services and local frontline services where responses to suicide deaths are common.

Māori who are employed as kaimahi and frontline practitioners along with community leaders are uniquely challenged in Muriwhenua. It is not uncommon for those who are lost to suicide to also be whānau members, and friends of kaimahi and for these same kaimahi to be called into respond to multiple tragedies. In a discussion with Māori Mental Health Practitioners, there was a high degree of acknowledgement about whānau who don't have the knowledge and skills to address suicide and the stigma that is associated with suicide, especially amongst whānau with a history of suicide.

Given the experiences amongst Māori mental health practitioners, there was the recognition of spiritual, cultural and whānau elements important in their approaches in working directly in suicide prevention. For example; having to remove the tapu amongst whānau to be able to talk about issues, the ability to address 'raru' amongst whānau when relationships are strained, building up the mana of whānau when self-worth is low, addressing transgression where violation has occurred, and bringing calm to situations of conflict and confusion.

The need for Māori suicide prevention was uncontested, in some situations Kaimahi felt that they were not well prepared to deal with suicide, for most Kaimahi Māori there had not been any formal training or professional development options available in their careers that considered Te Ao Māori and Te Ao Hurihuri – in regard to suicide prevention. Even more so, there was little guidance to help non-Māori practitioners to respond appropriately to Māori whānau when there were Māori suicide deaths, and so Māori practitioners would take responsibility to advocate for whānau Māori.

There are no known strategies for kaimahi and practitioners in Muriwhenua that provide ongoing professional development or robust strategies to support them when crises occur – thus compounding the impacts of suicide upon whānau.

There are a vast range of hauora and social services in Muriwhenua, yet there are limitations with these as they are not resourced well to specifically deliver Māori suicide prevention and postvention services. Local hauora and social services are more often aware of whānau and communities who experience rates of suicide related losses. When a suicide cluster occurs or an obvious crisis is unfolding, there is an expectation that mainstream mental health services will respond.

For the mainstream mental health services there are limitations and in many cases though they deliver services to Māori, the outcomes are transactional. Top down, medication and psychiatric approaches conflict with the meaning and lifestyle of Māori in Muriwhenua. The often-western medicalising of suicide and mental illness is more harmful than helpful. At the same time, mental health resources are often over burdened and the type of responses required to address grief, mental health and suicide prevention and postvention are missing. In addition, there are multiple systemic barriers which hinder the rapid mobilisation and access to resources.

SECTION FOUR:

4.1 RECOMMENDATIONS

A summary of recommendations are presented from the kōrero and whakaaro of 215 participants. The data was analysed and is presented in seven categories including; Muriwhenua Led, Taonga Tuku Iho, Ako, Kia Piki te Ora, Whānau, Oranga and Whakanekeneke.

1. **Muriwhenua Led Suicide Prevention Response**
   - Establish Iwi Leadership Group with the Five Iwi
   - Establish Muriwhenua Suicide Prevention Strategy
   - Foster Muriwhenua model of wellbeing and prevention

2. **Embed Taonga Tuku Iho**
   - Embrace Māori cultural values, te reo me ona tikanga
   - Promote strengths based, Te Ao Māori whakaaro to inspire our people
   - Hold Tangata Whenua o Muriwhenua wānanga about the views and preferences regarding language best utilised about suicide, and suicide prevention.
   - Increase the visibility and understanding of pūrākau, whakatauki, waiata, reo to motivate knowledge and support for whānau in Muriwhenua.

3. **Ako**
   - Increase information in the community about suicide awareness
   - Creative learning and information sharing methods
   - Affirming our Māori styles of communication, learning and transmission of knowledge
   - Normalise suicide prevention so people can talk about suicide and be heard without judgement

4. **Kia Piki te Ora**
   - Promote Life
   - Affirm the importance of keeping our people inspired and alive
   - Create and promote Hauora Māori (in awareness and training)

5. **Whānau**
   - Reach Whānau
   - Affirm the focus to build whānau capacity and capability:
     - Wellbeing wānanga for parents and whānau
     - Deliver life skills and helpful tools and courses
     - Whānau centred and based services
     - Increase local support for whānau bereaved by whānau loss to suicide
     - More healing options with the ability to learn about what's available locally.

6. **Oranga**
   - Build new services and enhance current services and resources to promote holistic wellbeing
   - Affirm approaches that encourage, support and promote our people and whānau to thrive.

a. **Better resources and services tailored to young people:**
   - Taitamariki tailored suicide prevention programmes and initiatives in school, whānau and community
   - Suicide awareness campaigns in Schools and Kura Kaupapa
   - Training youth and whānau mentors
   - Better support for Tamariki, Taitamariki and Rangatahi
   - More Safe Spaces
   - Specific attention on eliminating bullying (inclusive of cyberbullying) and Gossip
   - Sports Clubs as venues to promote positive mental health messages and suicide prevention awareness

b. **Increased Support:**
   - 24-hour helpline for whānau living in Muriwhenua
   - Mentor groups to provide kanohi ki te kanohi support and responses
   - Better supports and resources for whānau who need help with their mental wellbeing
   - Having more people in the community who are trusted, confidential and supportive of others
   - Better support for vulnerable whānau , those with lived experience of self-harm, suicidality and trauma
   - Improve connections with whānau with lived experience to improve knowledge about how Māori are coping with impacts of self-harm and suicide

c. **Specialised Resources:**
   - One stop Wellness Centre for Wahine
   - Mobile outreach and wellness services
   - Improved Māori mental health and crisis service responses
   - Early intervention and prevention strategies targeted to Māori

d. **Increased Māori Workforces**
   - More trained Māori workforces and role models in communities
   - Specialised workforces capable of providing full cares locally

e. **Better Data**
   - Review the methods in how suicide death statistical data is informed and utilised for Muriwhenua (to include numbers of losses of whānau who whakapapa to Muriwhenua yet pass outside the region)

7. Whakanekeneke

- Mobilising people and communities
- Affirming the call to action to prevent suicide
- Community involvement in planning of services
- Establishment of Community Hubs for Walk ins
- Increased engagement events in the community
- More community events, hui and wānanga
- Better support and safe spaces through communities
- Building and mobilising initiatives into small communities so there is increased reach of help and support
- Connecting Hauora and Social services to work collaboratively

4.2 SUMMARY

Ki te Ao Marama: A Redesign of Māori Suicide Prevention Services in Muriwhenua Report sets out seven core themes that underpin a range of recommendations to a new approach to Māori Suicide Prevention Services in Muriwhenua. These seven core themes are presented in the following table, and have the potential to provide an initial framework going forward for Kia Piki te Ora Māori Suicide Prevention Services in Muriwhenua.

1	Muriwhenua Led	• Whakapapa: Ngāti Kurī, Te Aupōuri, Ngāi Takoto, Ngāti Kahu and Te Rarawa • Affirming Iwi Leadership, Our Place, Our Cultural Identity and Belonging.
2	Taonga Tuku Iho	• Te Reo me ona Tikanga - Pūrākau ki te kainga • Affirming our Māori Emotional and Spiritual factors - kei muri – ki mua.
3	Ako	• Creative learning and information sharing methods • Affirming our Māori styles of communication, learning and transmission of knowledge.
4	Kia Piki te Ora	• Promoting Life • Affirming the importance of keeping our people inspired and alive.
5	Whānau	• Reaching Whānau • Affirming the focus to Build Whānau Capacity and Capability.
6	Oranga	• Holistic Wellbeing • Affirming approaches that encourage, support and promote for our people and whānau to thrive.
7	Whakanekeneke	• Mobilising people and communities • Affirming the call to action to prevent suicide.

The report comprised of four sections:

Section One: describes the region of Muriwhenua and includes our five Iwi. It introduces Pūrākau ki te kainga.

Section Two: discusses the approach taken in the redesign and engagement process and provides information about the methodology and methods used to engage people in Muriwhenua and to gather data.

Section Three: presents a summary of the findings amongst Iwi Leaders, Taitamariki (Under 18 years of age), Rangatahi (18-24 years of age), Pakeke from 25 years of age through to 64 years of age, Wahine (23 to 70 years of age) and Kaimahi and Māori Practitioner Views.

Section Four: provides a list of recommendations formulated from the kōrero of 215 participants and describes seven categories of Muriwhenua Led, Taonga Tuku Iho, Ako, Kia Piki te Ora, Whānau, Oranga and Whakanekeneke.

Some of the recommendations are foundational and focus on the need to improve awareness and knowledge about suicide and wellbeing in our community. Some focus on creating new services, processes and structures to support a sustainable wellbeing system. Some concentrate on ensuring that access to a broad range of support, care and healing are available and accessible. Others focus on redesigning services to move from a crisis-driven model to a community-based one that delivers beneficial outcomes for people. Some recommendations are a first for Muriwhenua including the collective tribally led leadership group, a Muriwhenua suicide prevention strategy and setting up new services and resources, as well as initiatives led by people with lived experience. Some challenge the system's traditional focus on western medical – mental illness dominated treatment alone by highlighting the importance of community, whānau centred approaches and diverse places in shaping health and wellbeing.

What is clear is that the present system is not designed nor equipped to support the needs or aspirations of Māori or whānau living with distress. Due to the systemic restraints in Muriwhenua support is inaccessible at the times that could make the most difference. The health and social care system is at best stretched and in some places invisible. The mental health system largely operates in crisis mode and reacts to self -harm, mental distress and suicide rather than preventing them. Overall, people experience frustration and distress when trying to find the right wellbeing resources for themselves or someone else.

Looking ahead, there will be a need to have resources freed up, connected, and supported by greater investment in service delivery in Muriwhenua. This will be key to offer more responsive, tailored and responsive supports - with greater flexibility for people in their communities as their needs change. It is the authors view, whilst, we are in the midst of a health system reform, we need to move beyond the isolated improvements to the existing system and take the courage to ramp up the much-needed transformation that is needed in the way all wellbeing centred services are provided in Muriwhenua. Given the opportunity that the redesign of Kia Piki te Ora has provided for Muriwhenua, the response that will be needed to this report is much broader than Māori Suicide Prevention Services. There will be a need to elicit a locally led and whole of health and social service system response to the recommendations and aspirations expressed by the 215 participants in this report.

Ngā Mihi

We are deeply grateful to everyone who shared their thoughts and experiences during this redesign process. All contributions were powerful and valuable – Ngā mihi kia koutou ngā Rangatira mā. We are mindful that in this process we heard the personal and whānau experiences of loss, pain and about how the system failed you. We also heard the many triumphs, aspirations, dreams and hopes of you across all age groups! We acknowledge the responsibility with holding these aspirations and hope that making this report available to others that you will also be inspired by the Muriwhenua Community desire to create a better future. This sense of shared purpose will be reflected in the redesign of Kia Piki te Ora Māori Suicide Prevention Services in Muriwhenua and all else that is possible to ensure these aspirations of Kia te Ao Marama.

References

Keene, F (1963). O Te Raki Māori Legends of the North. Pauls Book Arcade, Auckland and Hamilton.
Te Aka Whaiora (2023). Redesign Kia Piki te Ora Māori Suicide Prevention Services. Te Aka Whaiora. Wellington, New Zealand.
Waitangi Tribunal (1997). Muriwhenua Land Report. GP Publications, Wellington, New Zealand.

NOTES

NOTES

Ki Te Ao Marama